

NEWS Bulletin



UNA
United Nurses of Alberta



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BAMBOOZLED!**
A message from President
Heather Smith

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TO DEFEND
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FUTURE

**NURSES
WEEK
2026**

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PRESIDENT'S MESSAGE



UNA's message to Albertans:

DON'T BE BAMBOOZLED!

■ **THE** spring of 2026 brings more than warmer weather and more daylight. Unfortunately, it also brings serious challenges to our precious public health care system by government and insurance industry lobbyists, and a deepening capacity crisis caused by decades of policies that have undermined public health care and increased public frustration.

Today in Alberta we have four health ministers, but our government has no ideas about how to slow the decline of our public health care system, let alone return it to operating as designed. Indeed, their policy seems to be to accelerate decline!

Alberta hasn't built a new hospital in a major city since the South Health Campus in Calgary in 2012. Since then, the population of our largest city has grown by close to half a million people.

There hasn't been a new hospital built in Edmonton since 1988! In that time the populations of both the city and the province have doubled. The government of Rachel Notley announced a new hospital in south Edmonton in 2017, but the UCP tore up the plan before ground could be broken. A new hospital building opened in Grande Prairie in 2021, but it replaced a major hospital that was shut down.

Today, there are fewer than 9,000 acute care beds in Alberta. In 1992, there were almost 12,000. Over the same years the population of Alberta has grown from 2.5 to 5 million!

Yet the answer put forward by our government is not to build more capacity, it's to create an American-style two-tier system that will make Albertans pay for care and let those with money jump the line for treatment. A new law will introduce Canada's first private insurance market for medically necessary care. That will drive up health care costs just as it has in the United States while making care unaffordable for many. Albertans never even had a chance to vote on this.

Our government tells us they want to introduce "European style" health care, but there is nothing European about their plans.

This is not just bad policy, it is a betrayal of the greatest nation-building project in Canadian history since the extension of the railroad west in the 19th Century.

It is nothing more than an effort to bamboozle us into accepting a policy that has been a disaster in the United States for decades.

In the spring of 2026, Alberta's nurses have their work cut out. Our message to Albertans must be: **"Don't be bamboozled!"**

In Solidarity,

Heather Smith
President, United Nurses of Alberta 🍷

Front Cover Photo: Ana Fe Andrada and Marnelli Nelmidia-Ho from Local 79 were among the many UNA members who marked Nursing Week 2026 in an Instagram post, and on other social media sites.



Fact check: Alberta's new two-tier system is not "European" health

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Local 79 Members



Local 114 Members

Health organizations press Ottawa to **USE CANADA HEALTH ACT** to block use of parts of Alberta's Bill 11

Alberta's legislation threatens the future of public health care across Canada

■ **HEALTH** advocates and unions across Canada and especially in Alberta have pressed Ottawa to enforce the *Canada Health Act* in the face of Alberta's Bill 11, which threatens the future of public health care across the country.

On April 17, leaders of more than 50 organizations in Alberta and Canada, including health care advocates, health employees' unions and others, signed a letter to Prime Minister Mark Carney and federal Health Minister Marjorie Michel urging them to enforce the federal legislation to protect public health care, Alberta's Friends of Medicare said. United Nurses of Alberta was among the organizations that signed the letter.

"The *Canada Health Act* and the future of public health care in every province and territory of Canada are in grave danger because of Alberta's Bill 11, which became law in December

2025," the letter stated. It reminded the PM and his health minister that the Alberta legislation clearly violates the federal law.

"Bill 11, the *Health Statutes Amendment Act, 2025 (No. 2)*, allows physicians to treat patients in the public health care system while also charging them fees, creating a two-tiered system for those who can pay and those who cannot," Friends of Medicare said in a news release about the letter. The Alberta bill was passed on November 24 and is now law.

The letter noted that the *Canada Health Act* became law on April 17, 1984, after being passed unanimously by Parliament. Bill 11, it said, "will render this signature achievement of Canadian government without meaning. It will mean the end of fair, accessible, universal public health care in Canada."

The letter signed by more than 50 organizations



You can use the QR Code below to send an email to federal Health Minister Marjorie Michel and your Member of Parliament urging them to enforce the *Canada Health Act* in Alberta.



□ CONTINUED ON PAGE 4

Ottawa has the power to save Canadian health care by enforcing the act and blocking implementation of the parts of Bill 11 that are intended to open the door to American-style, two-tier health care in Canada, the letter said.

It asked if the 42nd anniversary of the *Canada Health Act* becoming law would be its last anniversary celebrated in this country? “The answer is in your hands,” it concluded. “Canadians will remember what you did.”

Bill 11 establishes a model of two-tiered health care access unprecedented in Canada by allowing physicians to work in both the public and private systems concurrently and charge patients for medical services that are supposed to be covered.

That will draw resources out of the public system and allow

wealthy people to pay out of pocket to jump the queue, increasing wait times for most people. Countries that already allow dual practice do not have better wait times than Canada, and some have longer wait times.

Finally, Bill 11 creates Canada’s first private insurance market for medically necessary care, which will drive up health care costs and create a market for private health insurance corporations that will use every method they can to expand across Canada. This means Canada’s single-payer health care will no longer be protected by trade agreements with the United States.

Premier Danielle Smith’s government campaigned on none of these changes in the May 2023 provincial election.

To mark the anniversary – and warn Canadians of the danger

the Alberta bill poses – UNA asked Canadians across the country to post a picture with cake or cupcake celebrating the *Canada Health Act*, the greatest nation-building project in Canadian history. Hundreds rose to the challenge across Canada.

On April 28, Minister Michel said she had cautioned Alberta to stay on the right side of the law as the province moves to expand the scope of private practice. The act allows Ottawa to impose deductions of health transfer funds on any province that permits patients to be charged for core services.

It’s not too late to sign a letter to the PM and health minister, urging them to act forcefully to protect Canadian health care. A link to the Friends of Medicare website from which a letter can be sent is provided. 🍷



Local 38



CFNU President
Linda Silas



Local 38



Local 9



Local 70

Hospital and surgical services minister's vague **'VOUCHER' ADMISSION SHOULD WORRY ALBERTANS:** *Heather Smith*

*Province is looking at voucher programs for surgeries,
Minister said in the Legislature on April 22*

■ **THE** admission by then Hospital and Surgical Health Services Minister Matt Jones during Question Period in the Alberta Legislature on April 22 that the province is considering using “vouchers” to assign surgeries should be a grave concern for Albertans, UNA President Heather Smith said in a statement the next day.

So-called voucher programs are a well-known ideological strategy devised in the United States to speed the process of dismantling universal public services and they should not become part of Alberta’s health care system, Smith warned.

In response to a question about surgical wait times, Jones said: “We’re looking at developing a voucher program where patients who have waited longer than clinically recommended can go to any approved or accredited provider in Alberta and get that surgery.”

While the Minister’s statement was vague about how the program would work or with whom the Alberta government is discussing the plan, using an American-style voucher program to promote competition and profit-making in will not solve the long surgical wait times experienced by many Albertans, Smith said.

“It’s very troubling that this admission comes barely a year after the same government denied it was considering vouchers,” she added. “This sounds more like an effort to subsidize private surgical clinics by driving business to them when improvements to public sector health services would be both more efficient and of higher quality.”

Albertans need to know immediately what the government is planning and who it has been talking to about how these plans would be implemented, she said, arguing that just as the government’s encouragement of private surgical clinics has failed to solve the problem of wait times and access to surgical services, a voucher system would compromise public capacity and help establish two-tier health care in Canada without reducing wait times or saving money.

