

Alexis Ranger

Jan. 20, 2012

AR: My name is Alexis Ranger. I'm a registered nurse with a degree in nursing. I work at the Grey Nuns Hospital in Edmonton, Alberta and I'm with Local 79, which is part of UNA. I was born in Welland, Ontario, grew up on Callander, which is famous for the Dionne quintuplets, which is probably what inspired me to do some of the things I did do. At an early age I was probably one of the first female paper girls in my area and I was also one of the first female girls to take shop class in high school. I moved to Alberta when I couldn't find any work for my apprenticeship. I was doing sheet metal plumbing. I met my husband at that time and we came west. There wasn't a lot of work for him as a mechanic and we opened up a garage and I had my second son when they offered a pilot project for teaching nurses. I decided to take it, because I was kind of, even though I had children, I still wanted something else. So I started doing the nursing and found myself moving back to Ontario because of my family: mother was sick and my mother-in-law was not well. I came back to Alberta and took the registered nursing program, which I ended up working at the Grey Nuns. It was because I was asked to go to an AGM meeting. It was around the time of Mr. Duckett and I thought, sure. I was an observer for the first meeting, which I really found incredible, because I learned all the things about our collective agreement that I never knew before. I came back and decided to be, what is it, a ward rep for my unit. The person that was the ward rep prior to that, he became our supervisor, so we didn't have anyone to represent us. I thought that our unit needed some representation because a lot of the girls were young; we didn't have too many senior nurses. So then I got to go to another AGM meeting where I was a voting member. This was at the time when Heather Smith was making up our contract for, our next contract for negotiations. I just so admired her and her ability to speak and bring issues to the front that I just wasn't sure of. I also got to go to another AGM meeting where I was an observer again. It wasn't as huge as the first one, but the third one we got to meet a lot of the Federation representatives, some of the out-of-province reps for the locals, and we got to listen to speeches. It was from there that I just decided to continue on.

Q: What was the Duckett era like?

AR: Mr. Duckett was brought in to help with fixing our healthcare. They thought our healthcare was way over budget; they thought we were employing too many people. To a point he was right in that management was top heavy; how we were using supplies, we could've cut down a bit. A lot of areas we could've saved money at. But the one problem he had was I don't think he understood nursing and nursing care and families and how people needed healthcare. I felt that he maybe went overboard with his cutting, not knowing really what he was doing, overboard to a point where he was wanting staff to come up with ideas on how we could cut back on our units. We're like, we're already cut back, we can't cut back any more. It's almost like it was an overnight sensation with him where we were understaffed and he comes along and tells us we have too many nurses. It's like, how do you go from not having enough nurses one day to the next day you've got too many nurses? Part of our negotiations and contracts was that no, we are not overstaffed, we're understaffed. A lot of our nurses had left prior to the Klein years where he cut back as well. We feel that a lot of these guys that took over, politicians in particular, didn't have a background in nursing or what was actually going on. They just went ahead and cut without coming and saying, hey, or offering more positions. There were nurses but there was no positions for them; they were casual. It wasn't keep their families going, so a lot of them packed up and moved to the States. At the same time, prior to him coming, we had brought in a whole load of what they called Filipino nurses, international nurses. They came, they took over a lot of the LPN jobs because they weren't quite qualified for the RN, and he was ready to send them all back. We went like, how can we do that to people? It was like we suddenly realized we were just a commodity to the politicians. With Heather Smith fighting for us, we managed to keep many that were there. One of our negotiations contracts were that we wanted more nurses and we wanted younger ones that were to be given jobs to stay in Alberta.

Q: Is there anything else from your past that keeps you motivated to stay with the union or in the position that you're holding?

