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# NEWS Bulletin UNA

United Nurses of Alberta



**ALBERTA NURSES  
MAKE IT BETTER**  
**2025 UNA ANNUAL GENERAL MEETING**

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**PRESIDENT'S MESSAGE**

# ALBERTA is in the grip of a DARK MIDWINTER

■ **IT'S NOT** just dark because of the season. It's dark because of the dangerous plans our government has for public health care and other public services, and the government's apparent willingness to cast aside democratic norms to ensure those plans are carried out.

It is not too strong to suggest that we are in the midst of a real health care emergency.

Over the past year, we have watched while the government raced ahead with a massive, chaotic "refocusing" of the health care system, the purpose of which is not clear but is certainly not as stated by the government. More than 10,000 of our members have been impacted by this unnecessary and confusing reorganization. So far. There are sure to be more.

In the immediate term, these changes impact the ability of nurses and other health care professionals to deliver safe, quality patient care, and for the system to provide seamless care for patients, many of whom experience more than one problem at the same time.

In the longer term, the government's admitted push for more privatization and two-tier health care threaten the survival of public health insurance in Alberta. We are right to be concerned about nurses' job security and their ability to continue to bargain collectively in the face of the government's abuse of the Constitution's Notwithstanding Clause and its policy of breaking up the workforce into costly bureaucratic silos.

How do we respond? How can we respond? Above all, we must stay focused as we fight the good fight. Nurses are health care experts, and we need to ensure we are heard and listened to.

All health care workers need to be active in their unions.

The union movement is the only defender of public services with the human and financial resources to defend our rights and the public's interest in the face of this assault.

And we must stay focused on the real culprits. This government likes nothing more than to see union members fighting with each other while public health care, public education, trans rights, and support for the severely disabled are attacked, defunded or privatized. We need to not fall into trap of being distracted by political fights designed to promote divisions in our society.

So it's our responsibility to stay focused on what really matters. We must remember that in 2026, as in every year, nurses have the ability to make it better, and to make sure that every Albertan remembers nurses are on their side and at their side, year in and year out.

**Stay well! Stay safe! Stay strong!  
Stay united! And, above all, stay focused! We will do this together.**

In Solidarity,

**Heather Smith**

**President, United Nurses of Alberta**



UNA members attending the AGM



# 'ALBERTA NURSES Make It Better'

It's more than just a slogan, President Heather Smith tells AGM

■ **ALBERTA** nurses make it better, President Heather Smith told more than 1,000 nurses and other participants at the opening of United Nurses of Alberta's annual general meeting on October 28.

The mission of Alberta's nurses is also to make things better for more people than just nurses, Smith added in her annual remarks at the Edmonton EXPO Centre. "As nurses, we also make it better for our patients, for our profession, for our health care system, for all Albertans, for Canada and Canadians."

This is a challenge at a time when health care workers, teachers, and other public sector employees must deal with a government that appears determined to make things worse, she observed, adding that bargaining fair collective agreements is part of the union's duty to make it better.

"As a result of the determination of our bargaining committee, of which I am proud to have been a part, no nurse represented by UNA got less than a 15-per-cent pay increase upon ratification," she said.

"Over the term of the agreement, no eligible UNA nurse will see less than 20 per cent added to their paycheque," she added to applause.

"I am so grateful to our Negotiating Committee for their grit throughout these long negotiations, which had some unexpected twists and turns, like a rollercoaster," Smith said. "But bargaining never stops until every other nurse represented by UNA but working for other employers can expect and can receive similar gains in their pay packets."

Turning to UNA's duty to advocate for policies that can only be implemented by governments but that nurses know will make things better, Smith addressed the many grave challenges now faced by supporters of public services and public health care.

There can be no doubt that many of the health care policies of the current government of Alberta are not making it better," she said. "We must meet every one of them in the field of public opinion, not just in bargaining."

□ CONTINUED ON PAGE 5



# Too many nurses love nursing but hate their jobs, says CFNU president

## The answer, Linda Silas told UNA's AGM, is found in the power of nursing unions

■ **NURSES** don't need permission from "the gods and goddesses" of health care to speak up about what's gone awry with Canada's health care system, Canadian Federation of Nurses Unions President Linda Silas told UNA's annual general meeting on October 30.

Too many nurses are frustrated by the fact the people who run the system in Canada don't listen to what nurses have to say, Silas said in her remarks. Too many love nursing but hate their jobs.

"The system isn't listening because they don't have to," she said. "They own our narrative. They silence out truths. They overlook our profession. And that leaves so many of you hopeless and wanting to quit. That's unacceptable!"

It doesn't have to be this way, Silas said in her short but typically fiery remarks to the AGM. "Nurses are afraid to speak up, afraid of the consequences. But we don't need permission from the gods and goddesses to act. We can change the culture of nursing."

How can that be? The answer lies in the power of nursing unions, Silas explained.

"For that nurse who isn't doing so well, who isn't OK, and is just looking for the exit door, she needs to know that everything will be OK because her union is not only on her side but has a plan," she said.

"For example, ratios are not only a numbers game, they are a culturally safe environment. Nurse-patient ratios represent respect!"

And that, Silas observed, is why working toward nurse-patient ratios remains a priority for CFNU and its affiliated unions. "It is not pie in the sky. It is tangible!"

"We have come too far not to go farther," she said. "We have done too much not to do more. Health is political, and so are ratios." 



CFNU President  
Linda Silas

□ CONTINUED FROM PAGE 4

Government policies now openly support measures to enable queue jumping, she told the delegates. "The future of public health care is at risk."

That is why UNA is investing in advertising in newspapers, on billboards, on digital media and on the airwaves to remind Albertans that this province needs to build health care capacity,

she said, not tear it apart and privatize the pieces.

"More capacity – more staff, more beds, more hospitals and care centres – is what is required to ensure Albertans get the best and safest patient care possible," she said. 

# Labour Relations Director David Harrigan lauds hard work of UNA negotiating committee

■ IN THE end, there was a good deal on the bargaining table for Alberta's nurses in 2025 because the United Nurses of Alberta Bargaining Committee paid attention to what members were saying, Labour Relations Director David Harrigan said in his report to the union's AGM.

"People may remember we had a Mediator's Recommendation that I began to suspect was not going to be ratified," Harrigan reminded delegates. "And as a negotiator, that's not a position one wants to be in."

"But that's the position we were in," he continued. Just before Halloween 2024, members rejected the Mediator's Recommendations by 60 per cent. "That sent a very clear message to us," he continued. "So we went back, licked our wounds, and said, 'We have to listen to the members.'"

