

WINTER 2022 VOLUME 46, NUMBER 4

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Bread & Roses
Award winner
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Check your
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NEWS Bulletin

UNA

United Nurses of Alberta



AGM 2022

First in-person
UNA AGM in 3 years

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PRESIDENT'S MESSAGE



2023 will be challenging

■ **THE** holiday season is upon us, and before we know it, it will be New Year's Day and 2023.

Unfortunately, 2023 is bound to bring challenges we haven't faced in Alberta since Ralph Klein was premier and blowing up hospitals was the order of the day.

We may finally see an end of the worst of the pandemic in 2023, but it will be a year of challenge all the same for nurses and other medical professionals and staff experiencing the impacts of chronic underfunding and understaffing on the front lines of our health care system.

The same challenges will also be faced by Albertans who find themselves or a family member in the health care system, and by every citizen who understands the value of one of Canada's greatest accomplishments, access to health care for every citizen who faces illness.

We are going to be challenged. I have faith we will rise to the challenge, nurses and citizens alike, to save public health care once again for Canadians and Albertans, but it will not be an easy fight.

At the same time, for members of United Nurses of Alberta, 2023 will be a year of preparation for bargaining.

Negotiating a new collective agreement will happen during a system-wide crisis caused by chronic under-funding of health care, overwork caused by under-staffing, and disrespect by governments for health care professionals, especially nurses.

Nurses understand how to fix our health care system, and that is why we have launched a campaign calling for Alberta to ***Retain, Recruit and Respect***. These Three Rs are closely tied together.

To keep nurses in Alberta at a time when neighbouring Canadian provinces are offering \$50,000 cash bonuses to move there and work is going to require recognition by our employers and government that the challenging working conditions in our hospitals must be addressed, and the size of the health care work force must increase.

Inevitably, the solutions to the crisis we face are going to cost money, and some of those money questions are going to have to be addressed at the bargaining table.

Failure to deal with these questions will contribute to further declines in Alberta's health care work force, and even more difficult working conditions in our facilities.

This is the reality we will all face in 2023.

We can only overcome it if we stand together.

***In Solidarity! Stay well, stay safe,
stay strong!***

Heather Smith
President, United Nurses of Alberta

FRONT COVER: Some of the more than 800 nurses who attended
UNA's annual general meeting in Edmonton in October.

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Pay nurses what they're worth or lose them to other jurisdictions,

Heather Smith warns in AGM opening speech



Heather Smith,
UNA President



UNA's president called for provincial and federal planning to alleviate the crisis in health care that reflects the fact public health care does a better job

■ **GOVERNMENTS** including Alberta's that are facing the worst nursing shortage in recent history have to recognize the law of supply and demand will impact what nurses are paid, United Nurses of Alberta President Heather Smith told the union's first in-person annual general meeting in three years on October 18.

"Our governments have to face the fact that they have to pay nurses more in Alberta," Smith told more than 800 delegates, guests and staff – all masked in response to the continuing COVID pandemic – at the EXPO Centre in Edmonton in her report during the AGM's opening session.

If they don't, she said to applause, "Alberta nurses are going to go away and work somewhere else!"

Looking back to UNA's tough negotiations with Alberta Health Services and other employers in 2020 and 2021, Smith asked, "Isn't it ironic that market-driven governments that are always touting the benefits of the private sector don't want to acknowledge that shortages of nurses drive up nurses' salaries?"

"It would have been funny if it hadn't been tragic that our Alberta government went into our last round of collective bargaining just as the pandemic was beginning trying to squeeze wage rollbacks out of you," she said.

□ CONTINUED ON PAGE 5



Scenes from the 2022 UNA annual general meeting. Speakers were not required to wear masks when they were at the lectern.



Elder Gilman Cardinal



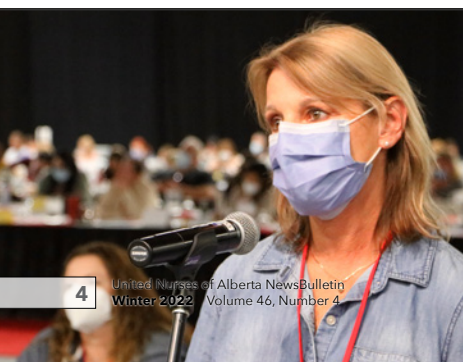
Gil McGowan



Linda Silas



Graham Thomson



"Isn't it ironic that market-driven governments that are always touting the benefits of the private sector don't want to acknowledge that shortages of nurses drive up nurses' salaries?"

"Well, we proved that we are strong together," Smith said, repeating the theme of the AGM. "But we will be back in negotiations soon, as we always are, and our government, whatever government that is, is going to have to recognize that they are going to have to pay nurses what they're worth."

"We are not sisters of charity," she said. Nurses, the backbone of the health care system, have wisdom and experience about health care to contribute. "We deserve to be paid what we're worth for our contribution to society."

Recalling a recent meeting with Justin Trudeau, Smith said she told the prime minister that Canada's health care system "is ill, but it's not terminal."

"Priority No. 1," she told the union's members, "is the simple requirement that our elected leaders acknowledge that there is a crisis. And they need to acknowledge that this is a worldwide crisis."

It won't be fixed by taking nurses out of the public system and transferring them to private clinics – on the contrary, that will make lines longer and the crisis more severe.

Moreover, "it cannot be fixed by pretending we can solve our staffing problems in Alberta, which our own governments have created in Alberta, by importing nurses holus-bolus from other countries and relying on others to educate the professionals we need!"

So what can we do? Smith asked. "The Alberta government may not like to hear this, but this crisis needs to be treated as a national priority, with federal funds for education and upgrading."

"We need to expand nursing programs here in Alberta to raise up a new generation of RNs, RPNs, and LPNs – and we need to do it quickly."

Tuition needs to reflect the need, Smith said, not the desire of governments to underfund post-secondary education, just as they underfund public health care. "To be clear, tuition for nursing students needs to cost less, not more."