AR: Yes. I'm also on the PRC committee, which stands for Professional Responsibility Committee. This committee not only helps the nurse but it helps the patient--if you're on a unit and you find that you have the appropriate amount of staff but the workload is very heavy so you need extra staff or you're going to have problems. They came up with a situation where you could call the manager and leave it in their hands to settle a lot of the issues we were having. But myself I had to fill out a PRC form. I called the manager on call and I called her several times. It came down that I ended up having to call the surgeon, and he was quite annoyed I would actually call him about a patient that technically wasn't his but he was in charge of. He's telling me that how can I solve the problem--send the patient to another unit. I'm like, we can't do that, all the other units are full. They came up with this idea of OC, over-capacity. So some of the units ended up taking their private rooms and adding two patients to it. We're like, oh wow, that's not good for fire regulations and whatnot. But that's where it stands right now. But I was told that I could put them on a stretcher and put them out in the hallway and wait, and in the morning the doctor could come and assess. I'm like, no that's not appropriate, we need more things to help us work with. So being on the Professional Responsibility Committee I was able to push for an idea of when all the nursing unions got together at the AGM meeting we could all voice our concerns about the PRCs. Are they working? Are they not working? We found out that they're really not working, because we're getting from the manager supervisors, oh we're sorry, we just thought we could deal with this and we could handle it. But you can't. A lot of the nurses were just saying, okay we're going to leave; we're not putting up with this. So we are losing nurses again but it's like going in a circle where one nurse will go to another hospital, same old stuff though, different people. So I decided to stay on there. I decided to stay with the ward rep because I can find out what's going on and bring information back to the group. I've actually been asked because I'm like, hey guys, come to a meeting. They're like, no you're our rep, you can go down and find out what's going on and come back. So right now I'm in a process too that if I'm going to work with the PRCs I'm going to get these nurses that are having issues come on down with me to a meeting and actually see what's going on.

Q: Are there any other firsts?

AR: Probably one of the reasons I was first is I grew up in a Ukrainian family and the area that I grew up in is predominantly French Catholic and English Protestant. You always had that tension. I come in as a Ukrainian and I'm cast as an outsider to start with. So how can I change the way people are feeling and doing? My family, my siblings, are still there but I chose to move out west because I thought I'd like to try something different. I was the first to do one of the nursing courses that was a pilot project. I thought it was interesting that I was able to have the opportunity to do it. Why am I first to do things? I guess because of growing up in a family of all sisters; my brother was the oldest and he was always gone. Someone had to take over the male role because my dad, he was in the union, he was a strong union member, carpenters' union, he actually came out west as well. He helped build the Hinton sawmill. There were several buildings in Drayton Valley that he also built. So I kind of had a role of taking over as the male, cutting the grass, shovelling the snow and all that. So I kind of had a different attitude. I liked what my dad did as a carpenter. I liked doing that stuff. I thought it was so interesting. Like I said, when I was in grade 8 near the end I had one of my friends take me around his shop class. While the other girls were doing Home Ec, not that I wasn't doing Home Ec too, I was in the shop class making cake pans. I thought, I can do this and this, and it's great. Why did I pick nursing? My shop teacher had said, you know, you'd be really good in a shop environment where you're helping people, because you're really good at that. I thought, oh that's interesting. And here I am – a nurse, not in the shop situation, but similar.

Q: Where do you see yourself going from here?

AR: As far as the union goes, I really like them because they stand up for the working class. I'm not a fan of management, because I feel that there's so much backstabbing. I've seen that when I was working. One of our supervisors, she was escorted out of the building; they let her go and security just came up and escorted her out of the building. It really hit me because here's somebody that we all looked up to, and they just totally

degraded her by taking her out. So management wasn't my cup of tea, and from being on the PRC committee we also hear about what's going on with management. I like the job I have right now. It's a job where you're constantly learning new things in a nursing aspect. For example, we started out doing TPA, and that is a clot buster. Because I'm working on the vascular unit we get the clots and aortas and we get people with DBTs, blood clots in their legs and wherever. What we used to do is give them an injection of this blood clotting agent and it would slowly break up the clot but it could also bleed them out anywhere else; if they got a bruise or anything, it could bleed them. The newest thing that's happening now is called angiojet, and they go in through an artery, mainly in the groin, and they'll shoot in the heparin and it'll break up the clot and they'll suck it out. If the person's artery is not strong enough to stay open, they'll put a stent in and that'll keep it open. We get to see all this; we get to see all of it in action. That's like the future of nursing, to watch a lot of this new technology. I'd like to do my Masters in nursing because I plan on writing a book about a lot of the things I've seen and been around. So I think that's kind of my goal. I also do alternative therapy work. It's part of a nursing aspect that we're slowly getting into, probably a new branch. It's old but it's new; it's coming back to us. A lot of the antibiotics and that, our bodies are now resisting to them like the MRSA and the RE, vancomycin-resistant. They're turning to alternative medications, well not medications, but alternative therapies. So I see myself going in that direction, especially when I'm doing my Masters.

Q: Is there anything else you'd like to add?

AR: I have been to Peru, I've been to Machu Picchu, I've been to Egypt, I've been inside the Great Pyramid. I've got to see a lot of the people in Egypt, for example, or I would call them a Third World country and I got to see a lot of these people that don't have medications and that. The therapy that I talk about is something that they could have without having the cost, and it would not politically involved.

[END]