Harrigan recalled how there was pressure to simply tinker with the Mediator's proposal, as many unions would have done in the same circumstances. Instead, UNA's Negotiating Committee told the government, "Our members have spoken. ... You're going to have to come up with a lot more."

"And we ended up with a tentative agreement, which is unusual," he said.

"We didn't just get 12 per cent over four years," as the government keeps saying. "Everyone got about 20 per cent. We got increases in premiums. We got, for the first time, full reimbursement of CNRA professional fees, as well as full reimbursement for liability. One of the things that I think we should be most proud of was getting presumptive coverage for psychological injuries."

□ CONTINUED ON PAGE 7

UNA Director of Labour Relations David Harrigan



□ CONTINUED FROM PAGE 6

Members overwhelmingly ratified that agreement in early April, by nearly 96 per cent.

When UNA negotiates with the large public-sector health-care employers, Harrigan noted, “we are negotiating with the government, and they’ve made it blatantly clear. There’s actually a piece of legislation called the *Public Sector Employers Act*, and it says the minister of finance gets to direct the employers as to what they’re allowed to propose, and what they’re allowed to agree to.”

It’s clear from UNA’s experience and that of other unions that “this is a government that’s not particularly interested in what workers want.” Which is why UNA’s Negotiating Committee deserves so much credit for

the deal that was finally reached last spring, he said.

Summarizing the work of the UNA’s labour relations staff, Harrigan noted that last year the union filed 769 grievances, 42 dealing with terminations and 140 for suspensions. “Interestingly, the number of letters of warning decreased but the numbers of suspensions and terminations increased. That’s not a particularly good sign.”

Arbitrations are also taking longer than in the past, he observed.

“Staff were also kept busy dealing with disability files, workers’ compensation files, and accommodation files,” Harrigan said. This will now be a lot more difficult because of the breakup of AHS, making it much harder to find positions for employees needing accommodations. 

UNA Provincial Negotiating Committee Members





# Troubling health care forecast: **'More privatization, more corporatization and more government'**

## **Keynote speaker Lorian Hardcastle warns Alberta trends are reasons to be concerned**

■ **WHAT** can Albertans expect in health care policy under Premier Danielle Smith's United Conservative Party Government? "More privatization, more corporatization and more government," University of Calgary Professor Lorian Hardcastle warned delegates to UNA's annual general meeting.

"There have been a number of recent developments, really dating back to about 2020, that have moved us in a direction of more privatization in this province, more corporatization, and all of which I think we have good reason to be concerned about," said Hardcastle, a health policy expert who teaches in both the U of C's law and medicine faculties.

In addition, she argued, the ultimate effect of the UCP's breakup of Alberta Health Services – including the transfer of much of its work to Alberta Health, a government department – has been to concentrate more power directly in the hands of the government.

All these trends raise additional concerns about both accessibility and quality of care available in the public health care system, said Hardcastle.

In justifying the policy changes it proposes to make, she warned, the government tends to pick and choose facts to justify its plans. "I always cringe when, most recently on Instagram, (the premier) will say, 'Oh, but Germany has a parallel system, or France has a parallel private system.' ... If you want

to borrow things from Germany and France, how about we have pharmaceutical coverage and dental coverage and those nice things!"

"So be wary of those international comparisons, because they are often just cherry-picked examples."

The reality under the UCP has been different, she said. The government's emphasis on private, for-profit, chartered surgical facilities, for example, has not delivered the results promised. "Between 2019 and 2020, when we really started moving in this direction, and '23, '24, the volume of scheduled procedures at these for-profit facilities increased by 55 per cent while hospital surgical capacity actually declined."

For a while, the government used the recovery from COVID as an excuse, "but really, what we've seen is public facilities haven't picked up as much as these other facilities have."

"After five years of this Alberta surgical initiative, the government's payments of \$154 million to for-profit facilities only added 16,495 additional procedures to the system. So it's not clear we're getting good value for the money."

Nevertheless, she warned, all signs point to the government continuing to move toward more privatization. "The thing that concerns me is that I think we're actually going to see more public receptiveness to this." If so, "we're going to chip away at the public system." 



Janice Willier, Dr. Tyler White and his wife Krista White



Author Rose LeMay

## INDIGENOUS AUTHOR URGES NURSES TO DEEPEN THEIR 'CULTURAL COMPETENCE'

■ **HEALTH** care professionals including Registered Nurses and Registered Psychiatric Nurses must deepen their “cultural competence” to advance reconciliation with Indigenous people in Canada, best-selling author Rose LeMay told delegates to UNA’s annual general meeting.

LeMay, whose *Ally is a Verb* became a Canadian best-seller this year, was taking part in a panel on Indigenous health and reconciliation with Dr. Tyler White of the Siksika Nation, vice-president of Indigenous health at the OKAKI health services organization, and Indigenous health consultant Janice Willier of the Sucker Creek First Nation. The panel was moderated by UNA First VP Danielle Larivee.

Cultural competence, which LeMay defined as knowing your own culture and values well enough that you don’t project them on others, requires a knowledge of history.

And the more you know about the history of Canada, and the history of Canadian health care “and how it

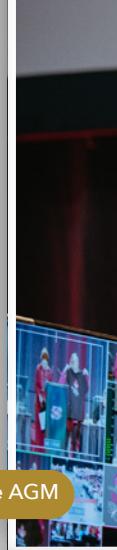
has so deeply impacted First Nations and Inuit and Métis peoples,” the more likely you are to understand the need for reconciliation and why reconciliation is mostly the responsibility of non-Indigenous people, said the member of the Taku River Tlingit First Nation.

Learning about the history of health care in Canada, LeMay said, “might explain some of the issues that we face now, some of the inequities that Indigenous peoples face.”

How can a person deepen their cultural competence? “The more self-aware you are of your own culture, the more you are able to respect and value your co-workers who bring in different cultures, your patients, your clients,” she said.

“Every single one of you has so much influence – and you’re respected by your co-workers, by your neighbours, by your families – you have the influence to essentially change the world.” 







UNA President Heather Smith presented with a Forever Canadian t-shirt at the UNA AGM

## Forever Canadian petition reached a remarkable 456,365 signatures

■ **ON OCTOBER 28**, volunteers from the Forever Canadian petition campaign delivered 61 boxes containing sheets with 456,365 signatures to Elections Alberta's Edmonton headquarters.

That morning, UNA President Heather Smith hailed the success in her speech to our union's annual general meeting. "I am so proud that we're part of that fight," she told delegates, noting that UNA had registered with Elections Alberta as a third-party advertiser in support of the campaign.

"Instead of tearing down what Canadians and Albertans have already built, we need to be building capacity in health care and working to build a stronger Canada," Smith said. "We should be drawing on the strengths of Canada's publicly funded and publicly operated health care system, not dismantling it so it can do less."

