Doris Proulx

DP: I grew up in a Metis settlement called Buffalo Lake, near Lac La Biche, Alberta.

Q: What was your experience like growing up?

DP: It was a fairly new settlement that we grew up in. So a lot of families were just getting established and doing their community get-together and trying to form a committee to get things rolling in the community. My parents were involved with a lot. A council was formed and from there on it really blossomed with different knowledge, experience, monies that they could get to further advance the communities, like farming or other ways of reproducing money in the area.

Q: Did you have siblings?

DP: Yes, there were 16 of us in our family. My parents had 14 of us at home with our neighbour midwife, who was Metis. She never had any formal education, but she did a lot of deliveries in our community. My mom said that the last two she had in the hospital were the worst labours. Two died before I was born. So 14 of us grew up together. I'm number eight, counting the two that passed that were older than me.

Q: So your schooling was in Buffalo Lake?

DP: My first two years were in Buffalo Lake and then we got a bus system going. So they bused us to Caslan, a little hamlet. They had a community school. So we had to attend there with the higher grades. From junior high to high school we were bused into Lac La Biche schools, junior high and senior high.

Q: After high school in Caslan, what happened next in your life?

DP: While I was in high school our counseling wasn't that great. Our guidance counselors, I know they did not work with a lot of Metis or Native students. I did have a couple of good friends that were teachers; they were my close friends. They were talking to me a lot about my future, and I initially was going into teaching. One of them would invite me home on weekends, and she did a lot of schoolwork, checking papers, and so on. So I said to her, I would like a job where I could leave my job at work and go home and that time is my time. So I don't think I'll go into teaching. The other teacher who was my friend had a sister who was in the LPN program. So she said, why don't you try nursing? I said, okay, well I've never been in a hospital; so I don't know what it's like. She said, it's a nine-month program and you won't lose a lot of time like if you go to university and decide you don't like what you went into. I did my high school in two and a half years, because I had way more credits than I needed. I did apply for nursing and got into Calgary right away, because the Edmonton school was full. I convinced another Metis friend of mine from high school to come with me. So she also entered and also graduated as an LPN. She stayed as an LPN in the Lac La Biche hospital. I then got married, had my children, and when they were all in school, then I always knew I wanted to further my education, and I got into the RN program at the Royal Alec. I graduated from that program in 1992. During my nursing school I worked as an LPN at the old General Hospital downtown and at the Royal Alec.

Q: Did you ever work at the Camsell?

DP: No, I've never worked at the Camsell Hospital. But I did work with staff from the Camsell Hospital at the Royal Alec, after it closed.

Q: There was a merger, I think.

DP: Yes, when they closed then they worked at different areas of the hospitals in Edmonton.

Q: So you started with your basic career at Royal Alec?

DP: Yes, and I was still at the General as well as an LPN. When I graduated, I got into emerg at the Alec right away because of all my background experience as an LPN. I worked in all areas

then; in small hospitals you work in all areas. I got into the Royal Alec emerg right away and I still stayed on with the Covenant Health. So they did hire me as an RN as well and I moved on to the Grey Nuns in the ICU/CCU areas.

Q: So you moved around a bit.

DP: I did. Working at the Alec emerg they were talking about opening up the Northeast Community Health Centre. So we also were involved in that and I worked there for a few years; I quit the Alec and went to Northeast Emerg. A lot of our officers, or COs we call them, our doctors, physicians in emerg, they still to this day rotate out there. So they're up on their trauma skills, their cardiac skills, and pediatrics.

Q: So at Royal Alec you worked in emerg?

DP: As an RN.

Q: Did you continue in emerg?

DP: At the Royal Alec? I worked there for quite a few years. So I felt it was time that I had to move on. We opened up the Northeast emerg and I stayed there. There's different clientele you deal with, younger families in northeast Edmonton. That's where I live, as well; it's close to my home. My daughter currently works there now.

Q: She's a nurse?

DP: No, she's a unit clerk. She would never go into nursing. She said she can't stand the blood or needles.

Q: I thought it might be the impact of the career of her mom.

DP: Well it's close enough. She has a lot of knowledge.

Q: Tell me about some of your experiences at the Royal Alec or other places where you worked. How did you find the ambiance or the camaraderie or the administration? This was during the Klein years.