A more effective approach would be to expand the use of operating rooms now often sitting empty in Alberta public hospitals and develop a comprehensive workforce strategy for health care, she said.

Jones resigned from cabinet in late May and said he does not intend to run in the next general election. However, the policy is unlikely to change. 🍷

“This sounds more like an effort to subsidize private surgical clinics by driving business to them when improvements to public sector health services would be both more efficient and of higher quality.”
- Heather Smith

STABBING AT DOWNTOWN EDMONTON EMERGENCY DEPARTMENT PROMPTS CALLS FOR ACTION ON HOSPITAL SAFETY

The unprovoked attack at the Royal Alexandra Hospital 'was not an isolated incident,' UNA said in a statement



Heather Smith's
Letter to the
Minister

■ **A STABBING** in the crowded waiting room of the Royal Alexandra Hospital Emergency Department in Edmonton on April 3 left one person with life-threatening injuries and another in police custody.

The unprovoked Good Friday attack by one waiting patient on another sparked calls for the government to finally act on hospital safety in Alberta, which prompted some action.

“This was not an isolated incident,” United Nurses of Alberta said in a statement immediately after the incident. “Patients and nurses in emergency rooms are being exposed to violence and dangerous working conditions daily throughout Alberta.”

In a letter the next week to Hospital and Surgical Health Services Minister Matt Jones, UNA President Heather Smith demanded immediate installation of a long-promised weapons detection system at the hospital. An announcement the system had been installed was published on May 19.

In addition, Smith’s letter called for two other measures to be undertaken at hospitals throughout Alberta: Guaranteeing funding to employ sufficient Protective Services Officers to staff all hospital Emergency Departments and prioritizing infrastructure expansion of Emergency Departments throughout the province.

Smith told the minister in her letter that “events like this are not merely ‘unsettling.’ They rightly frighten patients and staff, including the nurses and other health care professionals at hospitals throughout Alberta, who face similar situations far too often and threats of violence almost daily.”

The government quickly implemented a one-bag policy in the Royal Alex Emergency Department and reduced the number of people who could accompany a waiting patient to a single person. UNA Occupational Health and Safety advisors reported this is working well.

UNA nurses at the hospital have been calling for the installation of such a system similar to those in operation in Saskatchewan, Ontario and Nova Scotia since 2023.

UNA OHS Advisor Dewey Funk said that since the beginning of 2026, most OHS concerns from nurses working in the Emergency Department have involved violence, including use of weapons. Incidents are consistently under-reported, he added, meaning risk to staff is likely higher than reflected in official complaints.

Weapons in this context means items that have reasonable potential to harm another individual, whether accidentally or deliberately, including but not limited to firearms, knives, and other items prohibited by the hospital. 🍷

ROYAL ALEX HOSPITAL WEAPONS DETECTION SYSTEM *FINALLY* INSTALLED

■ **THE** Royal Alexandra Hospital Emergency Department has implemented a weapons detection system to enhance safety, Alberta Health Services said in a May 19 news release. The system went live on May 20.

All patients and visitors will be asked to go through the weapons detection system prior to entering the ED, the statement said.

If the system detects an item of concern on a person's body or their belongings, RAH Protective Services will ask to perform a secondary screening, AHS said. Patients and visitors will be able to voluntarily secure prohibited items in a locker until they leave or are discharged.

"Patients seeking care who refuse weapons screening or compliance can be connected to Health Link by RAH Protective Services to speak

with a nurse regarding the acuity and urgency of their care needs," the release said. On-site consultations with such person will occur while the person remains at the hospital within sight of RAH Protective Services, the news release said.

The technology does not use harmful radiation, AHS said, and is safe for individuals who are pregnant or have pacemakers or medical implants. 🍷

Local 33 executive members First Vice President Shannon Johnson, at left, Second VP Lavern Charan, and President Rochelle Walker celebrate the installation of a weapons detection system in the Royal Alexandra Hospital Emergency Department with UNA Occupational Health and Safety Advisor Dewey Funk.



AHS INTRODUCES ONE-BAG, ONE-SUPPORT-PERSON POLICY TO RAH ED

■ **IN** response to a serious assault with a weapon on Good Friday in the Emergency Department of Edmonton's Royal Alexandra Hospital, Alberta Health Services introduced a one-bag policy at the at the downtown facility.

"Reducing the number of bags in the ED will help staff and physicians maintain a safe work environment by keeping aisles clear of tripping hazards, and ensuring chair and table space is available for patients and their support people," AHS said in a news release on April 28.

"Exceptions will be made for those who require additional bags for medical devices or supplies, or child-care items," AHS said in the release, which made no mention of the violent attack on April 3. "The hospital's Protective Services team will search all bags before entering the department to ensure no weapons or prohibited items are brought into the ED."

The statement also said AHS was restricting the number of support people allowed in the ED with a patient to one at a time. 🍷



APRIL 3 STABBING AT ROYAL ALEX HOSPITAL REMINDS US OF THE HAZARDS FACED DAILY BY ALBERTA NURSES



By Dewey Funk
UNA OHS Advisor

■ **THE** April 3 stabbing in the Emergency Department at the Royal Alexandra Hospital in Edmonton brought to public attention hazards occurring daily in hospitals throughout Alberta.

There are long waits in overcrowded waiting rooms; frustrated, frightened and angry patients and family members; patients swearing at nurses, death threats and physical abuse; smuggled weapons, knives and even a fake hand grenade!

While some progress has been made of making the Emergency Department at the Royal Alex safer, much work remains to be done throughout Alberta.

As happens every year, United Nurses of Alberta marked April 28, the World Day of Safety and Health at Work, known in Canada as the National Day of Mourning. As we remind members every year on this important date, UNA fights for the living and mourns for the dead.

Every Occupational Health and Safety advisor – every worker – knows that the legislation, policies and procedures that keep workers safe are written in the blood of working people.

Eight years ago in 2018, I attended a meeting at the Royal Alex at which UNA Local 33's president reported that the hospital's Emergency Department required a metal detector because so many weapons were being smuggled in. UNA also had to advocate for designated security staff to be placed in the

Emergency Department because of rising concerns of violence.

In 2023, UNA visited Windsor Regional Hospital to meet with the Ontario Nurses Association local, protective services and managers there, and to observe the hospital's Evolve weapons detection system in operation. The system was brought in after three firearms were smuggled into the site.

UNA staff then made a presentation about the Evolve Weapons Detection system to site management, Protected Services and Workplace Health and Safety staff at the Royal Alex. Facility leadership immediately threw up a hurdle, arguing that the system wasn't foolproof and some weapons might get through. UNA argued that a better question was, "How many weapons won't get through?"

Later, the employer adopted a voluntary disclosure policy. Protective Services asked members of the public coming into the Emergency Department if they had any weapons. The problem, of course, was that people didn't necessarily tell the truth and weapons continued to make it in.

On April 3, a patient stabbed another patient. That patient had already gone through voluntary weapons screening. Nurses and all health care workers in the department on that shift suffered psychological effects. Many were afraid to stay. Patients who needed health care were afraid to stay.

□ CONTINUED ON PAGE 9

That incident has led to some positive change. At the end of April, Alberta Health Services introduced a one-bag policy at the at the downtown facility. AHS also restricted the number of support people allowed in the ED with a patient to one at a time. This has helped.

In May, a weapons detection system was finally installed in the RAH Emergency Department and protocols were established for its use.

It is sad that it has taken so long for this to happen, but this is a positive development. The need for similar systems to be installed, fully funded by the province, in Emergency Departments throughout Alberta remains so that patients, visitors and health care workers can feel safe – and be safe.