Many savvy observers had said reaching the 294,000 verified signatures required by *Alberta's Citizen Initiative Act* couldn't be done when former Progressive Conservative deputy premier Thomas Lukaszuk launched the campaign to make it official policy for the province to stay in Canada.

"My hope is that the premier and all elected members of the Legislative Assembly will do the right thing," Lukaszuk said on the day the petition sheets were handed over to the elections administration agency. "We want them to listen to the voices of more than 450,000 Albertans, call a vote in the Legislative Assembly, and put an end to this divisive and dangerous talk of separation."

Smith said UNA supported the Forever Canadian initiative because it aligned with the objectives of our union's constitution: the advancement of the social, economic and general welfare of nurses and other health care workers and the promotion of the highest standards of health care.

Separation of Alberta from Canada would have a drastic negative impact on the health care system UNA members work in every day, including cutting health care funding and loss of the *Canada Health Act*, slamming the door shut on Canadian job mobility, weakening collective bargaining and worker rights, and threatening Albertans' retirement security.

The petition was verified by Elections Alberta on December 1, 2025. ■





# Local President and activist Susan Beatson honoured with UNA Bread & Roses Award

**SUSAN** Beatson, an experienced voice for nurses and nursing in Central Alberta, was honoured with the 2025 UNA Bread & Roses Award on October 29 at UNA's AGM as a shining example of the UNA adage, "Never give up, never surrender."

UNA President Heather Smith recounted Beatson's accomplishments during her 17 years as the president of Local 2 representing Registered Nurses and Registered Psychiatric Nurses at the Red Deer Regional Hospital Centre and Extendicare Michener.

The UNA members who nominated Beatson for the award described her as "the steady voice in chaos, the determined advocate who stands firm when others falter, and the compassionate leader who believes, without hesitation, that nurses deserve better, safer conditions, respect, and the right to be heard."

Through Beatson's leadership, which embodies the soul of unionism, Local 2 achieved a historic agreement in the Red Deer Regional Hospital Centre, securing 11.7 FTE relief positions after

years of pressure and persistence. That victory improved patient care and nurse morale.

"She refused to let cynicism or bureaucracy bury what was just," wrote her nominators. "Today, she continues to lead the charge for reinstating base staffing to previously safe levels. She fights for proper triage coverage, for the inclusion of addictions and mental health nurses in the basic staffing model, and for an end to the normalization of hallway medicine through overcapacity spaces. Every demand she makes is rooted in a deep belief that we are not powerless and that nurses, united, can bend even the most rigid systems."

"Sue has consistently and repeatedly fought the good fight and continues to see hope for the future," they wrote.

UNA's Bread & Roses Award is given annually to UNA members who demonstrate leadership, the true spirit of solidarity, unionism, and the advancement of social justice at the local, district or provincial level. 

UNA Local 2 President Susan Beatson was presented with the 2025 UNA Bread & Roses Award



# Jerry Macdonald, well known at the microphone, honoured with 'Jerry's Mic'



■ **FORMER** North District Representative Jerry Macdonald is well known to UNA members – especially those who have regularly attended the union's annual general meetings over the years.

To say the Grande Prairie-based RN is at the microphone pretty frequently is an understatement – although no one doubts the enthusiasm with which he approaches his work for the nursing profession or the value of his contributions

An intensive care nurse and later part of GP's community-based cardiac rehabilitation program, Jerry has 40 years experience as a nurse. In addition to his work as a UNA board member and president of Locals 37 and 207 in Grande Prairie, he spent a term as president of the College and Association of Registered Nurses of Alberta.

Jerry was educated at the old Halifax Infirmary School of Nursing, graduating in 1985. "The old hospital schools of nursing that were the norm back then," he recalls. "It was a former Catholic hospital, although it wasn't anymore when I was a student there. During the Second World War, it was a hospital for merchant seaman who'd been injured in the Battle of the Atlantic."

Jerry completed his BScN from the University of Alberta in 2009 and a Master of Nursing from Athabasca University in 2017.

Jerry expects to retire next spring. When he appeared at the microphone on the final day of this year's AGM, North District Representative Margaret Nasdekin rose with a special motion, to rename Mic No. 1 "Jerry's Mic," so to be known for the rest of the meeting.

Passed unanimously, of course. 

North District Representative Jerry Macdonald



North District Representative Jerry Macdonald with members of Local 37



# ALBERTA NEEDS CARE



## A Story About All of Us



By Camelia Guthrie  
Communications Advisor



AlbertaNeedsCare.ca

■ **HEALTH** care is there in the moments that shape us – the birth of a child, a late-night emergency, the care we depend on as we age. It's part of every Albertan's story.

But today, our health system is stretched thin. Long waits, short staffing, and burned-out workers make it harder for people to get the care they need. And a push toward more for-profit care risks leaving too many behind.

That's why United Nurses of Alberta launched the Alberta Needs Care campaign to shine a light on what's happening and remind people what's at stake.

The answer is simple: **capacity**.

Capacity means investing in health workers, strengthening hospitals, and protecting public, accessible care for every Albertan.

You'll see UNA's Alberta Needs Care campaign across the province – online, on buses and billboards, at bus stops and community events, and in hockey rinks.

This campaign isn't just about policy.

It's about **people**.

It's about **all of us**.

Alberta Needs Care. **The solution is capacity**.

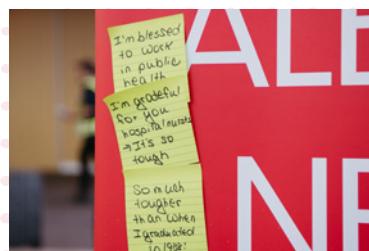
Learn more at [AlbertaNeedsCare.ca](http://AlbertaNeedsCare.ca)

## ALBERTA NEEDS CARE That's **publicly funded** and **publicly delivered**



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United Nurses of Alberta

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# NORTH ZONE LOCUM PROGRAM

## extended again to March 31, 2026

■ **UNITED** Nurses of Alberta and Alberta Health Services agreed once again in late November to extend the North Zone Locum Program Letter of Understanding, this time until March 31, 2026.

The Letter of Understanding had been scheduled to expire on September 25, 2025, and was extended in August to December 31, 2025.

The locum program enables nurses to work for short-term periods of less than 12 months to address high staffing needs in Northern Alberta.

A Letter of Understanding signed in 2022 saw a locum premium of \$25 per hour paid to nurses working temporarily in the AHS North Zone. Nurses who

accept assignments in rural parts of the region outside the cities of Grande Prairie and Fort McMurray receive an additional \$50 per day throughout their locum, regardless of whether they have a scheduled shift that day. These terms have been extended and will remain in place.