DP: There were some differences. Some of the nurses that just graduated were a little upset that I got on right away in emerg at the Alec, because a few of them applied for the same position and did not get it. I do not think they realized that I was an LPN prior to this. So I worked in many areas. Also, because we do serve a large portion of the Native community at the Royal Alec, the people that live downtown, the homeless and so on, I really felt that it might be a place for me to start to better get to know and help all people, but to better help the indigenous people understand and to sort of help them out and encourage them and try to make a difference while they're there as a patient, and talk to them and just get to know them and try to make the world a better place by just talking with them if I had a chance to sit and chat with them.

Q: Did the hospital have any specialized services for indigenous people?

DP: Not at that time, but then shortly after they were bringing in, because a lot of indigenous people were asking for those services within the hospital. They even have smudging now in hospitals. When we had deaths, they would always ask for an elder to come versus a pastoral care person. They felt closer and more comfort in having our own to be with them.

Q: Did you play a role in that?

DP: Not really, but at the bedside we couldn't really talk a lot about spiritual things as nurses. I would always try and help direct them to people that I knew could help them in that respect. I had to be careful what I said about spiritual. They told us, this is why we have pastoral care, because that's their job. So it was very encouraging to know that there were Indigenous groups now getting involved in the hospital scene. My mom was a liaison between the school division and the native communities in Lac La Biche. She did a lot. She was instrumental in areas of really

pushing to bring the curriculum into the schools to better understand our culture, because there were a lot of problems she had to deal with. It really made her understand and know that more people need to better know our culture. If we bring it into the school system, they will learn from a young age and maybe it will cause less issues at school between our culture and other cultures.

Q: Your mom is Indigenous?

DP: My mom is Metis. She passed away last year, God bless her. She was a very busy lady. After we all left home they had up to 35 foster children they fostered. She did receive a humanitarian award a few years ago before she passed, for all the work. She did a lot of work back home: volunteer. Hard worker.

Q: And you followed in her footsteps?

DP: Oh, not quite as involved as she was. I don't know where she got the energy and strength, after having all of us and then the foster children. We always had big gardens and she would do a lot of canning, and my dad hunted. That's how we lived – off the land.

Q: Are you the only sibling that's in the profession?

DP: Yes, I am. Growing up, after I graduated from nursing school, family would often come to me with a lot of questions. When illnesses happened in our family, or accidents or whatever, I would get a lot of phone calls.

Q: Did you meet other Indigenous nurses in the hospitals where you worked?

DP: In the '90s when I was working as an RN, I often got asked by patients if I was Hispanic or Hawaiian or Mexican or Filipino – never Native. When I would talk to them about me being indigenous, they were so surprised and at the same time very pleased that there was a nurse in emerg. And in the ICUs as well, I would get the same response from the patients. They were just

so happy to know that there was an Indigenous person as a nurse working in that capacity in the critical care areas. So now, probably about ten years after that, there were more young Indigenous nurses or Metis nurses coming out. A lot of them did not look Native, because of the mixture of marriages. They would share their background with me, because they would ask me what I am. Some of them actually asked me not to mention that they were part Native. I said, oh you should be so proud of your culture. I'm so happy that more Indigenous people are getting more educated. I said, you should be so proud.

Q: Did you personally experience any discrimination?

DP: There were definitively, maybe not directly against me, because many people didn't know what I was, my cultural background. However, with patients, yes. The way they were being treated or spoken about in reports and stuff like that. So I did speak out against that many, many times, and the nurses were so shocked to learn that I was Metis because they thought I was Hispanic or some other culture.

Q: What kind of comments were they making in their reports?

DP: I'm not going to say a lot because of privacy. Some things in the report is they'd say the name and then they would say, he's a Native man or a Native lady. I would say, oh that's interesting. This is in a room full of nurses. I would say, that's interesting. So why don't you address the other patients that we have here as German or French or Ukrainian or whatever? I said, why do you have to say that in the report of describing who this patient is? They were just like--some of them said they didn't realize how they were addressing those patients. So I did write in to management as well and to administration, just asking them that this is not right, that something has to be sent out about respect for our culture.

Q: So you're a trailblazer.