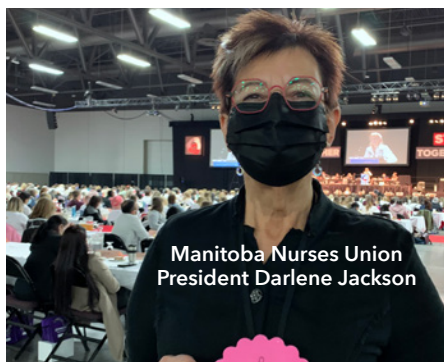
Smith called for planning at the provincial and federal level to alleviate the crisis in health care to reflect the reality public health care does a better job than privatized health care, with its built-in need to finance profit margins.

"It makes no sense to pay the private sector to do a job that public employees, working in public facilities do better, for less!" 🐾

**STRONG
TOGETHER** AGM
2022



David Harrigan



Manitoba Nurses Union
President Darlene Jackson



Joe Vipond tells AGM world's slow recognition of airborne COVID transmission was 'most egregious public health error in modern history'



■ **RESISTANCE** to recognizing that COVID-19 is spread by airborne transmission resulted in “the most egregious public health error in modern history,” Dr. Joe Vipond told delegates to United Nurses of Alberta’s annual general meeting on Oct. 18.

Vipond, a Calgary Emergency Room physician who became a passionate advocate for masking to slow the spread of COVID-19 early in the pandemic and a thorn in the side of Alberta’s government throughout, told more than 800 members, observers and staff at the AGM that “we need to talk about how such an amazingly dangerous error occurred with our most learned colleagues at a time of great challenge to humanity, an error that caused so much death and suffering.”

In his presentation – entitled “*Blinders on: willful ignorance never ends well*” – Vipond described how he was shocked early in the pandemic to learn evidence he saw in the news wasn’t reflected in what he was hearing at workplace seminars about how COVID spread.

Workplace information suggested that asymptomatic COVID spread was uncommon, spread of the disease in hospital was rare, and transmission was primarily by droplets, he said. Based on that, health care workers were told, “universal masking wasn’t important in the emergency rooms, but only necessary for COVID-positive or suspected patients.”

“I got to thinking, ‘If asymptomatic is truly common, then not only do we need to be masking in the ERs, but in the general population.’”

That was when Vipond started to really annoy the provincial government, advocating mask mandates and calling it to account whenever it wavered from a commitment to public health.

In the summer of 2021, he organized a series of well-attended public rallies calling on the province to abandon plans to eliminate most testing for COVID-19, contact tracing, mask mandates in schools, and the requirement for infected persons to isolate.

□ CONTINUED ON PAGE 7

The trouble was, the worrisome predictions he published regularly on social media turned out to be consistently more accurate than the government's optimistic forecasts. He began to be attacked on social media by the government's "issues managers."

So, what led to "the airborne debacle"?

The cognitive dissonance that goes with misinterpreting data made it hard for those responsible to acknowledge errors to protect others, Vipond said. "There must have been an element of 'We'll just get through this wave, and we'll be OK.' But then the waves just kept coming."

"We kept running into situations where public health either seemed to have misinterpreted the data or had political manipulation preventing them from making safe decisions," he said.

Starting in July 2020, the Public Health Agency of Canada began creating summaries of evidence that indicated substantial support for airborne transmission. "But these were never posted publicly. There were never any public news conferences or media campaigns to warn the public. There was never any discussion on how this impacted health care workers."

As a result, "it took over a year to acknowledge the truth."

At last, Vipond said, the tide began to turn by April 2021. "Both the WHO and CDC started to include wording relating to airborne transmission on their websites. But again, no public news conferences, no media campaigns to explain to the public how to best protect themselves from the ongoing threat."

Indeed, he said, "the media has been much better than the public health agencies on bringing this fact to the attention of the public."

Modelling showed the pandemic would not end with a non-sterilizing vaccine. "We needed protections, like ventilation and mask mandates, to decrease transmission

to the point where waves wouldn't keep inundating us, especially with the rapid evolution of new immune evading variants," Vipond said. "But our leaders had no stomach for protections."

The result has been "a profoundly ableist society" in which the majority "can go out and be safe in the knowledge that if you get infected you are unlikely to die" and the rest are "left to our own to hide or risk all."

Moreover, Vipond said, "We continue to see wilful ignorance from our leaders pretty much everywhere when we look at the current state of pandemic affairs."

"I don't have great faith that the current premier of this great province has foresight, or will provide good leadership," he added. "I think her wilful blinders are bigger than most people's. So, the next few months, or years, are going to be difficult for those who care about each other."

"Every time I hear the words post-pandemic I do a double take," he said. "The only people for whom the pandemic is over are in the ground."

"It's certainly not over for the disabled and the aged and those with long COVID. And as much as you want to think so, *it is not over for you.*"

However, Vipond concluded, "I want to end on some note of hope, some affirmation that it'll all be OK, that we just have to do 'X' to make it all better. But it's going to take work. It's going to be uncomfortable, as everyone needs to step into roles we previously have left to others: The advocate, the activist."

"We need to advocate for what is right and what is true. We need to become politically engaged because that is how we get good leaders. We need to support each other, because this road will be long, and hard."

"I'll fight if you fight," Vipond concluded. "And eventually we'll win." 🍷

"We continue to see wilful ignorance from our leaders pretty much everywhere when we look at the current state of pandemic affairs."

— Dr. Joe Vipond

Read a copy of Dr. Vipond's full speech.



**STRONG
TOGETHER** AGM 2022



UNA President Heather Smith, left, presents Local 85 President Orissa Shima with bread and roses.

Orissa Shima, local activist at Sturgeon Community Hospital, honoured with Bread & Roses Award

■ **ORISSA** Shima, president of Local 85 at the Sturgeon Community Hospital and Health Centre, was honoured with UNA's third annual Bread & Roses Award during the Oct. 18-20 annual general meeting.

Described by her nominators as "a fierce advocate" for workers' rights and the nursing profession, Shima has served actively as vice-president and president of the local in St. Albert since 2008.