The northern locum program first signed in 2012 focuses on providing RNs and RPNs short-term assignments of less than 12 months to help meet staffing needs in the north.

UNA and AHS have recently agreed to expand the program to include the Central and South Zones, with negotiations for the expansion of the program to begin soon. 

The northern locum program focuses on providing RNs and RPNs short-term assignments of less than 12 months to help meet staffing needs in the north.

## ANNUAL CFNU MEMBER SURVEY begins in January

■ **THE** Canadian Federation of Nurses Unions is conducting its annual email survey of general members starting in January 2026.

As one of nine CFNU affiliates, United Nurses of Alberta hopes you will complete the survey if selected.

Your responses will provide comprehensive information on nurses' experiences across Alberta and Canada and will help advocate for improved working conditions and patient care at both the provincial and national level.

The survey of general UNA members is conducted on behalf of CFNU by Viewpoints Research. In order to conduct the survey, UNA may disclose a member or duespayer's full name, email address, and geographic location to Viewpoints to complete the survey.

Information collected through the survey is confidential and anonymous. After responses are collected, Viewpoints Research combines and aggregates all the data before sharing results with CFNU.

Members who wanted to opt out of the survey were given an opportunity to do so in November. 

# Canada loses MEASLES ELIMINATION STATUS after huge outbreak in Alberta

■ **AFTER** 27 years, Canada lost its “measles elimination status” in November as a result of major outbreaks of the highly infectious disease this fall.

While cases have been reported in Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan and the Northwest Territories, by far the worst outbreak has been in Alberta, where the provincial government has downgraded the need for public health policies, and in particular vaccinations.

Physicians and other experts characterized the development as a major embarrassment and a huge step backward for Canada, particularly Alberta. “This is the result of persistent misinformation and disinformation that continue to undermine public confidence in vaccines,” the Alberta Medical Association said in a statement. “Too many people are being targeted with false claims, leading to vaccine hesitancy and dangerously low

immunization rates. This event also reinforces the critical need for strong, proactive public health leadership in this province.”

On November 10, the Public Health Agency of Canada noted that the outbreak has persisted for more than a year, “primarily within under-vaccinated communities.” There have been close to 2,000 recorded cases in Alberta since the start of the outbreak. There were more cases in Alberta than in the entire United States.

Former Alberta chief medical officer of health Dr. James Talbot called the loss “a failure of government action” dealing with a disease that is totally preventable. In particular, he criticized the province’s unwillingness to encourage Albertans to get vaccinated against the disease.

The provincial government should be embarrassed, he said. “I think they owe an apology to Albertans, to admit that we fumbled,” he told the CBC. “We have the worst record in North America.” ■



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financials

## No change in members' dues deductions expected

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

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

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

# 700 RN positions transferred from AHS to Health Shared Services provincial corporation

■ **UNITED** Nurses of Alberta was informed in early November that more than 700 positions held by Registered Nurses represented by the union had been identified for transfer from Alberta Health Services to the new Health Shared Services provincial health corporation. These positions included nurses in locum positions.

UNA was also informed that more than 60 positions would be transferred from AHS to two provincial health care corporations under the auspices of the Acute Care Alberta provincial health organization. Thirty-six of those positions were to Give Life Alberta and 29 to Cancer Care Alberta.

In addition, 293 positions held by nurses represented by UNA were being transferred to Assisted Living Alberta, including all those employed in Redwater Home Care and in Continuing Care at the Fairview Health Complex. As well, 11 positions were moving from AHS to Primary Care Alberta.

Many of these positions include nurses who work as educators, in palliative and end-of-life care, pediatric home care, long-term care, home care, adult

day programs, discharge/case coordinators, specialty geriatric units, restorative care beds, and wound and ostomy care.

Some of these positions include nurses and nurse educators at the Brooks Health Centre, Didsbury District Health Services, Fort Macleod Health Centre, High River General Hospital, Oilfield General Hospital, and Big Country Hospital (Oyen).

UNA members in these positions should have received informal email notification of the position transfers.

Transferred positions held by UNA members from AHS will be treated as a successorship as outlined in legislation, which means their current collective agreement will continue to apply. The day-to-day work for staff transitioning will be the same and they will continue to use the same systems and processes, including Connect Care and e-People, UNA was also told.

UNA remains deeply concerned by the chaos caused by this restructuring, in particular its impact on nurses and their ability to deliver the best patient care possible within the public health care system. 

Transferred positions held by UNA members from AHS will be treated as a successorship as outlined in legislation, which means their current collective agreement will continue to apply.

# December 22 set as payroll transfer date for Acute Care Alberta, Primary Care Alberta and Recovery Alberta



[una.ca/document/  
loutransitionofemployees](http://una.ca/document/loutransitionofemployees)

■ **UNITED** Nurses of Alberta received confirmation from Alberta Health Services at the start of October that December 22, 2025, has been set as the payroll transfer date on which employees of Acute Care Alberta, Primary Care Alberta, and Recovery Alberta will be migrated from the AHS payroll to their new employer-specific payroll groups.

Affected employees will note the following changes on December 22:

- The e-People system will clearly reflect the new employers.
- The “Post Payroll Transition” terms of the Transition Agreements signed between the parties will apply.
- AHS, RA, ACA and PCA will become separate bargaining units for purposes of applying and administering the Collective Agreement, except as specifically amended in the “Post Payroll Transition” terms of the Transition Agreement or the Collective Agreements.

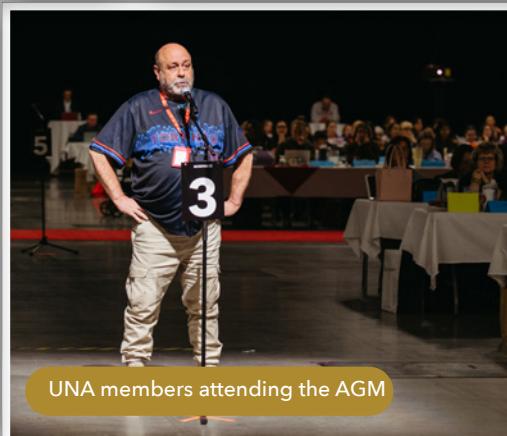
The employers are developing collective agreement-specific FAQs related to administration of the collective agreement and transition agreements resulting from these payroll transfers.

At the time UNA received this information, payroll transfer dates for Assisted Living Alberta, Cancer Care Alberta, Emergency Health Services, and Give Life Alberta had not yet been determined by the employer. Employees of those organizations will remain on AHS payroll until a payroll transition date is determined.

UNA members should refer to Letter of Understanding #34 attached to the Provincial Collective Agreement for more information about post-payroll-transition promotions, transfers and vacancies, layoff and recall, emergency reassignments, and more.