DP: I'm trying to help our own people, like other cultures are big groups and they help their own. It's no different than us helping our own as well, and to become more educated. A lot of

Native people had rough upgrowing. With the residential schools, a lot of them harboured a lot of anger and distrust with the government and with churches. I don't blame them for how they were treated. Some of my family members were also part of that. We knew it was very real and hidden by the government all these years, and now I'm so grateful that it's being exposed. I'm sorry that my mother's not here to experience that they're finally doing something for our people to recognize or to expose what has happened all these years and why our culture was the way it was. A lot of people didn't understand, and our people didn't openly talk about it because a lot of them couldn't, weren't allowed to talk about it by the government. I brought books home from school with this history, and my mother would read the books. A few years back I was looking for these same books in the library, and they were all taken away from the libraries, anything that the government was involved in with our culture. I did find one book through the archives here. The museum searched for this one book for me, and there were only three in Alberta, and they did find one for me. So I have it. My great uncles were involved in the Louis Riel rebellion, and they were mentioned in that book. So I do have that under lock and key, because that is history and a lot of it is lost.

Q: Did you have family members who went through the residential school system?

DP: I did have some family members, the older family members, that went through it. Many would not talk about it because they were asked not to talk about it or they were shut down by the churches, by the government, by the RCMP, whoever.

Q: Do they live in Buffalo Lake?

DP: No, they don't, because my family members are more from up north that experienced this. My one grandfather's sister was a nun in one of the residential schools in northern Saskatchewan. She was not there very long, because there was a fire in the residence. She tried to get the boys out. She would take them out and they'd go back in; she'd bring more out and they'd go back in. So the building went up in flames and they all perished in the fire. We have to just move forward from these experiences and make our world a better world and learn from this and move forward. I'm so grateful that a lot of our people are getting more educated now

and they're really speaking out now; they're not keeping quiet anymore. That's something that I'm very pleased with, to go out to different functions and hear them speak out openly about what has happened and that they will try hard to help prevent it again to that degree that it was back then with the residential schools and now discovering about the missing children that were buried. My mom knew a lot of that too, and they had to keep quiet about it. The priests and the parishes would not talk about any of that.

Q: And you were not allowed to talk about it either?

DP: My parents? No, they didn't talk much about it either. But I'm so happy that it's being exposed.

Q: What was the penalty if you did talk about it?

DP: I'm not sure; who knows what they would do? My mom knew this one lady that left the Catholic Church. She was staying in one of the convents, and she ran away in the middle of the night because she knew what was going on in there. She said, should they find her they would murder her. She had to change her whole personality, her name; she had had to change everything in order not to be found. They worked with the RCMP as well, with the government; so they had a lot of power behind them to seek out people. So a lot of people were afraid. I'm glad now that more people can openly and freely speak out against this. With the missing children, the murdered and missing women, that's all all coming out, which was hidden by all these different groups of people.

Q: Are you working with any of the community groups?

DP: I'm not involved with any of them, but I do support them however I can. I will speak out and for them if I have to in situations, definitely.

Q: Do you or your family get involved in the culture of your community?

DP: We don't. As I said, we grew up in our home, not really involved in a lot of that with powwows, with the tobacco, sweat lodges. My parents were kind of involved in some things and not in others. I think it's how they personally felt, but very proud of our culture. Nevertheless, they worked towards making our culture a better place in this area in Alberta. They did attend as well, to learn more so they can go back home and try to educate more people.

Q: Your parents?

DP: Yes, they did. And I have family on the council now in Buffalo Lake. So the younger generation are carrying on from where the older generation left the area. They're doing a lot more to regenerate money in the areas. They're creating businesses and jobs. We never had that growing up; we were basically on our own. We did not receive money like the Status Indians do. Now they're coming out with more education funding and stuff like that, which is a good thing for our younger generation, who is our future. I worked to get through my schooling, and I got some bursaries and scholarships getting through my nursing schooling. So I was grateful for that.

Q: You said part of that was in Calgary, when you were an LPN?

DP: That's correct.

Q: Did you meet many other Indigenous people in the profession in Calgary?

DP: No, there was only my friend and I from high school that were there, Metis. Then we did move up to Lamont, because it was closer to home, for our practicum. Lamont is basically all Ukrainian; so it was a different culture to work in. But it was good. I learned a lot of their language and I could speak with the elderly people some words in their language. They thought I was Ukrainian. So they would go on and on and on. I'd say, no, I only know a few words, like are you having pain and so on – just important nursing words.

Q: So in addition to being Filipino and Hawaiian, you're also Ukrainian.

DP: Exactly. But I love cultures and I love learning about other cultures.

Q: Is your family here as well?

DP: I'm the only one in Edmonton; the majority still live back home in Buffalo Lake. But my children are all around me, the three of them. They're very near me, within blocks.