"I can't think of another member more deserving of this honour," said UNA President Heather Smith. "She was a member of our most recent bargaining team, and she is an outstanding representative for her members and an excellent spokesperson for UNA."

"It was an honour to be able to recognize Orissa's contributions in this manner."

Shima recalls that her interest in UNA was sparked in 2001 after she attended a union meeting and later spoke with the local

president about safety in her workplace. She was encouraged to file a PRC, and her activism began.

But she really became committed in 2008, "when I 'won' a draw I don't recall entering," to attend the Alberta Federation of Labour's annual labour school. "I attended the under-30 class, and I turned 30 that week. It was a great experience, and I took a lot out of that labour school."

Shima became Local vice-president that year and took over as president in 2011 when Local president Sherry Stone retired. "My youngest was eight weeks old when I became president."

Shima says her three girls – now aged 18, 16 and 11 – grew up at union meetings. "They've been to meetings, rallies, and information pickets. They even walked the picket line in support of the Devonshire nurses in 2011."

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UNA welcomes new district reps, says farewell to three

**STRONG
TOGETHER** AGM
2022

■ **UNITED** Nurses of Alberta welcomed new members to its provincial board at the October 18-20 annual general meeting

Local 79 member Michelle Bourdon was elected as a North Central District representative and Local 11 member Eva Brown returned to the district's board. Local 1 member Melissa Porter is the newest representative from the South Central District.

UNA thanks outgoing board members Terri Barr, Teresa Caldwell, and JoAnne Rhodes for their many years of service on the board and their dedication to the union.

Barr was first elected to represent North Central District in 2006. A long-time UNA activist, Barr was first elected as President of UNA Local 86 at the Bonnyville

Health Centre in 1986 and later served as Secretary of Local 196, the local she belongs to today.

Caldwell was first elected as a North Central District Representative in 2003 and for many years served as chair of the Membership Committee that helped organize the UNA AGMs. She is a member of Local 301 and also served as vice-president of that local from 2006 to 2014.

Rhodes was first elected to represent the South Central District in 2007 and was a member of UNA Local 211 until her recent retirement from nursing. Before joining the board, Rhodes was president of UNA Local 95 at the Alberta Children's Hospital. 🍷



Terri Barr



Teresa Caldwell



JoAnne Rhodes

ALBERTA ASSOCIATION OF NURSES NOW IN FULL OPERATION



■ **THE** Alberta Association of Nurses is now fully in operation with more than 9,000 signed-up members.

The AAN was created last spring when the former College and Association of Registered Nurses of Alberta split its two roles into separate organizations, providing the AAN with \$1 million in start-up funding. The regulatory side was renamed the College of Registered Nurses of Alberta.

The association held its first meeting to approve its bylaws on November 9.

The AAN describes itself as Alberta's first profession-inclusive nursing association – meaning that all nurses, including Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Nurse Practitioners, student nurses, and retired nurses are encouraged to join.

Its purpose is to “enhance, promote and to advocate for all nursing professions,” through engagement with members, advocacy for the profession of nursing, and provision of services and resources to nurses throughout Alberta.

AAN membership is voluntary. Nurses can purchase Canadian Nurse Protective Society Professional Liability Protection through the AAN. Nurses who do will receive a 20 per cent reduction in the cost of their Professional Liability Protection. 🍷

More information on the AAN can be found on its website, **AlbertaNursing.ca**



Lots of promises, not many clear plans, in Speech from the Throne

■ **WHEN** it came to health care policy, the November 29 Alberta Speech from the Throne setting out the agenda of Premier Danielle Smith's government was long on promises and short on the specific actions required to keep them.

There were also strong hints of more privatization of public medical services, including a commitment to instructing AHS to use "chartered facilities to deliver more needed surgeries more quickly for more Albertans."

While the government has said it will introduce small annual contributions to "health care spending accounts," there was no mention in the Throne Speech of Premier Smith's talk before she occupied her present job of using such accounts to "allow people to use more of their own money to pay their own way and to use the power of innovation to deliver better services at lower cost."

"Once people get used to the concept of paying out of pocket for more things themselves then we can change the conversation on health care," she wrote in the June 2021 paper published by the University of Calgary's School of Public Policy.

The government did say it would introduce some temporary affordability measures to help Albertans with inflation, while using that as an excuse to blame Ottawa for rising costs.

Many Albertans were promised \$600 payments for each child and low-income senior citizen, but single working people on low incomes were excluded. The government also said it would re-index AISH, PDD, income support, the seniors' benefit, and the Alberta Child and Family benefit for inflation next year, and promised electricity rebates.

In an "alternative throne speech," the NDP Opposition promised to implement legislation "that ensures public health care is protected and strengthened, and that establishes health care service standards."

The NDP said one of the first major planks in its coming election platform will focus on health care. 🍷



Alberta Lieutenant-Governor Salma Lakhani

The speech read by Lieutenant-Governor Salma Lakhani acknowledged surgeries are being delayed, there are long waits for ambulances, and "parents are waiting hours with their children to receive basic treatment in the emergency room."

But while promising action and stating that "more words and platitudes will not shorten wait times or free up hospital beds," the nature of what that action might be remained a mystery once the lieutenant-governor had finished reading.

There was thanks for health care workers. "We love and salute you. On behalf of all Albertans, thank you from the bottom of our hearts."

And there was a rhetorical commitment to supporting the health care system, as well as a promise that the single administrator the Smith Government appointed to replace the fired Alberta Health Services Board would implement fixes "immediately." But again, no details.

AHS releases report to improve how workplace harassment and abuse concerns involving physicians are handled

■ **ALBERTA** Health Services has released a new report that makes a series of recommendations to create a more equitable, just, and responsive process when workplace violence and harassment incidents involving physicians are witnessed or reported.

Starting in October 2021, the AHS Bilateral Complaint Resolution Working Group, a multi-disciplinary stakeholder group, was tasked with improving AHS's intake and resolution processes for worker-to-worker concerns, including harassment and violence complaints involving employees and members of the physicians and midwifery staff.