UNA will continue to share information about the position transfers and payroll transfers affecting UNA members as we receive it. Members can find updates on the UNA website. 







Diane Vitek, left



Diane Vitek, right



THANKS TO AN INTERNATIONAL SOLIDARITY  
GRANT FROM UNITED NURSES

## Viking nurse finally realizes 37-year ambition to help abroad

■ **DIANE** Vitek, a perioperative nurse at the Viking Health Centre and a member of UNA Local 195, has wanted to take part in a medical mission abroad since the 1990s.

This year, thanks in part to an International Solidarity Grant from United Nurses of Alberta, she was able to realize her 37-year ambition to volunteer abroad.

“I was first introduced to mission work during my nursing education while living with a nurse who volunteered yearly in various countries,” she explained in her report to UNA on her mission this year to Guatemala with Medicos en Accion Society.

As a result, she had an opportunity as a new graduate to volunteer as a nurse in Guatemala – and lost it because of the uncertainty in the Alberta health care system in the 1990s. “As a result of a layoff, this volunteering opportunity was not financially viable.”

This year, she said, she had the opportunity to fulfill her ambition in the beautiful Guatemalan colonial city of Antigua.

“I am grateful to have had a rewarding nursing career for over 37 years,” she said in her report. “So, in this phase in my profession, I felt that it was an excellent time to pursue my goal and offer my services as a volunteer mission nurse.”

After attending a workshop put on by the Central Operating Room Nurses Association in Red Deer, where she learned of a mission to Antigua, Vitek said that she applied and was accepted.

The mission from January 24 to February 8, 2025, she wrote, “focused on surgical programs. The hospital, Hermano Pedro, is run by the Order of Franciscan Monks. Medicos en Accion has been providing the surgical program for over 24 years. Patients come from all over the country for procedures at this facility since the surgery is provided at no cost.” Vitek was in the country from February 1 to February 8.

Elective procedures carried out by the approximately 65 members of the mission team included gynecology over the two weeks, general surgery, ENT and audiology. The OR team was made up of surgeons, an anesthetist, and perioperative nurses, plus Spanish-speaking Guatemalan nurses who assisted with translation.

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“Rural health and women’s health have always been a passion of mine,” Vitek wrote. “The stories and outcomes we see in Alberta have many similarities to those of the mission in Guatemala. The elective women’s surgeries performed in Guatemala are desperately needed and life-changing for the patient and family. I am grateful to have had the opportunity to provide surgical care in another country.”

The experience was life changing for her as well, she said. “It increased my awareness of nursing in another culture, including the challenges in the

rural Guatemala health care,” she wrote.

“As a Canadian, I have come to appreciate the health care that we have in our country at a different level. We never have any concerns with equipment, surgical supplies, or medications, unlike some less fortunate countries. The supplies and medications required for the surgical procedures performed in Guatemala were transported by the mission team.

“In light of my experience in Guatemala, we now discuss the challenges in other countries and practice to prevent waste in the rural Viking Health Centre.” ▶



Diane Vitek, right



## HOW TO APPLY for an International Solidarity Fund Grant

■ **UNITED** Nurses of Alberta has a long tradition of supporting members in their efforts to engage in humanitarian assistance missions abroad through UNA International Solidarity Fund Grants.

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 or capacity-building to a host community.

UNA members can apply for the grant through **UNA’s DMS system**. Successful applicants will be contacted through their @una.ca email, and they must confirm receipt of that email by replying within 30 days of its receipt.

Applications must be received prior to travel.

Grant funds will be disbursed following the submission to UNA’s second vice-president of a written report from the member about their experience on their humanitarian experience mission.

The report must be submitted within 60 days of completion of the humanitarian work. Selection criteria include the strength of the application with preference given to first-time recipients.

Applications are reviewed by the Membership Committee of UNA’s Executive Board after the May 15 and December 31 deadlines. ▶

### IMPORTANT DEADLINES FOR APPLICANTS:

Applications are due on May 15 and December 31 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 between July 1 and December 31, applications must be received prior to May 15 of the year in which travel occurs.

# UNA CONDEMNS GOVERNMENT'S REPEATED USE OF NOTWITHSTANDING CLAUSE

■ **UNITED** Nurses of Alberta has condemned use of the Canadian Constitution's Notwithstanding Clause by the United Conservative Party Government to deprive Alberta citizens of fundamental rights and to interfere in medical decisions.

In a statement published on October 29, UNA made it clear it supports the Alberta Teachers Association and its members after what it called "the abhorrent decision" by the UCP Government to use Section 33 of the *Canadian Charter of Rights and Freedoms* to abrogate the constitutionally guaranteed right of teachers like all other working people to free collective bargaining.

"We absolutely support the teachers and respect the decisions they have and will make," UNA President Heather Smith told UNA's Annual General Meeting in Edmonton that morning.

As Albertans slept in the wee hours of the day before, UCP MLAs in the Legislature rammed through a bill ending the province-wide strike by 51,000 public, Catholic and francophone teachers. The legislation offensively also imposed a four-year collective agreement on the ATA that had been rejected by nearly 90 per cent of its members who were on strike.

"This is an incredibly troubling precedent," Smith said, noting that it was the first time the constitutional human-rights escape clause had been used in Alberta and that the UCP's use went beyond what has been seen in other provinces, especially since the

"The government of Alberta has no business interfering in health care decisions that should be made by patients and their physicians, and in the case of minor children, patients, their parents or guardians, and their physicians."

government had other options that would have been effective.

She told delegates that like UNA members in their negotiations for a new collective agreement, the teachers were not just fighting for better pay and working conditions but for policies including class-size limits that also protect students and the quality of public education.

The use of the Section 33 is an acknowledgement by the government that it is intentionally violating the fundamental right to free association set out in Section 2 of the Charter.

On November 20, the Transgender Day of Remembrance, UNA reacted to the UCP's use of the Notwithstanding Clause to override fundamental rights in three pieces of legislation impacting transgender citizens, in one case a bill that also interferes with the clinical care of patients.

As Registered Nurses, Registered Psychiatric Nurses and allied health care professionals, UNA believes that all Albertans must be safe and free from discrimination when they seek the health care that they need, the union said in a statement. "The government of Alberta has no business interfering in health care decisions that should be made by patients and their physicians, and in the case of minor children, patients, their parents or guardians, and their physicians." 

# Local 162 celebrates improvements in busy High Level obstetrical department

■ **THANKS** to the Professional Responsibility Concern process in UNA's Provincial Collective Agreement, Local 162 recently celebrated improvements in obstetrical services at their site in High Level.