Metal detectors been installed in eight locations in Saskatchewan. In Nova Scotia, NS Health has expanded use of an AI-powered weapons detection

system piloted in Halifax at a dozen sites across the province from Cape Breton to Yarmouth.

As a courageous UNA member wrote when no charges were laid by police after a member of the public threatened to shoot her: “I am deeply frustrated by how individuals can verbally and physically abuse my colleagues and me without facing consequences. It is disheartening to see the health-care system manipulated to serve everyone except those who provide the service.”

Emergency Departments across Alberta remain open thanks to the dedication of workers like that nurse. Our fractured health-care system is underfunded, short staffed, overcrowded, stressful, and dangerous. Despite this, every day, health care workers provide quality care for all Albertans who need it.

UNA will continue to advocate for your right to the safe workplace you deserve! 🍷



MAY 21 CABINET SHUFFLE IMPACTS HEALTH-CARE PORTFOLIOS

■ **ON** May 21, Premier Danielle Smith shuffled her cabinet, including significant changes to her unusual four-minister health-care portfolio.

The cabinet shuffle appears to have been prompted in part by the resignations from cabinet on May 20 of hospital and surgical services minister Matt Jones, along with that of finance minister Nate Horner.

Ms. Smith replaced Jones with Adriana LaGrange, who recently had served in cabinet as health minister and minister of primary and preventative health services. Cypress-Medicine Hat MLA

Justin Wright was named to cabinet for the first time as minister of primary and preventative health services.

With the shuffle of Jason Nixon into the finance portfolio, Nathan Neudorf was named minister of his former assisted living and social services portfolio. Rick Wilson, not part of the shuffle, remains minister of mental health and addiction.

So the four health ministers whose responsibilities are most likely to impact the work of UNA members are LaGrange, Wright, Neudorf and Wilson. 🍷



UNA Secretary Treasurer Christina Doktor and President Heather Smith place a wreath at the ceremony in Edmonton



UNA Members at the Edmonton ceremony

UNA remembers injured and fallen workers on April 28

Nurses and members of other unions across Alberta commemorated workers injured, sickened or killed on the job

By Kateryna Barnes

UNA Communications Advisor

■ **ALBERTA** nurses, union activists and members of the public from the Edmonton area paid tribute to workers who have died, been injured or made ill on the job at ceremonies across the province marking the World Day for Safety and Health at Work, known commonly as the Day of Mourning, on April 28.

Similar solemn gatherings took place in Calgary, Red Deer, Fort McMurray and Lethbridge that day.

At the Broken Families Monument in Grant Notley Park in Edmonton, Sean Grant of UNA Local 183 spoke to about 40 people about the importance of psychological safety in the workplace for worker well-being.

“People need know that workplaces value their physical safety,” they said, highlighting that psychological safety is a way to address workplace issues such as unrealistic expectations, abuse, violence and harassment.

“The physical and psychological safety of nurses and patients are among

UNA’s top priorities,” said UNA President Heather Smith, who was at the ceremony. “That’s why UNA pushes the Alberta government and health care employers to immediately implement actions to improve safety in emergency departments and health care workplaces across the province.”

In addition, steadfast campaigning by front-line nurses across Alberta and their union persuaded the province to bring back presumptive coverage for post-traumatic stress disorder (PTSD) and other traumatic mental health injuries in 2025. This change means nurses are no longer forced to wait for – or be denied – access to Workers’ Compensation benefits after experiencing traumatic events while on the job.

April 28 officially became the National Day of Mourning in Canada in 1991 after the passage by Parliament of the Workers Mourning Day Act in December 1990. Since then, the occasion has come to be widely marked throughout the world. 🇨🇦

MEMBERS OF UNA BARGAINING UNITS AT RCIF-ELIGIBLE RURAL OR REMOTE SITES CAN APPLY FOR ONE-TIME LUMP SUM

Payments recognize nurses' commitment to rural and remote health care

■ **MEMBERS** of United Nurses of Alberta bargaining units who provide service at eligible rural or remote worksites in Alberta have until September 30 to apply for the RCIF Retention Recognition Incentive, a one-time lump-sum payment recognizing their continued commitment and dedication to providing health care in rural or remote communities.

Payment amounts – set in three tiers of \$5,000, \$7,500 and \$10,000 – are based on each employee's years of service at rural or remote worksites that are eligible under the Rural Capacity Investment Fund (RCIF).

To receive the grant, eligible employees must commit to continued service at an RCIF-eligible rural or remote site for one year. A Return for Service Agreement will commence on the date the employee's application is approved.

Before applying, nurses must complete an eligibility screening. Those who meet the full requirements will be directed to the full application.

No applications will be accepted after September 30. Funding will be paid as a lump sum through payroll within one to two pay periods of the receipt of the approval letter.

Additional information is found at www.rcif-una.ca. That site will be updated periodically with new information, for example, how eligible employees on leave of absence may apply.

To apply for the initial screening, go to rcif.grantplatform.com. 🍷



UNA RCIF Site



To apply for the initial screening, go to rcif.grantplatform.com.

Eligibility criteria are:

- The employee must be working at an eligible worksite
- Contact information for both employee and manager must be provided
- Employee job title, employee number, and union bargaining unit must be provided
- Employment type must be provided (full time, part time, temporary and benefit-eligible casual employees are eligible; a separate incentive for casual employees is still being developed)
- Disclosure must be provided if the employee is on leave of absence
- Years of service at eligible rural or remote worksites (not the employee's date of hire with the employer) must be listed
- Agreement by both employee and manager to sign the one-year Return for Service Agreement

Application requirements include:

- Current worksite information (location, address, department)
- Rural service history
- Notice of whether the employee is approaching a tier milestone in the next six months
- Agreement to comply with all RCIF reporting requirements and complete an online survey

YOUR NURSES OUR FUTURE

NURSES WEEK 2026

NATIONAL NURSING WEEK 2026

Celebrating Alberta Nurses

■ **NATIONAL** Nursing Week is celebrated each year during the week that includes May 12, the birthday of Florence Nightingale, the 19th century English nurse, social reformer and pioneer statistician widely credited with creating the modern nursing profession.

During Nursing Week 2026, which was marked from May 11 to May 17, UNA celebrated the achievements, dedication, compassion and expertise of Registered Nurses and Registered Psychiatric Nurses who make up the

bulk of our union's membership. This year, UNA staff profiled a few of our union's members. These profiles, first published on UNA's website, are reproduced here along with a short biography of Florence Nightingale.

Nurses are the professionals who are the backbone of Alberta's health care system and hold the answers to the future of health care in Canada. We hope readers enjoy these few profiles from so many hard-working nurses in our province. ♥

YOUR NURSES OUR FUTURE

Happy Nurses Week!



MAY 11-17
2026

YOUR NURSES OUR FUTURE

Thank You!



NURSES
WEEK
2026

FLORENCE NIGHTINGALE IS A MODEL AND INSPIRATION FOR TODAY'S ALBERTA NURSES



■ **FLORENCE** Nightingale – the English nurse, social reformer and pioneer statistician widely credited with creating the modern nursing profession – was born in Italy on May 12, 1820, to a well-off English family. She was raised on her family's estate in England.

From an early age, Nightingale was moved by the plight of the poor who lived nearby. At 17, she refused marriage to a gentleman considered suitable to her class. At 24, despite her parents' forceful objections, she enrolled as a nursing student at a Lutheran hospital in Germany.

In 1850, she returned to England and she took a nursing job at a hospital in Middlesex, now within the city of London. She was promoted to superintendent within a year and, in that role, faced a cholera outbreak in conditions conducive to the spread of the disease. The hygiene measures she adopted significantly reduced the death toll at the hospital.