This working group was formed in response to extensive advocacy by UNA over many years that raised concerns about how workplace harassment and violence allegations involving physicians were handled by AHS.

The working group finalized a series of recommendations in July 2022 to create a more equitable, just, and responsive process. The report and recommendations were approved by the AHS Executive

Leadership Team in September 2022 and shared with UNA in October 2022.

The Report, Recommendations and Implementation Plan of the Bilateral Complaint Resolution Working Group includes five high-level recommendations:

- Create clear processes for assessment and review and/or investigation of allegations of harassment and violence
- Ensure accountability of workers, leaders and the organization in managing these concerns
- Keep staff safe and supported
- Ensure appropriate transparency, confidentiality and sharing of information
- Ensure partnership and resources for Medical Affairs and Human Resources

The full report outlines detailed operational tasks under each recommendation to achieve these goals. UNA has entered into discussions with AHS to determine timelines to implement the specific actions listed in the report.

AHS has publicly stated that a progress report for this work will be completed in January 2023. 🍷

Link to full report:



□ CONTINUED FROM PAGE 8

Before coming to St. Albert, Shima was a member of Local 84 in Hinton, her husband's first post as an RCMP officer.

Shima is also editor of the Local's newsletter, and is a frequent spokesperson for UNA, providing commentary to local media.

"I've been blessed to have been mentored and supported by incredible nurse leaders through the years," Shima said of the honour. "To receive the award in front

of all the amazing leaders at AGM was deeply humbling. There is still so much work ahead and I am fully committed to continuing that work."

Former member Karen Kuprys, now Secretary Treasurer of the AFL, was named first winner of the UNA Bread & Roses Award in 2020. Former Local 80 president and longtime UNA activist Marie Corns received the award in 2021. 🍷

CFNU brings solutions to Canada's Health Ministers: **RETAIN, RECRUIT AND RETURN**

■ **DESPITE** nursing union leaders from across Canada proposing concrete solutions to Canada's health care challenges at a November 8 breakfast presentation during the Federal-Provincial-Territorial Health Ministers' Meeting in Vancouver, the meeting ended without a funding agreement.

At the meeting's end on the afternoon of November 8, federal Health Minister Jean-Yves Duclos said Ottawa remains willing to increase funding to provinces and territories, but only on the condition provinces build a health care data collection system as a measure of accountability.

The mostly Conservative governments of the provinces have been demanding an increase in federal health funding from 22 per cent to 35 per cent with no strings attached.

"That is not a plan," Duclos told media after the meeting. "That is the old way of doing things."



CFNU President Linda Silas



Federal Health Minister Jean-Yves Duclos

UNA President Heather Smith, who attended the meeting with First Vice-President Danielle Larivee, said the failure to reach a funding deal was extremely unfortunate.

"The apparent recognition of the absolute necessity to address the nursing crisis at the start of the meeting devolved into the usual fight over provinces wanting money without having to make commitments," she said. "The result is that, at best, we're standing still. Nurses need governments to co-operate and move forward."

At the heart of the front-line nurses' ideas are investments in retaining, returning and recruiting nurses, backed by firm timelines with real accountability, Smith said.

Larivee agreed. "Many of Alberta's nurses are feeling desperate, exhausted, and losing hope," she said. "They need to see real solutions that will improve things soon, but also a long-term plan that will ensure stability going forward."

Alberta Health Minister Jason Copping speaks with UNA President Heather Smith during the Federal-Provincial-Territorial Health Ministers meeting in Vancouver on November 8.



□ CONTINUED ON PAGE 13

Funding for foreign medical missions returns

■ **WITH** pandemic restrictions coming to an end in most parts of the world, funds for UNA members to participate in health care missions abroad are once again available too.

Twice each year, United Nurses of Alberta provides a maximum of 10 grants of up to \$1,000 to UNA members for the purpose of engaging in foreign medical missions that provide humanitarian assistance in host communities.

UNA members must apply for the union's humanitarian grants through the Data Management System (DMS).

Applicants who are selected will be contacted via their @una.ca email. Successful applicants must confirm receipt of that email by replying within 30 days.

Applications must be received prior to travel.

Funds will be disbursed following the submission of a written report to UNA's Second Vice-President. The report must be submitted within 60 days of completion of the humanitarian work.

Selection criteria includes the strength of the application with preference given to first-time recipients.

Important UNA deadlines:

- Applications are due on December 31 and May 15 of each calendar year
- For travel between January 1 and June 30, applications must be received prior to December 31 of the preceding year
- For travel July 1 and December 31, applications must be received prior to May 15 of the year in which travel occurs

Applications are reviewed by UNA's Membership Committee at the first Executive Board Meeting following each deadline. 🍷

UNA members must apply for the union's humanitarian grants through the Data Management System (DMS).

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"Only through true collaboration between governments, employers and unions can we achieve success," she added.

Smith and Larivee had the opportunity to meet informally with Alberta Health Minister Jason Copping during the meeting.

CFNU President Linda Silas said that "every day, in every corner of this country, patient care is in jeopardy. Nurses are run ragged ... It's no wonder so many nurses are looking for the exit door."

Retaining nurses in the system must be every government's top priority if Canada is to bring our health care systems back from the brink, she said, arguing a national health human resources action plan backed by long-term funding and real accountability is required to address the crisis.

"Working together with urgency and purpose, we can save our cherished public health care system for generations to come," Silas said.

Sylvain Brousseau, president of the Canadian Nurses Association called for governments to collaborate with nurses and health care advocates to effectively address the staffing crisis. "Today's crisis reflects what nurses and health care workers have been saying for years: the health care system is not working the way it should," said Brousseau.

At the breakfast meeting, hosted by B.C. Health Minister Adrian Dix, nursing union affiliate leaders brought evidence-based ways to improve patient care, support nurses and end staffing shortages to the policy briefing. 🍷

NURSES CALL ON GOVERNMENTS TO LISTEN TO HEALTH CARE WORKERS AND SOLVE THE STAFFING CRISIS

A letter from the president of CFNU to Canada's nurses



By Linda Silas
President, Canadian
Federation of Nurses Unions

ACROSS the country, you are holding the public health care system together with sheer grit and determination.