Q: Tell me about your experience at the Royal Alec and the impact of politics on your work, and how your experience was in collaboration with other nurses. What did union nurses have to do in order to retain their jobs?

DP: Interestingly enough, I did work with Heather Smith at the old General Hospital downtown. I was working casual then. So I worked in all units. They moved me around a lot. I did not stay in one area in particular. So I was able to see a lot and learn a lot more and appreciate. There was some stigma between permanent staff and casuals, or floats as they called us. Sometimes we did not get the assignments as the permanent staff did. They got the more critically ill patients or whatever, and we would always get maybe some that are in isolation or senior patients that were more long-term care and that type of thing.

Q: Who imposed that on you?

DP: It was the charge nurses that did the assignments. Some of the nurses also treated the floats and casuals like as though we didn't have the knowledge they did, although we all had the same certifications and the same education. There was some stigma about casuals and floats back in the day. But anyway, I just knew that I had to overlook a lot of that, because I knew I had the same qualifications. I just took the best care of my patients that were given to me, and that's what nursing is all about. It doesn't matter what type of patient you have. I also learned in emerg at the Royal Alec that we had a lot of drug addicts and alcoholics come into emerg. So you need to treat them the same as any other patients coming through. They are patients; so

you are not to look at their backgrounds. I learned this through my nursing school, that you treat them all the same. You respect them, the way you speak to them; it should all be equal in respect. That has stayed with me to this day. It doesn't matter what culture background they're from. I know some cultures will treat their own better than other cultural patients. I will not name names, of course, but I have observed that for quite a few years. There were some situations I did have to talk to them and have to talk to management about that, which was unfair treatment to some patients.

Q: Tell me about the line of management, from Covenant Health coming down, in the early '90s. How did you feel nurses were being treated?

DP: It was very frightening, because many of us of course needed our jobs. It's just so similar to what's happening today. We were all afraid of maybe being laid off, being replaced by LPNs. This is when I was an RN. Of course I was so pleased for our union, and that's what got me to attend more meetings, is I was learning more about what they do for us. We didn't have to go to management ourselves; they would do it on our behalf. They knew the laws and the different means and ways of approaching them without us being further the way we were treated, that there were rules for equal rights and equal treatment for our nurses. I'm so grateful to this day for our union, with equal rights and equal treatment. It doesn't matter what cultural background you come from. They speak for all for fairness in work in the workplace and otherwise. They're very strong. I'm grateful to them for so much. I felt I no longer had to do a lot of this that I felt I was doing for my culture, but that they were there for us as well for support, great support.

Q: So this brought about a new relationship between you and your union.

DP: Very much so.

Q: When you said you felt unsure and constantly threatened, were they manipulating parts of your collective, or were they trying to separate nurses or victimize some and not others, or were they threatening to change conditions in your contract?

DP: Oh definitely.

Q: What were they doing that was impacting you?

DP: Many times many of us felt that they were treating some better than others. They were not being fair in schedules or in just calling people in for overtime work. They had their certain staff that they would call in. Also with assignments, like I said, with the less heavy assignments perhaps or with more critical patients. I think after working emerg I realized that there was a lot more to learn about nursing. With the critical care patients we were getting into emerg, I decided to further my education and I took the Critical Care program through the University to just learn more. I felt that I needed to do more as a nurse to better fulfill my job, my classification of work.

Q: Did you take any training through UNA?

DP: I was very grateful for having the opportunity of being chosen to go to some of the labour schools in Jasper, not just being there and learning, but also the environment was so beautiful. That's through AFL. My neighbour was very involved in AFL for all those years. When he was still in that position and got the RNs under the umbrella of AFL.

Q: Does he have a name?

DP: Yes he does, but I'm not sure if I can name him. He was my next door neighbour and he got the nurses under the umbrella of AFL, which also makes us even stronger as a union, because we have all the other unions as well. AFL is quite great and involved with all the different unions. When things are happening and things are going on, they're there for us. I learned we're not just under AFL but collectively we're all under CLC, which is the Canadian Labour. I'm so grateful and I feel more secure definitely, way more secure now that I'm learning more about what our union does. So I go back to my different areas of work, because I moved around a lot, and I try to be pro-union active with a lot of my coworkers, and the importance of that. A lot of

them are busy with their families, which is understandable, and a lot of them don't have time to attend these meetings. But that's why we're there to help them and teach them in any way we can and inform them of what the union is doing for us at work.