In 1854, she received a letter from Sidney Herbert, 1st Baron Herbert of Lea, the Secretary of State for War. He requested that she organize a corps of nurses of good character to tend to the

sick and fallen soldiers of the Crimean War. The nightmare conditions of that war and the lifesaving success of her work became the pivotal moment in her life and career.

The soldiers, moved by her compassion, knew her as “the lady with the lamp” and “the angel of Crimea.” Upon her return to England, her work was honoured by Queen Victoria. In 1860, she established the Nightingale Training School for Nurses.

“I attribute my success to this: I never gave or took any excuse,” Nightingale is famously quoted. That advice reinforced her position as a trailblazer for the nursing profession and an early champion for the principal that the first requirement of every hospital should be that it should do the sick no harm. 🍷



Alberta Association of Nurses' new CEO looks to the future of nursing

■ **ANNJANETTE** Ridsdale-Weddell's association with the nursing profession started early. When the Indigenous nurse was about three years old, she recalls, she ate some rat poison on her family's ranch in Saskatchewan! She recalls the nurse who attended to her in a white uniform with black stripes on her nursing cap. "I still remember her calm presence. They had to keep me overnight and she was on the evening shift. She just babied me." Evidently, Ridsdale-Weddell's positive impression of the nursing profession stuck with her.

Today, Ridsdale-Weddell – "call me Annj!" – is CEO of the Alberta Association of Nurses, the advocacy organization for all regulated nurses created in 2022 when the College and Association of Registered Nurses of Alberta was restructured to become the College of Registered Nurses of Alberta.

The goal of the new association is to represent the interests of Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Nurse Practitioners, nursing students and retired nurses in the province. This presents some challenges, Ridsdale-Weddell explained, in part because

membership is voluntary. Hired as AAN's second CEO at the start of this year, she says encouraging and assisting professional development for nurses is among her principal goals for the organization. "If I can help nurses at the bedside of any designation in any way, that's going to be my goal."

Ridsdale-Weddell seems well qualified for that role. She graduated with a Registered Nursing diploma from the Saskatchewan Institute of Arts Science and Technology in 1988, completed a BScN at the University of Alberta in 2012, an MBA from the Australian Institute of Business in 2018, and is now in the process of wrapping up a Doctor of Nursing degree at the University of Calgary. Over the years since 1988, mostly spent in Alberta, Ridsdale-Weddell has filled such roles as an educator for Alberta Health Services, various director positions for the government of Alberta, Registered Nurse employed by the NHL, and a program manager at Covenant Health. She continues in a front-line nursing role and is a member of UNA. "I'm representing the voice of nurses, and I really need to understand their work life and what they're faced with," she says.

□ CONTINUED ON PAGE 15

Annj Ridsdale-Weddell
(photo supplied)



**YOUR
NURSES
YOUR
FUTURE**

Appearing as a central voice on a national radio broadcast about health care was nerve-wracking, but worth it

■ **IT'S** not every day front-line nurses are asked to take part in an in-depth interview for a radio broadcast that would be heard in every part of Canada. You might even think the thought of such a thing would be nerve-wracking.

That's certainly the way Registered Nurse Valerie Evanishen felt last January when she was asked along with her colleague Jayme Hack to appear on Dr. Brian Goldman's CBC program, *White Coat Black Art*, to talk about the state of the Emergency Department at the Royal Alexandra Hospital in Edmonton where they work.

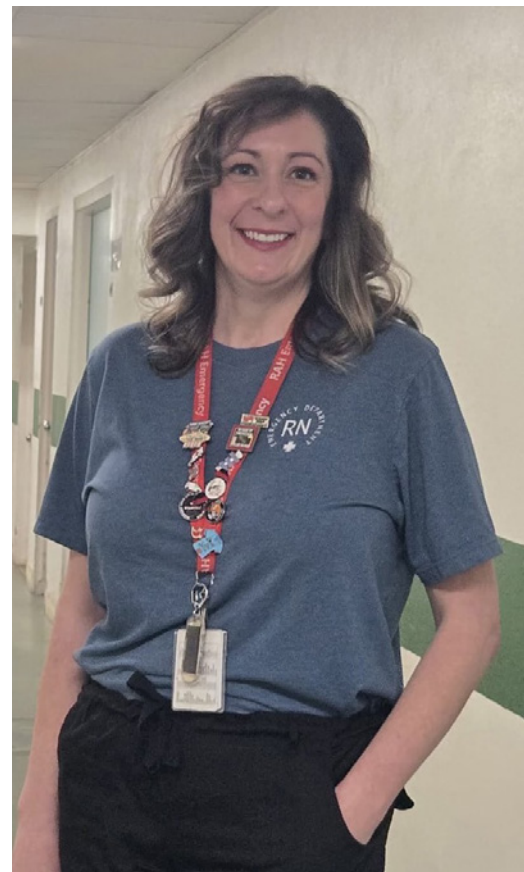
"I'm not the type of person who likes to go and do these kinds of things," Evanishen said quietly. "I can do it, but I don't want to do it. So it was very nerve-wracking at first. But I also had confidence because I had Jayme

with me too, so I really took a lot of strength from that."

Evanishen underestimates her skills as a communicator. She speaks quietly, but with real passion about her work, and with a thoughtful understanding of the risks of taking on a public advocacy role when engaged in a front-line public health care job.

It helped, Evanishen recalled, that the staff producing Goldman's CBC show were thoroughly professional and used to working with people who are not seasoned public speakers. CBC staff were careful to ensure the two members of UNA Local 33 were willing to let them use their names. They also assured the two nurses that they could ask to go back and give an answer again if they were unsatisfied with the way they'd spoken.

□ CONTINUED ON PAGE 16



Valerie Evanishen
(photo supplied)

□ ANNJANETTE RIDSDALE-WEDDELL: CONTINUED FROM PAGE 14

While different regulated nursing professions are often represented by different bargaining agents, Ridsdale-Weddell notes, "it's important that we stand together" in a profession that's constantly facing change, not always for the better. "What worries me is that the working environment is so unhealthy right now."

The good news, she says, is that "nurses know what we need to do." Thus, part of her job is to advocate to government to listen to what nurses have to say. "Nurses can tell us how to fix this. So I'm encouraged by that. But the thing that has kept me awake at night is the state of the working environment that nurses are trying to work in."

Her advice for new nurses? "If you're not a union member, join the union. If you're not an association member, join the association. We're the ones who are making sure that the voice of nurses is being heard. If you have a nurse at the decision table, you have the voice of patients and families there too."

"Nurses are the heartbeat of health care," Ridsdale-Weddell concludes. "Have some pride in that! It's an incredibly difficult but meaningful job." 🍷

**YOUR
NURSES
YOUR
FUTURE**

“That took a lot of pressure off,” Evanishen remembered.

When the show aired, it brought a powerful message to the public about what front-line nursing staff face everywhere in Canada in the country’s crowded Emergency Departments. “Once I listened to it, I was like, wow, they really did a good job of putting that together. It was really well thought out. It flowed well. I think they utilized Jayme’s strength and answers along with mine and put something together that I ended up being really proud of.”

“It was really very rewarding” she added. “Countless people, physicians and other nurses, friends, family, all reached out and said that they had listened, that they felt like I was a very compassionate person working a very hard job, and just congratulated me. From my perspective that was really great.”

Nurses must be careful about how they describe their working conditions to media, Evanishen noted, and they need more protection to be able to speak their minds. “Nurses should be able to say what they’re experiencing in the health care system for the protection of the public,” she explained. “The public needs to know when nurses raise alarms about what’s happening.”

Nurses know what’s going on, and they have solutions to offer. “If you don’t have a voice to raise public awareness, the public is missing a whole piece of the problem,” she said.