Your hard work and tenacity must be rewarded, but I know you cannot continue to be the sole thread keeping our health care system from unravelling.

With an increase in violence, insufficient mentorship, short staffing and lack of mental health support, nurses today are shouldering an incredibly heavy weight while trying to give patients the best possible care. Too often I hear from members who are working in fear – terrified of patients being endangered.

At the root of this crisis are years of underinvestment that have led to increasingly untenable working conditions. Fixing the workplace can turn this dire crisis around. That is the respect and support that nurses and health care workers need.

This national crisis requires a national response: a pan-Canadian action plan with retention, return and recruitment of nurses at its heart. With sufficient long-term funding and real accountability, we can change working conditions – and the conditions of care – for the better.

This fall, we took the urgent need to support nurses directly to the Prime Minister and met with health ministers from across the country to present solutions to the nursing shortage plaguing every province and territory.

In the spirit of collaboration, the CFNU, the Canadian Nurses Association, and the Canadian Medical Association have collectively requested an urgent meeting with Chair of the Council of the Federation, Manitoba Premier Heather Stefanson. As

nurses and doctors, we are urging governments to work together on solutions, as health care workers do every day.

Solving the health care crisis is within reach, and nursing-led solutions are key. This November, CFNU launched a report entitled *Sustaining Nursing in Canada* with the Canadian Health Workforce Network. This new report proposes a set of concrete actionable solutions to help meaningfully solve the health care crisis and support the nursing workforce now and into the future.

These solutions start with governments working with your nurses' unions to spread and scale proven retention strategies, from late-career initiatives to providing more support staff so you can spend more time with your patients, and to improving primary health care access through better use of nurse practitioners. This is crucial in every domain of health services from acute care to long-term and home care, to mental health.

In the longer term, creating a national health workforce planning body is crucial to help establish healthy and sustainable nurse-to-patient ratios. With a health workforce planning body to improve decision-making with better data and cording, we can ensure health human resources planning is never in such an abysmal state again.

Working together with all levels of government, employers and unions, we can turn the tide on this crisis and create immediate and lasting change for a public health system that puts its workers and patients first.

Stay safe, and together we will stay loud!

In solidarity always,

Linda Silas, CFNU President

WHEN KNOWLEDGE MEETS KNOW-HOW

CFNU and CNA assail lack of progress on health care among federal, provincial, and territorial governments

■ **THE** Canadian Federation of Nurses Unions and the Canadian Nurses Association have expressed their deep disappointment at the lack of meaningful collaboration among provincial and territorial governments during the November 7-8 health ministers' meeting in Vancouver.

With Canada facing one of the worst health care crises and nursing shortages in its history, hurting patient care in every region of the country, the two groups said in a November 8 joint news release, "no progress or collaboration was achieved.

"The lack of results and finger pointing is not what nurses expect, leaving them wondering if their governments have their back," the statement said. "Nurses from across Canada are burnt out and under severe stress while facing unprecedented pressures that have pushed them past the breaking point."

The stumbling block to an agreement seems to be the demand by provinces, especially those with Conservative governments, that federal funds be handed over with no strings attached to ensure that money for public health care is not spent on efforts to privatize health care delivery.

CFNU and the CNA recognized Ottawa needs to step up with more money for health care, "but new investments must be targeted toward areas of critical need to ensure that Canadians receive the care they need, when they need it."

"We call on provincial and territorial governments to put patients first and work collaboratively with the federal government and stakeholders to achieve meaningful progress in addressing Canada's health care crisis," they said. "Political differences must be put aside to prioritize patient and worker needs." 🍷

"New investments must be targeted toward areas of critical need to ensure that Canadians receive the care they need, when they need it."

CFNU president calls federal fiscal update 'a missed opportunity' to address health worker crisis

■ **CANADIAN** nurses were disappointed to see nothing done to address "the crushing workloads, routine overtime and rampant violence that health care workers face" across Canada, the president of the Canadian Federation of Nurses Unions said in a November 4 statement.

"Nurses need to know that the federal government is making serious efforts to recognize and take concrete steps to tackle the immense challenges facing our health care system and our health workforce,

that are suffering the effects of a nationwide staffing shortage," said Linda Silas in response to Finance Minister Chrystia Freeland's fall economic statement that day.

While CFNU welcomed the government's announcement of a new dental care benefit for children from low-income families, Silas said, other measures needed to strengthen Canada's health care system were absent from the mini budget.

She noted that while the federal government committed to laying

out a path toward health care agreements with the provinces and territories in Budget 2023, no details were contained in yesterday's announcement.

"Nurses and health care workers once again urge the federal government to act quickly to repair our ailing health care system," she said, promising that CFNU will continue to work with the provinces and territories to find lasting and concrete solutions to the health care crisis. 🍷

ADVICE TO NURSES:

Check your paystubs to ensure you're getting the educational allowance to which you're entitled

■ **UNA** members continue to report frequent failures by Alberta Health Services to pay education allowances that recognize courses, diplomas and degrees outlined in Article 26 of the Provincial Collective Agreement that Registered Nurses and Registered Psychiatric Nurses are eligible to receive.

Experience shows many employees are not paid the allowances to which they are entitled even after they have informed the employer.

Some members report losing significant sums when they realized they were not given credit by their employer for university degrees as required by the agreement. And even with UNA's help, the money is not always easy to recover.

As one member recalled, "I assumed I was being paid correctly." It wasn't until a co-worker showed the member a paystub that, "I was like, *whoa!*" When the member checked with AHS Human Resources, nobody could tell her what had become of her paperwork.

To date, she has only recovered part of the money she should have been paid.

According to the Collective Agreement, the employer will acknowledge educational credentials from recognized post-secondary institutions and use those credentials to establish the Employee's basic rate of pay.