Q: During the Klein years, were there any political directives that impacted you?

DP: I was working in the Royal Alec emerg at the time, and I was in a casual position but working full-time hours because of the cutbacks and people laid off and people moved to other areas or bumped through the process of seniority. Fortunately, I was not affected in any of that. I was never bumped ever or laid off, but I did experience that with my coworkers. It was hard because of hard feelings for the nurses that bumped them out into their positions. So we had to work with them. It was a lot of mixed feelings by a lot of nurses with the ones that bumped into our area. You build friendships and closeness with other nurses. So it was hard to see them being pushed out of their area with other ones coming in to fill those. For some people it was hard to respect those nurses that came in for a little while, and then you just have to live with it.

Q: Why was there bumping in the first place?

DP: They were cutting back on staff, Ralph Klein, the nurses with our pay. I guess they thought one way of cutbacks with the province [was] to get rid of nurses, because of our higher pay than the LPNs, and so on. So the cuts came. A lot of students that I graduated with at that time could not get jobs here of course. So they had to go to the States to get jobs, a lot of them, or even out of province, they went down East to get jobs. Staying in those areas even ten years after, a lot of them came back. A lot of it was they wanted to start their families, but I guess being in the States is quite expensive with insurance, with healthcare; it's not like home here. So many came back after Klein was gone.

Q: So you found that there was lack of support or respect for the profession?

DP: Yes, and the union was there for us the whole way through. A lot of us knew that we would still have a job because of our union. We really relied on them during those tough years, and

they fought hard. I don't know if they ever got sleep. Heather Smith, David Harrigan were just unbelievably helpful for a lot of people and gave us a sense a security.

Q: How big was the union at the time? Did you have unit leadership?

DP: Yes we did.

Q: How was it structured?

DP: We had our different locals. Working for Covenant Health, I was under that local. Then working at the Royal Alec, I was under their local as well. So I was under two locals under Covenant Health, who are Alberta Health Services now; but it was Capital Health back then. They were always there for you if you had any situations. And of course with the bumping, that too is hard with all the bumping and so on. They continually work at trying to better that and trying to not have that happen as much anymore. They've put in place different policies and procedures since then about the bumping situation, because it's not a good environment to work in when that happens.

Q: You said it leads to animosity.

DP: Very much. And that's with both, Covenant Health or Alberta Hospital, or Capital Health it was then. But yeah, nursing is nursing, and those feelings of animosity were there definitely.

Q: Do you feel that things have changed? Is there more camaraderie?

DP: It's different, definitely, with the different generations. A lot of our senior nurses, we trained at the bedside. During our nurses' training we did a lot of hospital training, hands-on training. Of course with the younger nurses now, a lot of it is knowledge, book knowledge. When they come out into the work area, a lot of it I believe is a bit of a struggle for them. Working in the critical areas especially, if they didn't have a lot of hands-on in surgery or medicine before coming into ICUs, it was hard. You have to have a good basic knowledge before

coming into there. There's no time to learn, other than when you were orientated on the job or took your critical care training to come into the area. You have to have a lot of good background knowledge to function, because you're totally on your own in the critical care areas. You have someone next to you that you can ask questions, but you can't always ask a lot of questions. You're expected to work autonomously in your room with your patient, because there's a lot going on and it can be fast. With the younger generation, yes they're very smart book-wise, knowledge-wise, and they are learning. They're our future. So we have to help them and mentor them as well. You cannot put them down, because they did learn a lot and they are smarter book-wise and computer-wise than a lot of us more senior nurses. This may not always be the same with the other senior nurses that I'm speaking about; everyone's different. But I hear a lot of senior nurses speaking of that as well. Especially when the computers came in to the ICU areas and now the hospital is going hospital-wide, a lot of senior nurses quit because of the typing. You have to be quick on the computer. Especially if you're doing an assessment, many things are happening at the same time in the critical care areas, and it's harder for more senior nurses to stay on top with the speed of everything. The younger generation certainly are very knowledgeable in those areas, and I'm grateful for that. Certainly I've learned a lot from them as well. It can work both ways; you can help each other both ways. So it's totally turning a whole different cycle of how we grew up in hospital nursing and that type of thing.

Q: Under the current administration, how do you find the treatment of healthcare givers? What's similar to or different than the Klein years?