Evanishen grew up in Edmonton in “a family of accountants ... no nurses in my family at all.” She was interested in a more public-facing role than accounting and went to university considering a career in the police. She didn’t want to take a degree that was too abstract, though. “So I went into first-year nursing thinking that,

after four years, I’m going to go into the police.”

That isn’t the way it worked out. After a year of nursing education, she said, “I wasn’t looking at anything else. I loved every minute of it. When I look back on my four years of training, I didn’t feel like it was hard. I think it was because I loved so much what I was doing that it didn’t feel like work.”

Evanishen graduated in 2002 and went to work at the Fort Saskatchewan Community Hospital on the advice of a university instructor who said she would be able “to do a little bit of all different types of nursing.”

She worked there until 2006, when she moved to the Royal Alex in Edmonton’s downtown where she has worked ever since. “I like the variety that I get in an Emergency setting. I like that every day is different, and that I’m constantly learning and constantly challenged. At the same time, I’ve been there long enough that I also feel accomplished, that I know what I’m doing.”

Evanishen says she worries the stress of overcrowded Emergency Departments, and the trend of growing violence, will drive young nurses out of the profession. “It used to be few and far between that you would be verbally abused or physically threatened. Now it’s a daily occurrence.” She also feels empathy for sick and the family members, forced to wait hours to see a doctor, not getting their needs met when they should be.

“I hope that the love of nursing will keep people in the toughest of jobs,” she said. “That just loving the job and the passion that comes with it, that passion will keep us going.”

And nurses need to stand up for what they believe in and stand up for each other, she concluded. “We need to be heard. We need to speak.” 🍷

**YOUR
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Nursing student was inspired by parents, encouraged by nurses in the family

■ **FOR** nursing student Faith Taylor, nursing is more than a career. It's an opportunity to help people heal during some of the most difficult moments of their lives.

Inspired by her parents, who both work in health care, and encouraged by family members already in the nursing profession, Taylor says she always knew she wanted to make a difference through nursing.

Now pursuing a path in forensic nursing, Taylor plans to work with patients navigating complex mental health challenges within the legal system after her graduation later this year. "We get to

provide trauma-informed care and really help patients realize their full potential," she said. "Seeing someone improve and return to everyday life is incredibly rewarding."

She also spoke about the lasting impact of the COVID-19 pandemic on health care workers, pointing to increased burnout and the pressure many nurses faced while continuing to serve on the front lines.

Despite the challenges, she says the profession remains deeply meaningful. "To all the nurses out there, thank you for being incredible role models," she says. 🍷



Watch the full interview on Youtube

Stay strong, stay together and support one another, says third-generation nurse

■ **HIGH** school aptitude tests weren't the only thing that convinced Justin Beaver to become a Registered Nurse. Beaver is a third generation nurse, following in the steps of his parents and grandmother.

"My dad was an RN for 30 years and he was always a good role model for me, hearing the differences he was able to make" said Beaver, a member of UNA Local 120.

"My mom ended up doing her LPN at the same time I was doing my RN so we were actually able to take some

courses together, which was quite a bit of fun," he recalled. Beaver was a recipient of the Canadian Federation of Nurses Unions scholarship in 2010.

Beaver doesn't often think about nursing as the family business but, he said, "it is cool when you look into family history and realize there has been a sort of generational impact in the field."

He now works on the Detox Unit at the Chinook Regional Hospital in Lethbridge.

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YOUR NURSES YOUR FUTURE

A LIFETIME IN NURSING:

“You Just Have to Keep Working at It”

■ **MEET** Olga Saley, a nurse who spent more than 60 years in service to the people of Alberta.

When she reflects on her nursing career, she is quick to downplay it.

“I don’t really have anything brilliant to say,” she insists.

But her story tells something far more powerful.

Her journey into nursing began more than six decades ago, after working at a health unit in Athabasca as a steno technician.

“There wasn’t money to send me to university like my sister,” she recalls. “But the nurses there were wonderful. They encouraged me, and I guess that’s why I went into nursing.”

Encouraged by public health nurses, she entered nursing school in January 1962. She graduated that same year and never really left the profession.

“I worked ever since,” she says simply.

That work carried her through decades of change in health care, eventually in areas including STDs and HIV care. She remained in nursing until October 2025, when she stepped away to care for her husband.

“It was silly for me to be going and doing STDs and HIV when he needed so much care,” she explains. “My manager was very lovely and understood. I just said I can’t come back, and that was it.”

□ CONTINUED ON PAGE 19

□ JUSTIN BEAVER: CONTINUED FROM PAGE 17

“It’s a good challenge in general to be able to work with different types of people and be able to work with them through both the hardest and the best times of their lives,” Beaver said of his current role.

“In my field, we deal a lot more with people when they are at their low, but even in the short window, between five to ten days, it’s kind of wild to watch how fast people change from being as down and out as they are to having resources and then being able to get back to a spot when they can start working on themselves and improve themselves,” he said. “It’s pretty rewarding to be honest.”

Mental health nursing left an impression on Beaver during his rotation as a student nurse at the Claresholm Centre for Mental Health & Addictions.

“Being able to sit and talk to people and have those conversations and not feel as rushed from the medical aspect of things and to be able to work through their problems and listen and spend some time with them,” he said, of the rewards of the kind of work he does each day.

“I enjoy getting to know people more and getting to know where they come from what’s the reasoning behind where they’ve ended up,” he reflected.

Seeing that change in clients and being there for them, Beaver said, is what motivates him to continue nursing. “You just want to see the best for people”

While aware of the challenges facing Alberta’s health care system, including organizational restructuring that has resulted in sometimes chaotic scheduling or management changes, Beaver has a message of solidarity to share with fellow nurses during this Nurses Week.

“Stay strong, stay together and support one another as we navigate through these challenging times,” he said. “Be patient with yourself and others we go through this together and in our own individual experiences.” 🍷

**YOUR
NURSES
YOUR
FUTURE**

What kept her in nursing for so long?
Her love for her patients.

“I just liked it. I liked looking after patients. To me, the patient is the most important.”

But she has also seen how the profession has shifted over time.

“Nowadays, especially in long-term care, it’s a shocker,” she says candidly. “They’re skilled and so forth, but they don’t seem to have the time to really look at the patient. It’s not the patient that’s the focus anymore – it’s everything else around it.”

She believes staffing and system pressures play a role, but she also points to broader structural changes in Alberta’s health system.

“I don’t think a lot of the changes were necessary,” she says, referring to the restructuring and eventual dismantling of Alberta Health Services as it was previously known. “And I think it makes it more difficult for patients to access the care they need.”

Still, she holds onto the belief that nursing is about persistence and intention.

“You just have to keep working at it,” she repeats. “Thinking about the patient

and the patient’s needs, and putting the patient first.”

She also speaks to another change she has observed in more recent years – the experiences of internationally educated nurses working within the system.

“There have been a number of nurses working as aides or as LPNs,” she says. “They’re not certified here, or they haven’t done the exams, and some are scared to do them. Others have tried and not done well, so they’ve gone back to being an LPN, which I find sad.”

When asked about what she would say to the government in response, she is clear. “I think the government has to try harder – not only to recruit them, but to make sure they have the proper help here.”

Even as she reflects on challenges, she does not lose sight of what nursing has meant to her.

“It’s a wonderful career,” she says. “And for those who are in it, just stick with it. Keep thinking about the patient.”

As Nurses Week is recognized across the profession, her story is a reminder of a legacy built on decades of showing up, caring for patients, and quietly holding the centre of a changing health system together. 🍷





CANADIAN
FEDERATION
OF NURSES
UNIONS

Protecting Alberta's public health care is PROTECTING CANADA'S PUBLIC HEALTH CARE



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.