The hourly allowances for educational credentials are as follows:

- Clinical Course (including mid-wife course): 50¢ per hour
- Certified Diabetes Educator Certificate: 50¢ per hour
- Board of Lactation Consultant Examiners Certificate: 50¢ per hour
- Canadian Nurses Association Certification: 50¢ per hour
- Active registration in the CARNA plus Degree or Diploma in Psychiatric Nursing (a Diploma or Degree in Nursing plus active registration in CRPNA): 50¢ per hour

HOW TO SEE IF YOU'RE RECEIVING YOUR ALLOWANCE

■ **TO** check if you are receiving the education allowance to which you are entitled, you will need to check your paystub – which AHS calls a "Paycheque."

Here are the steps to go through on e-People, found on the staff portal of the AHS website, to access this information:

- Go to e-People and sign in
- Open the pull-down menu under Self Service
- Go to Payroll and Compensation
- Go to View Paycheque

The *View Paycheque* page will show a list of recent paystubs. Employees should open a copy of the paystub they wish to review.

The simplest way to check if you are being paid the correct amount is to compare the amount you are paid on your "Paycheque" to your step on the Salary Appendix in the Collective Agreement.

If your rate of pay shown on the Paycheque is listed on the Salary Appendix, you are not receiving the educational allowance.

If you hold a Baccalaureate degree and your rate of pay is not listed there, subtract 1.25 from your rate of pay and check if that amount is in the Salary Appendix. If it is, you are receiving the correct rate. If you discover you aren't being paid an allowance for which you qualify, contact your UNA Local Executive or Labour Relations Officer as soon as possible at 1-800-252-9394. 🍷

Members should receive 2023 UNA Nurse Planners soon

- Course in Nursing Unit Administration: 50¢ per hour
- One (1) Year Diploma: 50¢ per hour
- Baccalaureate Degree: \$1.25 per hour
- Master's Degree: \$1.50 per hour
- Doctorate: \$1.75 per hour

An education allowance for a Baccalaureate Degree shall be payable after the Employee provides their Employer with satisfactory proof the Degree is recognized by the Nursing Education Program Advisory Board, the College of Registered Nurses of Alberta, the College of Registered Psychiatric Nurses of Alberta, or the International Qualifications Assessment Service.

Allowances for education shall be paid from the date the Employee provides proof of qualifications to the Employer retroactive to the date the Employee completed the requirements for the qualification or from the date of hire, whichever is later, to a maximum of 12 months.

As a result, at the time they inform the employer of their entitlement to an education allowance, UNA members are encouraged to retain a date-stamped document or a copy of the email they sent to establish when and how they informed the employer.

Education allowances are not cumulative. An Employee should expect to only receive the highest allowance for which they are eligible.

Copies of Spotlight documents are available on www.una.ca to encourage members covered by the Provincial Collective Agreement to check their paystubs regularly 🌸



■ **COPIES** of the United Nurses of Alberta Nurse Planner for 2023 should be in the mail to members soon.

The Nurse Planner is a legacy service of UNA, popular with some members but no longer used by an increasing number.

As the ways nurses schedule their working lives has evolved, each year more UNA members have transitioned from the use of a printed calendar like the Nurse Planner to electronic versions on their smart phones and computers.

As a result, UNA introduced an option for UNA members to decline receiving the Planner permanently.

Members can use either DMS Web or the UNA App to opt out of receiving the Planner. UNA urges members who do not wish to continue to receive the planner to opt out, as this reduces the cost of printing and mailing the publication.

To opt out, go to “membership information” and click the toggle button under “Receiving Nurses Planner”.

If you wish to continue receiving the Planner, there is no need to do anything. 🌸

COVID IS STILL HERE, ALONG WITH FLU AND RSV

Health care workers have the right to access the PPE they need

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



Dewey Funk



Josh Bergman

■ **WITH** at least three potentially serious respiratory ailments circulating in Alberta schools, Alberta Premier Danielle Smith made it clear in mid-November there will be no mask mandate for the province's students and teachers.

Indeed, she said, her government will prevent school boards from mandating masks.

"Health decisions are the purview of the health minister with advice from who he needs to seek advice from," Smith told a news conference on another topic on November 14. "I've been talking with the justice minister about that, that we retain the full authority to be offering that advice at the provincial level."

Meanwhile, Dr. Deena Hinshaw was replaced as Alberta Chief Medical Officer of Health by Dr. Mark Joffe, an interim appointment.

Questions are now being asked whether Joffe will be empowered to issue public health orders based on science or if this responsibility will become political at the expense of public health and safety.

We are now facing another wave of viruses including seasonal influenza, Respiratory Syncytial Virus (commonly known as RSV) and COVID-19, which together are overloading emergency departments and other wards in both adult and pediatric facilities.

Canada's Chief Public Health Officer, Dr. Theresa Tam, is again recommending that the public consider wearing masks to ease the burden on hospitals. "If it's added to the other layers of protection, including vaccination, then it might actually make a difference in terms of dampening the surge

so that hospitals can cope just a little bit better," she said.

On November 15, the Government of Alberta COVID-19 web page stated the following in terms of the "current situation" for COVID-19 in Alberta: "All remaining mandatory public health restrictions were lifted on *June 14* as the Omicron BA.2 wave subsides and COVID-19 hospitalizations continue to decline." (Emphasis added.)

However, this statement was not accurate and minimizes the current state of COVID-19 in Alberta.

As of November 9, 1,090 people were in hospital in Alberta with COVID-19, 36 in ICU, and 46 deaths from the disease were recorded in the week before due to COVID-19.

The case load is rising, and we are at the beginning of flu season too. The Government of Ontario strongly recommended mask use in recent days.

On December 22, 2021, UNA, the Health Sciences Association of Alberta, the Alberta Union of Provincial Employees, Alberta Health Services, and Covenant Health negotiated an updated Joint Statement regarding COVID-19 and Personal Protective Equipment.

The Joint Statement was written and signed in good faith and is still current and in effect. It recognizes the precautionary principle in terms of worker safety and outlines your rights as a health care provider to access the necessary PPE to keep yourself safe, including N95 respirators.