DP: In some respects, it's very much the same with the concern. You're worried about your job; you don't know what's happening. With our current government now and working with Alberta Health Services, we certainly don't know. There's so much change happening so fast and so often that you have to try and keep up with it, because you don't know what they're going to do next. They certainly have made it public that nurses are too expensive for the province, that they need to chip away at our pay somehow by cutting away a lot of our benefits or making it difficult for us. A lot of the policy or procedures that UNA has worked hard to put in place with all our members in Alberta, with all our different locals, they come together and make and request certain policies because they bring it forward from their coworkers, the changes they

want. So UNA really tries hard to put those in place and to try and keep them in place. But with management and with the government, they are chopping away a lot of our requests that we had I place from way back in the day. That's very worrisome.

Q: Can you give some examples?

DP: One of the items is they were trying to replace charge nurses with any occupation. It could be housekeeping, it could be a kitchen person, it could be a respiratory, it could be a lab tech. That was one of their requests, was to take out that a nurse should be in charge all the time, that it shouldn't have to be. So that was a big concern for a lot of our nursing body for sure. Other things were cutting back our shift differential pay, our weekend pay, to take that away totally. Other areas were, oh gosh I can't think off the top of my head.

Q: Do they think it's okay to threaten you with wage cuts or cutbacks during COVID?

DP: Oh yes. They were thinking of cutting, I forget the exact number, but they wanted to get rid of a number of nurses. That was on their mandate. I can't remember exactly off the top of my head how many they were trying to get rid of in Alberta. They didn't outright say they could replace with LPNs, but it's always about money, and because they're cheaper paid but maybe not as experienced in many ways as an RN. But it didn't matter; a nurse is a nurse to them. I have all respect for LPNs. They are better trained than I was back in the day, and I've always respected LPNs as well.

Q: You mentioned that they wanted to replace the unit charge nurse with a lab tech?

DP: Yeah, or respiratory tech. We've had a respiratory tech in charge of an ICU at the U as manager; she was our manager. They try all these different ways of maybe having the RN not be there in charge so they can manipulate staff differently. I don't know what their thinking is in all of this, why they do what they do.

Q: They would be a different union or collective agreement?

DP: When they become managers, they're out of scope then. So they can make their policies however they want.

Q: Is a staff nurse in UNA?

DP: We are UNA. We're all UNA now. There's no more staff nurses like it used to be back in the day. Everyone is under UNA now. We're 30,000 nurses in Alberta.

Q: When they bring in a lab tech, is that person also UNA?

DP: No, they have their own union. But they wouldn't know and understand nursing as a nurse would, especially when there's difficulties on a unit and you have to look at the big picture of what's going on. Would a lab tech know exactly what to do in that situation and how to rectify problems that are going on? That was a big item on our list that we're all afraid of them passing or not agreeing with our union to let that one stand. But last I heard when they met, that was one thing that they gave us back, that we could always be sure that we have an RN or LPN in charge.

Q: You mentioned that you're a charge nurse? A senior nurse?

DP: I'm a senior nurse, but not a charge nurse. I'm a staff nurse. Currently I work casual at the Misericordia OR recovery in the recovery room. There's still a component of critical care skills there. We extubate patients and we're monitoring them when they're coming out of anesthesia. A lot can happen quickly; so we're there. We're skilled. We're there to help that situation out with our knowledge. I also work part-time at the corrections--Edmonton Remand Centre now--due to a couple surgeries I had where I was told by two surgeons to get out of intensive care. If I tore again, they could not repair my injuries. It is heavy work, physically heavy. I was sad to leave those areas, because I'd worked there for so many years. I actually enjoyed nursing everywhere I went. Nursing really was my passion. Now with so much opioid overdoses and with mental health, back in the day a lot of people did not know a lot about mental health. Even

being around some of my family members that have mental health issues, I just thought, oh that's a place I've never worked and I would like to go and learn about that. So here I am learning about that and trying to help others out in that area. The majority of inmates there are indigenous. So they're happy and they always ask me if I'm Hispanic or Canadian Native. A lot of them are pleased to know that I am Native. Or they'll speak to me in Cree to see if I understand. But we treat all of them the same. You don't give one more preference than others. That's how we were taught in nursing from years ago.

Q: So you're Cree?

DP: Cree, yes. Cree Metis. There's a lot of different dialects even in Alberta alone, with the Dene or Chipewyan, the Blackfoot, the Soto. We don't understand each other, but yet we respect each other when we see each other as a Native person. Our basic principles of our culture are much the same.