Northwest Health Centre in the northern Alberta community completes more deliveries each year than any other rural hospital in Alberta.

With approximately 700 births every year, UNA members at NWHC face unique challenges in managing a robust obstetrics program within the context of a rural hospital. Between 2020 and 2024, dozens of PRCs were submitted outlining concerns about the site's obstetrical resources, workload, and processes.

A central issue raised was the lack of adequate nursing resources to support obstetrical patients, including both those in active labour and those presenting for monitoring or assessment via the Emergency Department at NWHC. With only one to two nurses typically staffing the ED, the high volume of obstetrical patients – averaging over five per day, many requiring 1:1 support for extended periods – put unsustainable strain on ED nurses and compromised patient safety.

PRCs consistently reported missed breaks, inability to simultaneously care for obstetrical and non-obstetrical ED patients, and frequently delayed obstetrical care that created unnecessary risk.

After escalating the PRCs through senior leadership to the CEO-designate level, Local 162 members developed a proposal advocating for an "obstetrical triage" position in their ED. As the written proposal explained, "Without an OBS nurse present to triage, and

to provide timely notification to the MRHP, high-risk maternities are left to deliver at our 1B facility. This places the patient and neonate at an increased, unnecessary, risk as we do not have the staff or the expertise to manage these high-risk deliveries." With no previous model for such a role in rural Alberta, establishing an obstetrical triage nurse would be a provincial first.

The proposal recommended adding an additional 12/hr day RN position dedicated to triaging and caring for obstetrical patients in the ED, enabling more timely and consistent pathways of care. After several meetings with the CEO-designate, the Local was pleased to learn that 2.2 RN FTE was added to their staff mix to create this role. These positions came into effect in June 2025.

After several months working with the new model, Local 162 members report significant improvement in their capacity to safely and effectively support obstetrical patients. Jessica Rose and Rylan Lemoal, Local 162 PRC Committee representatives, reported that "implementing an obstetrical triage position has improved our hospital's ability to provide timely, specialized assessment – improving patient flow, raising the quality of maternal care, and ensuring safer outcomes for mothers and babies."

Local 162 President Tara Lee Peters reflects on the journey taken by the Local PRC Committee: "I am so proud how we were able to work together to improve conditions for the people in the North! The PRC process enabled members to advocate for patient safety and brought the right people together to achieve meaningful change." 



By Heather Hillier  
UNA PRC Advisor

# ALWAYS REPORT YOUR OHS CONCERNS - EVERY TIME!



By Dewey Funk  
UNA OHS Advisor

## Your health and your safety may depend on it

■ **AN INCIDENT** occurs in a workplace. It could be that equipment is broken, someone acted aggressively, a weapon was found, security was unable to attend the site. You now need to decide: do I report the concern or incident, or not?

When an incident or a concern is not reported, there is no record to verify that there even was a concern, let alone when or where it happened. The employer is bound to say no one reported the concern. So how can they put corrective actions in place if no one reports?

When OHS Advisors from UNA ask nurses if they reported a concern, often the response is “I don’t have time,” “you don’t understand the pressure we’re under,” “we need support,” or “nothing is ever done.” All valid statements. And yet, how do we go forth to get corrective actions put in place when there is no evidence of the occurrence?

In 2024, there were 2,929 PRCs filed versus 627 OHS reports. Nurses report patient care concerns at a rate four times more than they report OHS concerns that impact their own health and safety!

Did you know you don’t have to report the OHS concern in the employer’s reporting system the same day? You can report the next day or the next time you’re back at work. UNA advises

only that reporting should be done as soon as possible.

It is understood that as a working nurse, you won’t always have time when the concern is happening. More than likely, you are trying to mitigate the concern right then. You do not have to report concerns that day either, however. You can report the concern on the next shift. I always advise nurses report as soon as possible, but there are no timelines for reporting an incident or concern.

Different employers have different reporting systems. Some systems are computer based. One employer has a phone-in line. Others have forms that must be filled out. All are legitimate forms of reporting.

UNA also has a web-based reporting system that notifies the local of the OHS concern. The UNA reporting system does not go to the employer.

When you report in the employers’ system, a series of actions are supposed to take place. The concern becomes a formal concern whereby the employer must assess the problem and put in place a corrective action. An employee who has filed a concern should be consulted by the employer before the employer writes the corrective action.

If there is a disagreement in the corrective action proposed by the employer, this concern can be brought forward

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to the Occupational Health and Safety Committee for further review or escalation. Ask your OHS Advisor for advice on moving forward.

What if multiple people have the same concern? In that case, everyone should report the concern, not just one person. After all, if there is a traumatic event that is witnessed by multiple people, each individual will experience their own reaction. The more reports the employer receives, the more emphasis the employer is likely to place on the concern. When members are doing ongoing reporting of the same concern this can be escalated if the controls aren't working.

What if your manager tells you that you don't have to report the concern? Report anyway! The report is a written

record of the event. Also, tell your OHS Advisor that you were advised not to report the event, as some education will need to take place about why OHS concerns must always be reported.

That's why I'm asking you, going forward, always to report your OHS concerns. It's the only way we can resolve them.

One day, your working conditions, your health and your safety may depend on it. Your partner, your children, your family members and your circle of friends all depend on you to be healthy and with them.

Remember that you are valued. Work safe and report. Always report health and safety concerns. UNA wants to talk to you, not about you. 

## Two-year test of weapons detection technology to begin at downtown Edmonton hospital

■ **AFTER** years of tireless advocacy by front-line nurses represented by UNA, Alberta Health Services issued a request for proposal for a two-year test of a weapons detection system at Edmonton's Royal Alexandra Hospital. If the test is a success, the system could be rolled out across the province, AHS said in early November.

RFP documents said selected systems should use cameras, metal sensors and artificial intelligence to automate tasks and create algorithms to that distinguish weapons such as knives and firearms from everyday metallic items like smart phones and car keys.

Similar systems are already in use in hospitals in Winnipeg and in Windsor and London, Ontario, the CBC reported. When a similar system was implemented two years ago at the Windsor Regional Hospital there was a dramatic decline in the number of weapons threats.

The implementation of this new safety system is a direct result of diligent reporting and courageous advocacy by front-line nurses at the Royal Alexandra Hospital. Their persistence and willingness to keep naming what was happening, even when the emotional toll of repeated violence felt insurmountable, brought attention to the severity of the issue at their worksite. This reinforces the importance of listening to front-line nurses in safety decisions. 





CANADIAN  
FEDERATION  
OF NURSES  
UNIONS



By Linda Silas  
President, Canadian  
Federation of Nurses Unions

Violence is not  
and should never  
be accepted as  
part of the job.