■ **OUR** public health care system was founded on the belief that every single person deserves care, regardless of where they live, what they do, and how much money they make. As nurses, we have always believed that access to care is a human right. But today, this fundamental promise is at serious risk.

Nurses in Alberta are on the front lines of a Canada-wide threat to public health care. Alberta's United Conservative Party government passed Bill 11, the *Health Statutes Amendment Act 2025 (No.2)* in the Alberta Legislature on November 24, 2025.

Bill 11, as it's commonly referred to, allows doctors to work in the public system and charge patients privately at the same time – a first in Canada. This opens the doors wide to American-style, two-tier health care across the country.

This is a stark change from what has existed in Canada until now: doctors can work entirely in the private-pay market, charging patients for services, or in the public system. But they must choose whether they're in the public system or not. They can't do both at the same time.

Bill 11 has changed that by allowing doctors to work in both the public and private systems simultaneously. Two-tier health care is against the *Canada Health Act*. It means the departure from a health care system based on medical need and not the ability to pay.

This will encourage doctors and for-profit facilities to charge patients for faster access to care, regardless of whether it means pushing aside others who have more urgent needs. This law is in clear contravention of the *Canada Health Act*; it undermines the Act's principles of universality and accessibility.

Is this about increasing access to care for those who can afford it, or just about making a few people richer?

Alberta's Bill 11 also creates the conditions for the expansion of private health insurance for medically necessary care, creating space for a for-profit health care industry to flourish.

This for-profit industry is the largest cause of personal bankruptcy in the United States, and it would be terrible for all Canadians. Imagine losing your house because you can't afford private health insurance premiums. Nurses in the United States are actively fighting for the medicare we already have in Canada, to protect their patients and themselves from this dire reality.

□ CONTINUED ON PAGE 21

WHEN KNOWLEDGE MEETS KNOW-HOW

As nurses, we know this inequality isn't good for our patients, communities, or doctors. And it's not good for nurses either. Health care privatization draws resources out of the public health care system, adding more strain to the health staffing crisis still running rampant and impacting nurses and patients in Alberta and across the country. Combined with allowing wealthy people to jump the queue and increase wait times for everyday people, this is a recipe for disaster.

If left unchecked, this legislation will set a dangerous national precedent, accelerating the erosion of public health care across Canada, deepening inequities and putting further strain on an already stretched public health care system. When access to care is determined by income, patients wait longer, outcomes worsen, and pressure on the public system intensifies. As a safety critical workforce, nurses cannot support or sustain a system that prioritizes profit over patient care.

That's why the Canadian Federation of Nurses Unions is standing up with UNA against Bill 11. Together, we're calling on the federal government to enforce the *Canada Health Act* and make it clear that two-tier health care has no place in Canada.

When Premier Danielle Smith was elected, it was on a promise to preserve public health care, not privatize it. This is not what Albertans voted for. Nurses across the country are joining the call from Alberta nurses and standing up together to protect the public health care system that we all cherish. We won't let this change go unchallenged.

This is a defining moment for public health care in Canada. And it's one that I am proud to be a part of, standing firmly on the side of equity and health for all.

In unwavering solidarity,

Linda Silas, CFNU President 🇨🇦

BC NURSES' REACH TENTATIVE AGREEMENT AFTER RECORD STRIKE MANDATE

■ **THE** British Columbia Nurses Union bargaining committee reached a tentative agreement with the Health Employers Association of BC and is unanimously recommending ratification.

The tentative agreement follows a record 98.2 per cent strike mandate from more than 50,000 members.

"This tentative agreement was reached because nurses across British Columbia came together and showed they were prepared to fight for meaningful change," said BCNU President Adriane Gear. "The record strike mandate shifted the balance of power at the bargaining table."

The tentative agreement includes improvements to benefits coverage, a general wage increase of 12 per cent over four years, workplace safety, violence prevention measures and improving working conditions across the province.

The ratification vote will take place from June 15 to 19, 2026. 🇨🇦

UNA members should be aware of time limits on LAPP pension buybacks

IMPORTANT PENSION INFORMATION

By Carolyn Olson and
Richard West
UNA Pension Advisors

■ **THE** Local Authorities Pension Plan, which provides retirement savings for a majority of UNA members, has three options for the purchase of pensionable coverage for time missed while on a leave of absence or when the member was eligible to participate in LAPP but for any reason didn't enroll.

The kinds of leaves that are eligible for pension buy-backs include unpaid sick leave, education leave, maternity leave and time on spent on Short-Term or Long-Term Disability.

This is important because of the great value of having more years of pensionable service, something many members do not realize until it is too late. Many members deeply regret not realizing there is limited time available to buy back time missed at a preferential rate.

To avoid the disappointment of realizing too late that you could have had more generous retirement benefits, UNA's pension advisors prepared this guide to purchasing pensionable service and the time limits for doing so.

OPTIONS FOR PURCHASE OF PENSIONABLE SERVICE

LAPP has three types of past service purchase options, commonly known as buy backs:

Purchase of Service for the time on Leave of Absence (LOA) for the first pensionable year

During a person's career, LAPP offers a time-limited option to purchase the first pensionable year of service for time on LOA on a contribution-rate basis.

This option to purchase is offered in June/July of the year following the year in which an LOA ends. A member can also request to purchase time on LOA by December 31 of the calendar year after the leave ended, whichever comes first. For an LOA that spans more than one calendar year, the service from the prior year can be available in a subsequent year if the LOA was continuous.

LAPP prorates service for part-time employees, so a .5 FTE employee could purchase two calendar years, which would be equal to one year of pensionable service.

Purchasing the first pensionable year of LOA is normally good value because the employer is required to pay their share of the contributions if the employee pays their share.

Purchase of service for time on Leave of Absence for the second year up to and including the fifth year of pensionable service, plus 3 years of maternity/parental leave.

This is offered in same manner as the first year of service option, with a time-limited notice in June/July from LAPP to the member.

The difference is once the first year of pensionable service has been purchased (in a person's career) the subsequent years being purchased require the employee to pay both the employee and the employer portions of the pension contributions.

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Actuarial purchase of pension service

Actuarial Reserve costings are based on today's value of the pensionable service being purchased, plus a "reserve" to ensure that the plan does not subsidize these purchases. The costing uses age, current salary and pensionable service of a member to project the cost of the future pension being purchased.

The employer pays no portion of this purchase.

This is available for the purchase of pensionable service:

- On LOA which missed the deadline for a contribution-based purchase,
- Other periods of time when an employee was eligible to participate in LAPP but did not; and
- Purchase of the LAPP pension probationary year (practice ended in 2012).

LAPP has no limit on the amount of service which can be purchased on this basis.

LAPP/ EMPLOYER COMMUNICATION ON BUYBACKS

Both LAPP and employers refer members to the Buyback Estimator on lapp.ca.

This provides the costing based on Actuarial Reserve calculations which often results in much higher costs than a contribution-based purchase of pensionable service.

Contact Carolyn Olson at colson@una.ca or, Richard West at rwest@una.ca for greater detail or clarification. 🇺🇦

RPNs under multi-employer agreement to receive registration and liability reimbursement in June

- **HEALTH** Shared Services has informed United Nurses of Alberta that for the 2026/27 registration year, Registered Psychiatric Nurses covered by the multi-employer Provincial Collective Agreement will be reimbursed for registration and professional liability protection through e-People.

Total reimbursement for all qualifying UNA members registered with College of Registered Psychiatric Nurses of Alberta for 2026/27 has been calculated at \$701.40, HSS said in late March.