Q: Is there anything else about you that I haven't explored?

DP: All I have to say is I really would like to continue mentoring as many nurses. I do work with more Native nurses now.

Q: Here in Edmonton?

DP: In Edmonton, yes. Metis or status in all of the areas that I'm currently working at. I always say positive and proud things to them, that I'm so happy and excited that they're in this profession. In many respects, you can help your own people back in the communities, your families, to help them better understand. Even if a lot of our older generation does not understand a lot of this medical terminology or disease processes that are going on, they always feel comfortable that someone can speak to them in their language and better explain. It's like any other culture with seniors that don't quite know English very well. I'm happy to see now in the hospitals as well, we do all have to take these Indigenous cultural courses now through CARNA or through our work or through our annual recertifications. They did bring an

Indigenous program in, and everyone has to take it so they can better understand our culture in the health environment.

Q: What is CARNA?

DP: That's our regulation body of the Registered Nurses of Alberta. They're the ones we pay for our license. They're a regulating body.

Q: So they have set up an Indigenous cultural course?

DP: Yes, and Alberta Health Services as well. We all have to take the program. It's documented on computer whether you took it or not, what date you took it. They are watching. My mom was very instrumental in bringing the Indigenous program into the schools as well, because she worked with the schools. She really pushed for that so schools can better understand our culture. We grew up in Lac La Biche, where it's very multicultural. We have the Native people, French, Ukrainian, a huge Lebanese community there, and the White Russian. So going to school, we never experienced any of that. You're on a basketball team or in different courses in school. I never once experienced any, personally anyway; I've never had a problem with racism. We all came from different backgrounds and we all did the same sports and learnings. Maybe some people felt that, but personally myself I've never felt that. I always try to look past that. We're all the same. We all have the same learning capacities. You can be anything you want if you really want to be, and work at it. I guess with our parents too, our support system was a big bonus for us as well in our community. Our parents were really strict with us. We did gardening; we did a lot of hard work. We knew the experience of hard work in order to provide and to live. You have to put a lot of effort out there.

Q: You mentioned that you didn't experience racism in Lac La Biche, but in Edmonton sometimes the way the charts were written up reflected that not everybody was on the same page.

DP: That's correct. I think maybe it was a stigma way back then, but it certainly is changing now. Especially with the humanitarian group that's out there now, you can go to them if you experience any racism or any other treatment that's not conducive to our normal human kindness. More people are finding out that there are avenues that they can seek if this is going on. But that's like other cultures here as well in Edmonton, the ones that are coming in. The refugees, they're experiencing that as well. It's good for them to know that there is a group out there, the humanitarian group, that are also trying to make this place a better place.

Q: Are you finding that there are more Indigenous or Metis nurses entering the profession?

DP: It's part of the younger generation that are getting more educated now. They are certainly wanting to learn more as well, the ones that I work closer with. They're very instrumental and proud of our culture, but ultimately as a nurse you have to take care of everyone the same. But it's just great to see them out there and wanting to learn the nursing career. Also some of them, the older ones now, have younger family members that are going into nursing as well.

Q: Are you identified as a mentor to Indigenous nurses coming into the program?

DP: Not really. I just find out on my own by working side by side with them and finding out. A lot of them don't look Native at all, the Metis culture. So I don't know if they're Native. As you talk, they may share that there's other Native nurses as well and if it was okay for them to get to know me so they can learn more about nursing. There's just different little techniques and things that you can share with them to just give them little tips or advice or whatever – anything I can do to help make a nurse a better nurse. I certainly have been helped a lot as well by my coworkers. I always tell them, you can never ask too many questions. It's better to ask than not to ask and pretend you know. It's always better to ask.

Q: As a UNA member, have you had a chance to attend any pickets or demonstrations?

DP: Yes I have. I've been at the Leg holding banners and posters. This was with the Klein era as well, and with just other events that's going on. If I'm not working, I do try and get involved as

much as I can. In fact, there's one coming up on Friday, and I have wonderful coworker nurses that are building a huge placard for the back of my pickup truck. We're doing a parade around Edmonton. It's a day of action for our union in Edmonton. So we're going to drive around from different hospital to different hospital with banners and posters and flags. So I do try and get involved as much as I can.

Q: Are you sitting on any committees?