# Rates of violence are going up

## We can't let this go unchecked

■ **STABBINGS**, assaults, weapons and drugs. None of these should have a place in health care facilities, but violence against nurses and health care professionals has sadly become a regular occurrence across the country.

Violence has become a constant threat for nurses and health care professionals while they're at work. It's unacceptable and would not be tolerated in other workplaces.

The impacts are two-fold, both physical and psychological. Nurses experience PTSD, depression and anxiety at higher rates than the general population. No surprise when we know that violence in the workplace is associated with increased mental disorder symptoms.

In Alberta, United Nurses of Alberta's last annual member survey found that 40 per cent of nurses had experienced physical violence at work in the prior 12 months, and 67 per cent experienced non-physical violence at work over the same period. More than 25 per cent of UNA nurses shared that they never report physical violence they experience through their employers' incident reporting system with double the number of nurses saying they never report non-physical violence.

Sadly, under-reporting of violence is widespread, which makes tracking it a challenge. But accepted violence-related workers' compensation claims indicate that rates of violence are growing.

For example, in Ontario, accepted workers' compensation claims for violence-related incidents have increased

nearly threefold since 2012 for all nursing occupations. In Manitoba, there were 812 workers' compensation claims accepted in 2024 for nurses who were the victims of assault and violent acts, compared to 298 in 2015. In British Columbia, there were 507 violence-related accepted workers' compensation claims in 2024, compared to 344 in 2016.

**Despite how pervasive violence is, accountability is rare.**

A legal analysis of cases involving workplace violence against nurses, published in November 2024, found that few cases make their way to courts in Canada. The analysis found only 12 English-language sentencing decisions between 2006 and 2021 where a nurse was the victim of violence. Only five cases were found under workplace laws where an employer was charged.

It should go without saying that nurses and health care professionals need safe work environments to provide patient care.

When it comes to violence, prevention is key. That means investing in training and prevention programs for workers and designated in-house security personnel, mandating minimum nurse-patient ratios to reduce risks of violence exacerbated by excessive workloads, and enforcing the *Criminal Code* and occupational health and safety legislation to punish and deter violence. Right now, employers can install violence prevention infrastructure such as weapons detection systems, surveillance cameras and personal alarms for workers.

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WHEN KNOWLEDGE MEETS KNOW-HOW

When violence does happen, provincial and territorial governments could mandate health care employers to support nurses and health care workers, even if it means getting police involved.

We have the solutions, but we need the political will. That's why UNA First Vice-President Danielle Larivee and I made preventing violence the focus of our meetings in Calgary this fall with the federal health minister and Adriana LaGrange, Alberta's Minister of Primary and Preventative Health Services.

CFNU is urging all Canada's health ministers to use every tool at their disposal to put an end to violence against health care workers.

**Join us and send a letter to Minister LaGrange demanding that she enact violence prevention programs now.**



This is a systemic challenge that needs a coordinated and multifaceted approach, but together we can effectively put an end to violence in health workplaces.

As nurses unions, we won't let the status quo stand. Violence is not and should never be accepted as a part of the job. 

## Nurses urge health ministers to tackle violence against health care workers

■ **NURSE** leaders from across Canada urged the country's health ministers to organize a national policy meeting on tackling growing violence against health care workers when the ministers met in mid-October in Calgary.

“Violence has become a constant threat for nurses and health care professionals while they’re at work,” CFNU President Linda Silas said in a statement. “Facing violence at work is unacceptable and would not be tolerated in other workplaces.”

“We have to change the culture of health care workplaces so that violence against nurses and health care professionals does not remain a norm,” she added.

Six in 10 nurses reported experiencing violence over a one-year period at work, according to a 2025 national survey of CFNU members. The survey also found that 37 per cent of respondents are not receiving workplace violence and harassment training, and 40 per cent are not receiving a health and safety orientation.

CFNU called on the ministers to take measures to eliminate violence against health care workers, including investing in training for workers and designated in-house security personnel, mandating minimum nurse-patient ratios, enforcing Criminal Code and OHS legislation to deter violence, and installing violence prevention infrastructure such as weapons detection systems. 



By Lee Coughlan  
UNA Manager of Labour  
Relations (Edmonton)

## Members should always file MSN and OHS concerns when confronted by abuse and harassment

UNA's collective agreements require all employers to provide safe and respectful workplaces

■ UNA'S annual general survey tells us that more than 40 per cent of UNA members reported experiencing physical violence at work in the previous 12 months.

This number reached almost 70 per cent when you include other forms of violence, such as name-calling, insults, threats, or intimidation.

Whenever this happens, members should file MySafetyNet reports (MSNs) and Occupational Health and Safety (OHS) Concerns.

MSNs are the employers' reporting process, and those reports are brought to the Joint Workplace Health and Safety Committee for discussion. OHS Concerns are a union-based reporting system that alerts UNA staff and locals directly about members' concerns so that we can advocate for an appropriate response. Examples of OHS concerns relating to psychological health and safety include workload issues and verbal and physical violence.

UNA's collective agreements require all employers to provide safe and respectful workplaces. Their first obligation is to maintain appropriate policies and develop appropriate hazard assessments. Their second obligation is to enforce their policies and implement the mitigation strategies necessary to eliminate or minimize psychological harm to employees.

If employers fail to take reasonable steps, UNA may file grievances if necessary and there is evidence they have failed to follow the commitments in the collective agreement for a safe and healthy work environment.

A useful common example of how this works is the respect-in-the-workplace policy. Employers must have a policy and, when a complaint is made, managers must follow the steps in the policy. This includes a reasonable investigation to assess the complaint.

UNA may not be able to grieve the conclusion of such an investigation simply because we disagree with the outcome. However, if that conclusion is based on a faulty investigation or fails to adhere to policy then we might grieve.

Physicians are not immune to a requirement to treat colleagues with respect. UNA has advocated to Covenant Health and AHS for improvements to their reporting process as it relates to complaints about physician behaviour.

Employer medical affairs representatives should not pressure complainants to withdraw complaints. Significant delays are also unacceptable.

When UNA made arguments on behalf of an RN who had been sexually harassed in the workplace by a physician, the employer's response was to move the RN. From our perspective, removing a victim of harassment from their position does not create a safe and respectful workplace since there is no consequence for the perpetrator. While the arbitrator did not adopt UNA's perspective, they did take issue with the employer's failure to take other steps

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# 5

# Reasons to Consider Taking a UNA Workshop

■ **INFORMED** members are the backbone of any strong union, capable of advocating effectively for themselves and their colleagues.

United Nurses of Alberta has long recognized the value of union education.

You may have heard the phrase “knowledge is power,” but knowledge is much more than that.