CRPNA requires RPNs to have professional liability protection through the Canadian Nurses Protective Society.

HSS said that at this stage in its planning process qualifying UNA members should not submit receipts for CRPNA membership fees or CNPS professional liability insurance through iExpense. Members are required to ensure they complete their CRPNA registration before the start of the new registration year, HSS said. Further details may follow as the HSS planning process continues.

HSS is the health care corporation created by the Alberta government to administer administrative work shared by the new health care agencies and corporations created as a result of the breakup of Alberta Health Services.

Eligible UNA members will receive reimbursement for their CRPNA membership fees and CNPS Professional Liability Insurance with their June 24, 2026, pay. 🇺🇦



Edmonton RNs journeyed to Ecuador to take part in 2026 CAMTA medical mission

Mount Cotopaxi, an active volcano and Ecuador's second highest peak, towers over the city of Quito

■ **THE** Canadian Association of Medical Teams Abroad, or CAMTA, was founded in 2001 by a group of Edmonton health care professionals and has been sending annual medical missions to Quito, Ecuador, ever since to treat patients with mobility issues, in particular children with clubfoot and adults with hip dysplasia.

Each year, CAMTA volunteers perform about 80 surgeries over two weeks for patients who would likely go without treatment. CAMTA's 2026 mission took place in February and March.

This year, two Edmonton Registered Nurses received \$1,000 International Solidarity grants from the union to be part in CAMTA's teams of nurses, physicians, respiratory therapists, physiotherapists and other volunteers.

Treena Erbach of Local 11 at the Misericordia Community Hospital was in the country from February 19 to March 2, serving as an Adult Ward Nurse caring for post-operative patients. A veteran of three previous CAMTA missions, she spoke in her report to UNA of how her experience this year "deepened my appreciation for the importance of accessible health care and reinforced by commitment to providing compassionate care to those who might otherwise go without treatment."



□ ECUADOR: CONTINUED FROM PAGE 24

“Working in a resource-limited environment highlighted that quality nursing is rooted not only in clinical skill, but also in adaptability, teamwork, cultural sensitivity, and human connection,” she wrote. “It also brought greater awareness of the barriers many families face in accessing orthopedic care and the broader inequalities that exist in global health care.”

Bailey Roschkov of Local 301 at the Mazankowski Alberta Heart Institute was in Ecuador from February 27 to March 9, her second mission with CAMTA, in the same medical role as Erbach. “This year was especially meaningful to me because I was able to return and see patients I had cared for last year when they came for their follow-up appointments,” she recalled.

“This experience has not only helped me grow as a nurse but has also deepened my passion for global health and contributing to meaningful community impact, both locally and internationally.”

Both nurses spoke of the resilience, strength and gratitude of the patients and their families. More information on CAMTA can be found at camta.com.

Twice each year, UNA provides a maximum of 10 grants of up to \$1,000 to UNA members for the purpose of engaging in missions abroad that provide humanitarian assistance of capacity-building to a host community. 🍷

Members of CAMTA's 2026 medical missions from Alberta to Quito, Ecuador: Treena Erbach is in the first row at right in the group photo left; Bailey Tochkov, holding the drawing, is at right

How to apply for an International Solidarity Grant



Mental health conditions – a leading driver of short-term disability claims

DEPRESSION CLAIMS SEEM TO BE STEADY WHILE CLAIMS ASSOCIATED WITH ANXIETY AND ADJUSTMENT HAVE RISEN



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



■ **STATISTICS** from Canada Life Assurance Co. demonstrate that mental health is a leading cause of employees needing to take lengthy periods of time off.

Mental health conditions are the leading driver of claims for short-term disability. Canada Life claims and claim costs associated with mental health peaked in 2022 at 2,137 claims and then began to stabilize in 2023 and 2024 at 1,660 and 1,635 claims respectively. Within mental health claims, depression claims remained stable while claims associated with anxiety and adjustment reaction rose.

A similar pattern is playing out for the company's long-term disability claims. In 2023, mental health conditions remained the leading diagnostic category for claims and was increasing as a percentage of both long-term disability claims and paid costs. Mental health claims rose from 1,850 in 2021 to peak at 2,366 in 2023. There was a slight drop in 2024 to 2,329 claims. The drop in claims is worth monitoring.

Typically, insurers expect 15 to 20 per cent of claimants to transition from STD to LTD. In health care, the number is typically 30 to 35 per cent. In the past five to six months, Canada Life and the Health Benefit Trust of Alberta (HBTA) have seen that number fall to 28/29 per cent.

This is not a lengthy enough time frame to find a trend, but HBTA's pro-active initiatives appear to have a positive impact on claim numbers and length of claims. These improvements have become evident in HBTA's funding reserves for each of STD and LTD, which had been severely depleted during the pandemic and were nearing fully funded status in 2024. If the trend continues then we hope to see an overall reduction to benefit premiums for members notwithstanding the increased costs associated with access to psychology services. An ounce of prevention is worth a pound of cure.

In summary, HBTA has been active with efforts to manage mental health claims. HBTA focused on achieving earlier identification and treatment of mental illness. Reduced claim numbers (new and active) and costs associated with disability claims are indicative of fewer members who require less time off due to mental illness.

For more information, visit the dedicated mental health resources webpage on UNA's website, which lists resources available to members.

This is the last of six columns on mental health concerns and resources by Lee Coughlan, UNA's Manager of Labour Relations (Edmonton). 🍷



PRC process protects SAFE STAFFING AND PATIENT CARE AT GLENROSE REHABILITATION HOSPITAL



■ **THANKS** to sustained advocacy through UNA's Professional Responsibility Concern process, staffing levels on Unit 3C at the Glenrose Rehabilitation Hospital have been stabilized to better support patient safety and care.

At the onset of the COVID-19 pandemic, Unit 3C experienced a significant increase in patient acuity and workload. To respond, evening shifts were temporarily augmented with additional nursing staff, often resulting in overtime. While pandemic-related funding eventually decreased, the unit's acuity and workload remained high. Management proposed discontinuing evening augmentation and instead permanently reallocating a nursing position from days to evenings.

Concerned that this change would compromise safe patient care, UNA members took action.

Concerned that this change would compromise safe patient care, UNA members took action. Between August 2024 and September 2025, 16 PRCs, including three individual and 13 group submissions, were filed by six Local 32 members. These submissions consistently highlighted the impacts of short staffing, including compromised 1:1 mental health assessments, cancellation of group therapies leading to

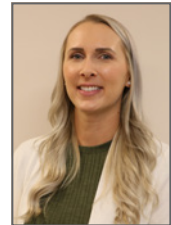
increased patient anxiety, and delays in care such as medication administration and post-ECT assessments.

The concerns were reviewed with management and escalated to the PRC Committee; however, resolution did not initially appear imminent. Following the arrival of a new program manager, Local 32 met with her to discuss the ongoing concerns and proposed staffing changes. The response was collaborative and solution focused.

After further discussion with senior leadership, the program manager secured an additional 1.0 permanent FTE Registered Nurse position for the unit. As a result, evening shifts will no longer rely on temporary augmentation, and staffing levels on day shifts will be maintained.

This outcome reflects the dedication of Unit 3C staff to the PRC process and their commitment to advocating for safe patient care. It also demonstrates the value of collaborative leadership in resolving concerns at the local level. By working together, meaningful improvements to staffing and patient safety were achieved.

Thank you to all those involved in advancing this important work. 🍷



By Karli Necula
PRC Advisor



ALBERTA NEEDS CARE



By **Camelia Guthrie**
Communications Advisor



AlbertaNeedsCare.ca

■ **YOU** may have already seen UNA’s message across Alberta over the past year: Our health care system doesn’t need more CEOs – it needs capacity.