□ CONTINUED ON PAGE 19

The key provisions outlined in the Joint Statement include:

Requests for utilization of an N95 respirator by any health care worker shall not be denied.

All clinical and non-clinical health care workers who enter the room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, or approved equivalent protection, gown, gloves, and eye protection.

In settings where frequent or unexpected exposure to AGMPs is anticipated (e.g. critical care units, emergency departments), or there is a high density of COVID-19 patients (e.g. COVID-19 unit), or there is evidence of unexplained

transmission (e.g. COVID-19 outbreak), all clinical and non-clinical health care workers will wear an N-95 respirator.

Simply put, PPE or N95 respirators use should *never* be denied or discouraged by your employer.

There are no shortages of N95 respirators in Alberta.

If this does occur, please report this to a UNA OHS Advisor immediately.

Please familiarize yourself with the entire Joint Statement.

You have a right to a safe workplace that includes the right to access the PPE you need to keep yourself safe. Please use this right, it's yours to use. 🌹

UNA remembers December 6 and presses for action to prevent violence against women and girls

■ IT has been 33 years since a vicious act of gender-based violence took the lives of 14 young women at l'École Polytechnique de Montréal on December 6, 1989.

On December 6, members of UNA mourn the 14 engineering students who were murdered, and recommit ourselves to reflecting on the impact of violence against women in our society.

UNA acknowledges that misogyny and the resulting violence against women and girls continues today in Canadian society, and we stand with the demands the crisis of missing and murdered Indigenous women, girls, and two-spirited people be treated as a national emergency.

"It is so troubling that the attitudes that led to the tragedy in Montreal in 1989 continue to result in similar tragedies like the horrible recent discoveries in Winnipeg," said UNA President Heather Smith. "The time for decisive action to eliminate violence against women and children, gun violence, and the continuing tragedy of missing and murdered Indigenous women is long past."

The anniversary, the National Day of Remembrance and Action on Violence Against Women, represents an opportunity for all Canadians to think about how violence against women increased during the pandemic, Smith said.

All levels of government must be reminded of their responsibility to take meaningful steps to prevent violence against women and girls in Canada, including measures to restrict possession and misuse of firearms.

Working on the front lines of health care, Alberta's nurses see the impact of violence against women, and sometimes experience it themselves.

"This solemn occasion reminds us to renew our commitment as union members and citizens to seek practical ways to end violence against women and girls in Canadian homes, communities, schools and workplaces," Smith said. 🌹

Geneviève Bergeron H  l  ne Colgan Nathalie Croteau Barbara Daigneault Anne-Marie Edward
Maud Haviernick Barbara Klucznik-Widajewicz Maryse Lagani  re Maryse Leclair
Anne-Marie Lemay Sonia Pelletier Mich  le Richard Anne St-Arneault Annie Turcotte





LOCAL 218 MEMBERS USE PRC PROCESS to restore breastfeeding support in Red Deer

■ **MEMBERS** of UNA Local 218, which represents community health nurses in Central Alberta, have used the Professional Responsibility Concern process to help restore breastfeeding support services at the Johnstone Crossing Public Health Centre in Red Deer.

The 20-year-old breastfeeding program saw up to 800 clients a year until the pandemic

The 20-year-old breastfeeding program saw up to 800 clients a year until the pandemic, with public health nurses holding twice-weekly two-hour sessions for new parents and their infants.

The cost-effective group provided breastfeeding assistance, support and encouragement for new moms, enabled community health nurses to check in and make sure moms and babies were doing well, and monitored parents' mental health and wellbeing, said Local 218 President Sabrina Beck.

In addition, Beck said, the program helped public health nurses promote immunizations and other educational opportunities to help parents who faced unique challenges with breastfeeding.

Unfortunately, when the pandemic came, the group was immediately shut down, leaving Red Deer with few resources

for new parents who were experiencing difficulties.

Public health nurses were very concerned by the lack of supports for their clients and feared that even when the pandemic ended and in-person meetings were again permitted, breastfeeding support activities would not be returned to their former levels.

As a result, Beck said, Local 218 members at Johnstone Crossing turned to the PRC process to get the group running again.

While the process is not complete, she said, nurses have met with several levels of Alberta Health Services management to make proposals and press their case that evidence shows how valuable this approach to encouraging breastfeeding and its benefits.

Among the solutions brought on the table were support via Zoom connections and one-on-one walk-in groups with two nurses available.

Compromises and hard work were required to get the group running again, Beck said, but it is now back in business and slowly growing back toward its previous levels of activity.

"PRCs are seldom resolved overnight," she said. "It can take a long time. So it's important nurses stand together and use the PRC process to ensure our clients and communities have the services and resources they need to keep their babies healthy." 🍷

Rural Capacity Investment Fund now reviewing applications



■ **THE** Rural Capacity Investment Fund Task Force is now seeking and reviewing applications from health care worksites in rural and remote areas of Alberta for funding to address retention and recruitment of nursing staff.

The work of the RCIF Task Force is moving at a fast pace and members should check its website – rcif-alberta.ca – for updates.

The joint union-employer task force is responsible for administering the \$5

million annual fund for rural and remote recruitment and retention strategies, as well as the \$2.5 million available each year for relocation assistance. It was ratified with the Provincial Collective Agreement in January 2022.

UNA has identified several mechanisms for collaboration to develop proposals for the fund that already exist at Alberta Health Services, Covenant Health, Lamont Health Care Centre, and Bethany Group (Camrose) worksites.

□ CONTINUED ON PAGE 22

UNA and AHS renew northern locum program, raising pay premium from \$6 to \$25 per hour

■ **UNITED** Nurses of Alberta and Alberta Health Services have reached a new agreement to improve the decade-old northern travel nursing agreement that was designed to ease staffing issues at rural sites in Northern Alberta.

The Letter of Understanding that has now been ratified by all UNA locals in AHS's North Zone will see the locum premium paid to UNA nurses working temporarily in Northern Alberta rise from \$6 per hour to \$25 per hour.