**Knowledge is freedom.** It frees us from ignorance, fear, and manipulation. When we understand our rights, we are better equipped to stand up for ourselves and avoid being taken advantage of.

**Knowledge is influence.** It gives us the tools to persuade, teach, and lead. When we are confident in our understanding, we can communicate our ideas clearly and ensure our voices are heard.

UNA's education workshops help us build these skills, enabling us to take a more active role both at work and in the union.

**Knowledge is growth.** Learning helps us evolve personally and

professionally. It also helps our union evolve, keeping it strong and adaptive in an ever-changing world. Whether it's learning about new workplace policies, leadership skills, or advocacy techniques, knowledge gives us an opportunity to grow and develop.

## Knowledge is security.

Understanding the world around us reduces uncertainty and risk. With the right information, we are better prepared to make smart decisions, whether in our careers, our workplace, or our union.

**And, yes, knowledge is power.** Power comes in many forms. It is a dynamic, relational force. Using our voices, our collective strength, our strategic partnerships, we can effect positive change for nurses, families, patients and a strong public health care system.

Investing in education is investing in yourself – and in the strength of our union. Taking a workshop is more than just gaining information; it's a step toward influence, growth, security and union power. Consider signing up for a UNA workshop and discover the power of knowledge for yourself. 



By Duane McEwan  
UNA Educator

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that could have mitigated the impact on the victim. The arbitrator also affirmed the obligation on the employer to investigate rather than simply shrugging their shoulders and deferring all responsibility to Medical Affairs.

For more knowledge about how to deal with abuse and harassment, members can register for UNA's full-day, provincially funded Dealing with Abuse Workshop.

This workshop is designed to provide participants with an understanding of the various types of workplace abuse and that abuse in any form is unacceptable. By outlining the available tools to advocate for the prevention of workplace abuse, it will encourage participants to take appropriate action if they are the targets of abuse and provide support to co-workers who have been the subject of workplace abuse.

UNA's dedicated Mental Health resources webpage on our website lists many resources available to members. 



una.ca/  
memberresources/  
mentalhealth



# AUPE members mostly ratify new four year deal, ending strike threat

■ **MEMBERS** of the Alberta Union of Provincial Employees at all but one worksite ratified a tentative agreement for Auxiliary Nursing Care members.

AUPE said on November 28 that members had ratified deal for employees of Alberta Health Services, Recovery Alberta, Primary Care Alberta, Assisted Living Alberta and Allen Gray Continuing Care Centre.

The exception was Lamont Health Care Centre, which conducted a separate ratification vote. Nursing Care members at this site rejected the agreement and will return to the bargaining table.

The tentative agreement was secured on November 22, one minute before a province-wide strike by AUPE Licensed Practical Nurses, Health Care Aides

and other health care workers was scheduled to begin!

In the week leading up to AUPE's strike deadline, UNA Local executives throughout Alberta worked hard to guide Registered Nurses and Registered Psychiatric Nurses represented by UNA how best to support their AUPE co-workers.

UNA commended our AUPE co-workers for demonstrating solidarity in their fight for fairness and respect.

AUPE said the four-year agreement "sets a new standard for all health care workers and Alberta's labour movement. The union had recommended members vote to accept this agreement. 

UNA First Vice President Danielle Larivee, Second Vice President Karen Kuprys and UNA Local 301 representative Cassandra Allred joined AUPE Local 54 members at their practice picket outside the University of Alberta Hospital on August 8, 2025. UNA members know that those AUPE members – from unit clerks and admin support to food service workers and electricians and many others – play a key role in keeping Alberta's public health care system running so that nurses can focus on providing safe patient care.



# UNA Collective Agreement says the employer must post vacation schedule planner by January 1

■ **THE UNA Provincial Collective Agreement** states that employers shall post the vacation schedule planner by January 1 each year.

Article 17.03 of the Provincial Collective Agreement states that employees are required to submit 75 per cent of their vacation entitlements for a year in the vacation schedule planner by March 1 of the same year.

Article 17.03 also says that the employer shall indicate approval or disapproval of vacation requests submitted by March 15 and post the resulting vacation schedule by April 30 of each year.

The employer has an obligation to provide guidance as to the reasonable

number of employees for each unit, program or site who may be granted vacation at the same time.

It is important to remember that this is a *guideline* and that employees check if this number is in fact reasonable.

For example, if the employee is working on a large unit and the number of employees who can be away per day would result in not all employees being able to utilize their full vacation banks, the number would not be reasonable.

If you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394. 

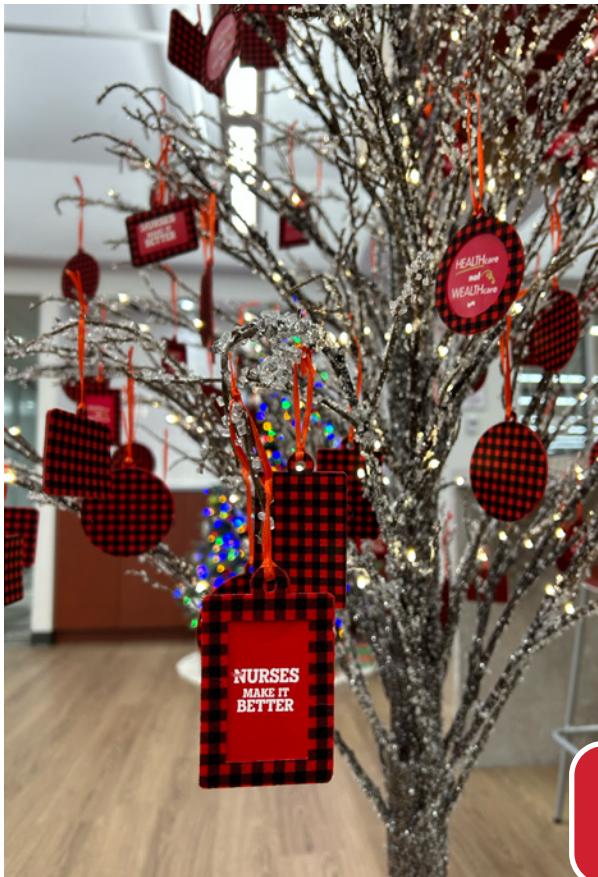
## KNOW Your Rights



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

All Spotlight posters can be found on the UNA website.

[www.una.ca/  
collectiveagreements/  
spotlights](http://www.una.ca/collectiveagreements/spotlights)



Festive and on-message: A Christmas tree in UNA's Provincial Office greeted District Representatives as they gathered for UNA's provincial

The solution isn't  
private profit,  
**IT'S CAPACITY**

[AlbertaNeedsCare.ca](http://AlbertaNeedsCare.ca)