That message has sparked conversations in communities across the province, because Albertans know the answer to fixing health care isn’t more for-profit care. It’s stronger care that is publicly funded, publicly delivered, and built to serve people, not profits.

Now, UNA is bringing that message even closer to home.

As part of Phase Two of the Alberta Needs Care campaign, we’re rolling out bus bench ads near hospitals and in communities. The goal is to make our message more visible in the places people pass every day. Whether you’re heading to work, taking the kids to school, or waiting for your next ride, you’ll see a simple reminder that better health care starts with building capacity, not adding more CEOs.

These bus benches are more than advertisements, they’re conversation starters. They are a way to remind Albertans that they’re not alone in wanting a stronger public health care system and that real solutions come from investing in front-line care, not privatization.

So, keep an eye out in your community. You might spot one near you. When you do, snap a photo, share it, and help spread the message: Alberta needs care and care is capacity. 🍷



For the Slobinyks, mother and daughters,

WORKPLACE RIGHTS ARE A FAMILY AFFAIR CARE

■ **ON** a random Tuesday, what could have been a mother-daughter outing became something far more meaningful. Annette Slobinyk and her daughter Reagan Slobinyk, both nurses at the University of Alberta Hospital in Edmonton, chose to spend their time at a UNA Know Your Rights workshop – an opportunity for the Local 301 members to strengthen their understanding of workplace protections and responsibilities.

For Annette, a unit rep in the hospital's NICU, the decision felt like a natural extension of who they are as a family.

The Slobinyks are, by every measure, a union family. Annette's husband and three sons work as firefighters, and both of her daughters have chosen careers in nursing. Reagan was able to attend this time, while her sister Mackenzie – also a nurse – was on maternity leave and busy with the newest addition to her family. If their schedules had aligned, Annette would have happily had both her daughters at her side. Next time, she says, she hopes to make that happen.

For Annette, understanding workplace rights is not optional – it is essential. In her view, it is difficult to advocate effectively for yourself or for colleagues without a clear understanding of the protections, processes, and responsibilities that exist within the workplace. Attending the workshop with her daughter was both practical and symbolic: a shared commitment to staying informed and engaged.

UNA's Know Your Rights session is open to members who have not previously attended and provides accessible, practical information about collective agreements, workplace rights, and navigating concerns. For Annette and Reagan, the experience was more than educational. It offered dedicated time together – something that can be rare in busy health care schedules. Annette likened it to a lunch date with her daughter, with the bonus that participants walk away having learned something meaningful and, perhaps unexpectedly, having enjoyed themselves in the process.

Reagan appreciated the opportunity to learn alongside her mother, deepening both her professional knowledge and their shared commitment to union values. In demanding professions such as nursing, confidence in one's rights can strengthen not only individual practice but collective support among colleagues.

The Slobinyk Family story is a reminder that union education does not have to feel formal or intimidating. It can be engaging, practical, and even relational. Sometimes, it truly is a family affair.

If you have not yet attended a Know Your Rights workshop, consider registering. Bring a friend, a family member, or a co-worker who has not attended before. As the Slobinyks discovered, it can be a meaningful way to spend time together while gaining knowledge that can make a lasting difference in the workplace. 🍷



Duane McEwan, at right, with Annette and Reagan Slobinyk

By Duane McEwan
UNA Educator

It is difficult to advocate effectively for yourself or for colleagues without a clear understanding of the protections, processes, and responsibilities that exist within the workplace.

INDIGENOUS NURSES DAY



UNA CELEBRATES ALBERTA'S AND CANADA'S INDIGENOUS NURSES

■ **ON** April 10, United Nurses of Alberta marked National Indigenous Nurses Day by celebrating the work of Indigenous nurses in Alberta and throughout Canada.

Indigenous Nurses Day is marked on April 10 in honour of Edith Monture, a Kanien'kehà:ka woman who was the first Indigenous Registered Nurse in Canada and the first to gain the right to vote in a Canadian federal election. She was born on April 10, 1890, on the Six Nations of the Grand River Reserve near Brantford, Ont.

Sadly, Monture had to train as a nurse in the United States because at the time no Canadian nursing school would accept her because of her race. She graduated as a Registered Nurse from the New Rochelle Nursing School in New York and became a U.S. Army nurse, serving in

France after the United States entered World War I. After the war, Monture returned to Canada and gained the right to vote under the *Canadian Military Service Act (1917)*.

She died in 1996 at the age of 105.

Edith Monture Avenue, Edith Monture Park, and Edith Monture Elementary School in Brantford are all named after her. Last year, she was designated a National Historic Person by the Government of Canada, under the Historic Sites and Monuments Act.

On April 10, the Canadian Federation of Nurses Unions hosted a one-hour live webinar on Canada's Indigenous nurse volunteers with the goal of empowering participants to honour these history making nurses and to uphold Indigenous rights.

The webinar was attended by 265 participants plus members of a viewing party at the University of Victoria. Moderated by CFNU President Linda Silas, the event featured remarks by Terri Monture, granddaughter of Edith Monture; Dr. Laura Cranmer, Professor Emeritus of Indigenous/Xwulmuxw Studies at Vancouver Island University; Christina Marie Chakanyuka of the N.W.T. Métis Nation; and Nikki Rose Hunter-Porter (St'uxwtsews), RN, MN, Clinical Nurse Specialist, Indigenous Health and Cultural Safety, at BC Cancer.

UNA honours all First Nations, Inuit and Métis nurses and urges members on this day to reflect on this history of Indigenous health care in Canada and Alberta, and to consider how we can all work together to achieve meaningful reconciliation. 🍷

Eligible employees have only until July 14 to apply for retro pay

■ **SINCE** United Nurses of Alberta's current collective agreement was signed on April 15, affected former employees will have only until July 14, 2026, to apply for retroactive pay for which they are eligible.

Article 1.03 of UNA's Multi-employer Provincial Collective Agreement states: "An Employee whose employment has terminated prior to the signing of this Collective Agreement is eligible to receive retroactively any increase(s) they would have received but for the termination of employment, upon the submission of a written application to the Employer within 90 calendar days of the signing of the Agreement."

Former UNA members who were employees of the employers listed below whose employment terminated after April 1, 2024, are eligible:

- Alberta Health Services and AHS employee who transferred to a provincial health agency or health corporation, including Assisted Living Alberta, Cancer Care Alberta, Emergency Health Services, Give Life Alberta, Health Shared Services, Primary Care Alberta and Recovery Alberta
- Covenant Health
- Lamont Health Care
- The Bethany Group (Camrose)

Covenant Health, Lamont Health Care and The Bethany Group (Camrose) each have slightly different application procedures for former members than AHS and the various health agencies and corporations. Complete application details for all employers are found on UNA's website. 🇺🇦



Report from
Director of Labour Relations
David Harrigan

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



UNA managers Lee Coughlan, at left, and Jeannine Arbour, at right, marked their 10th anniversary in management in April. Arbour joined UNA in 2007 as a Labour Relations Officer in Calgary. Coughlan joined UNA in May 2008 as an LRO. Labour Relations Director David Harrigan, centre, said they "approach their roles as managers with a balance of firmness and professionalism, ensuring members' interests are represented while maintaining constructive relationships with employers and labour relations staff. Their ability to interpret complex agreements, anticipate challenges, and communicate clearly helps create confidence among staff and stakeholders alike." He added: "Their leadership has strongly contributed to a more stable and well-managed labour environment – not an easy task given the Alberta's regular re-organizing and restructuring." 🇺🇦

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