In addition, nurses who accept assignments in rural parts of the region outside the cities of Grande Prairie and Fort McMurray will receive an additional \$50 per day throughout their locum, whether or not they have a scheduled shift that day.

This temporary rural rate is paid in addition to the adjusted hourly temporary locum premium payment and any applicable subsistence and transportation payments.

The LOU took effect on November 1 and will expire on September 30, 2025.

The northern locum program first signed in 2012 focuses on finding nurses employed elsewhere by AHS to take short-term assignments of less than 12 months to help meet staffing needs in the North Zone.

This helps fill staffing shortages that have been chronic for years in the north as well as allowing regular and temporary nurses permanently employed in the zone to schedule their time off and vacation entitlements.

Travel nursing assignments – named after the term “*locum tenens*,” Latin for “temporary substitute” – enable Registered Nurses and Registered Psychiatric Nurses working elsewhere to pick a temporary assignment for a set period and be paid a salary premium and other additional benefits.

Participating nurses who are UNA members have the right to return to their previous jobs or casual status once their northern assignment ends. 🍷

This northern locum program helps fill staffing shortages that have been chronic for years in the north.

Adolescent respite facility closed in Calgary as child health care crisis deepens

■ **RESPITE** care at an adolescent hospice facility in Calgary was suspended by Alberta Health Services in early December as staff was diverted to the Alberta Children's Hospital as the crisis caused by the high number of respiratory infections continued to batter the health care system.

"To help ensure the right care is available to the young patients that require inpatient

care and support, we have made the difficult decision to temporarily pause respite admissions at Rotary Flames House and redeploy our staff to assist in supporting patients at the hospital," said a statement from AHS.

Alberta Children's Hospital and other pediatric care facilities have been inundated with patients suffering from influenza and other respiratory ailments including COVID-19. AHS said it would open a heated trailer to accommodate lineups of parents and children who have been waiting in the cold for triage.


The government resisted Opposition calls for an emergency debate in the Legislature on the deepening crisis in children's health care. 



image source: calgaryflamesfoundation.com

□ CONTINUED FROM PAGE 21

These include:

Professional Responsibility Concern Committees, made up of equal numbers of union and employer representatives, whose recommendations often focus on actions that would help retain nurses in the worksite.


Occupational Health and Safety Committees, whose discussions often involve workplace issues that affect retention and recruitment.

Workforce Enhancement Task Forces, as described in Section VI of LOU No. 7 to the Provincial Collective Agreement under the "Retention and Recruitment Funding" tab on rcif-alberta.ca, where descriptions can be found of evidence-based strategies to retain nurses and make workplaces safe and inviting.

In addition, UNA encourages Locals in the AHS North, Central and South zones to submit their own proposals or work with employers to develop initiatives to help achieve the goals of the fund. Initiatives may be site-specific or collaborations with other work sites.

Applicants must show they are located in a rural, difficult-to-recruit areas that could include high vacancy rates, vacancies that remain unfilled for longer than 90 days, high staff turnover or other definitions agreed to by the parties involved.

Applicants should review the Canadian Institute for Health Information's Rural Health Systems Model, which presents characteristics of rural health systems. Specific, weighted criteria will be applied to all requests.

There is no funding maximum for the retention and recruitment projects but there is a \$10,000 limit for relocation requests. 



www.rcif-alberta.ca

Questions may be directed to

admin@rcif-alberta.ca

If your site does not currently have a Workforce Enhancement Task Force, now might be a good time to start one.

Casual Employees should not be scheduled without their consent

■ **CASUAL** Employees represented by UNA continue to report situations in which they are mandated to work by managers.

Article 30.03 (a)(i) of the Provincial Collective Agreement states: “*No Casual Employee shall be scheduled except with the Employee’s consent.*”

UNA takes the position that this prevents the employer from mandating a Casual Employee to work overtime.

Managers are not permitted to mandate a Casual Employee to report to work on a day when they are not scheduled to work. Managers are also not permitted to mandate a Casual Employee to work beyond the end of their shift.

If your manager requires you to work then you should confirm whether they are “mandating” you to work overtime. If they say that they are doing so, you have the right to decline to work an unreasonable amount of overtime, except in an emergency.

In such situations, however, it is also important to remember that if you are given a direct order then the rule is “*work now, grieve later.*”

To clarify UNA’s position on Casual Employees being mandated to remain beyond the end of a shift, a manager retains the right to make requests and the employee has the right to agree to work or to refuse the shift or refuse to work beyond their scheduled hours.

Notwithstanding the Collective Agreement language, a Casual Employee should assess their professional responsibility when deciding whether it is appropriate to decline to remain after the end of their scheduled shift.

In order to minimize any coercion or moral distress for the Employee, the Employer should make every effort to relieve the casual employee of their patient care responsibilities at the end of their scheduled shift. 🍷

Casual Employees who encounter this situation should contact their Local Executive or their UNA Labour Relations Officer by calling 1-800-252-9394

KNOW
your
Rights



Report from
Director of Labour Relations
David Harrigan

UNA Local 232 members at Agape Manor Hospice ratify new contract

■ **MEMBERS** of United Nurses of Alberta Local 232 working at the Agape Manor Hospice in Calgary have ratified a new collective agreement with their employer, Salvation Army Agape.

The new contract for members of the all-employee bargaining unit at the northwest Calgary worksite includes a new Letter of Understanding to create a committee to review and improve the benefit package and a COVID Response

Lump Sum Payment for all staff based on their FTE.

The contract also includes a Letter of Understanding setting compensation for members at Agape at the same rate as Alberta Health Services employees.

The contract lasts until March 31, 2025.

UNA congratulates and thanks Local 232’s bargaining team members for their hard-work and solidarity during these negotiations. 🍷

NURSES NOW + ALWAYS

There's a critical staff shortage and
Alberta's nurses have a prescription to fix it.

The 3 Rs



Retain
Recruit
Respect

IT'S TIME FOR POLITICIANS TO
LISTEN TO ALBERTA'S NURSES

UNA 

NEEDNURSES.CA