DP: I'm one of the trustees. I was appointed at the Edmonton Remand. The Fort Saskatchewan Corrections and ERC and Young Offenders, who are all under the same umbrella, at one point in time did have a local union formed. Actually the president was an Indigenous nurse, but she's no longer there. Since then they've not formed another local. However, through UNA, the trusteeship of several people that are North Central District reps that were voted in, they are trustees of those three places. When I did go to work there, I know a lot of nurses that are NCD reps, and they appointed me to become a trustee there for the ERC, the Remand. So I have been involved again. I was trying to wind down, with my age getting older, and I was hoping the younger ones would get more involved. But there's no one stepping forward. So I took it up again and I'm trying. I'm learning and trying, and trying to get them educated. If I retire soon, I don't want that to just fall apart again. Someone hopefully will come forward to carry on for the places. I'm learning a lot again. It's a whole different area of nursing, working with mental health, and I'm learning a lot.

Q: . . . We're trying to support the People of Colour Committee in UNA.

DP: Yes, and I'm in with them, because it's People of Colour and Indigenous. It's a very great group but we don't get a lot of participation at these meetings when they call for our group meetings. Also CFNU is another great organization, the Canadian Federation of Nurses Unions. They're above all of us provincial unions, like CLC who is above all the other unions. CFNU, run by Linda Silas: she's very vocal, kind of like Heather. They're both very vocal and very powerful in so many different areas. I've learned a lot going to the CFNU biennium conferences. I do get to meet a lot of nurses across Canada and share a lot of stories. In particular, they always try

and have a group for Indigenous nurses so that we can get together and discuss and learn from each other. A lot of them don't look Native anymore. I probably was the only one that looked most Native in that room of nurses across Canada. So they were asking me a lot of questions and suggestions of what they can do to be more recognized as an Indigenous nurse. A lot of patients don't realize that they're Indigenous. I said, one way is wearing a lanyard. This is the Metis sash, and it can be done in lanyard form. Many people will recognize us as Native people, the Metis sash, because we do have Metis all across Canada, Metis settlements. So this might be a conversation to ask if you don't look Native whether you are Native and why are you wearing that. It might get a conversation going and recognition. Even at corrections I've had many of the inmates ask if I'm Native, because of this. They recognize it, and they're very happy and pleased as well. I always try and encourage them, if I have time. We're very busy and I always say, you know what, when you get out of here, I hope you never come back again. Go out there, go out in the world, and make a difference. You can do it. I always try and give them positive vibes.

Q: Were you able to inspire the Indigenous patients at Royal Alec in the same way, to get involved?

DP: Yes. And if they're not able to, I said, maybe your children can get involved in healthcare. I said, the healthcare profession is so diverse; you have so many areas of interest. If you don't like one area, you can always work in a different area. I said, eventually everyone finds their niche where they're comfortable. I've worked for oil and gas up in the Arctic as a medic, and I worked up at Syncrude. I set up for CNRL; we set up their health area as well, the clinic for CNRL and also for Syncrude. We helped set up the emergency areas and health areas. My girlfriend and I went and set up the emergency centre for them and did all their first aid and medical assessments and so on. So nursing is endless. You can also travel with it and get jobs pretty much anywhere. Canadian nurses are really highly recognized in many other countries. With me just traveling, I often ask about nursing and their unions in different countries. It's just because I'm so interested and passionate about my area of work and involvement with the union. And it's interesting; I like learning. I said, if I was status and they paid for all my education, I would still be learning something. I wouldn't be working. I'd be going on and on and learning.

Q: Metis people are not status?

DP: No. Status is a different organization. They have different monies all for reservations. Many people don't understand that or know. They often ask me at work as well, when they find out that I'm Metis or Native. They'll say, well what's the difference between Metis and Treaty? There are differences. We have different regulations. The Metis are slowly coming around with the government with fundings and so on.

Q: Tell us about your children and what they're doing now.

DP: My second son is a postal worker now. He had worked in various areas, but not unionized. So now he's in a strong union and I'm very pleased about that. We can talk union business now in the home, because they understand a bit more. My daughter works for Northeast emerg as the unit clerk, and she's in a different union as well. I'm inspired to know that they are in secure jobs for the rest of their working lives. My oldest son is not in a union; he works for private. He's a journeyman mechanic, but the business that he works for treats him like a family member. He's been there for them for years. So he says he can't just up and leave. They've helped him so much and are so good to him. But I'm grateful for the two who are able to work in the union capacity.

Q: And they're in Edmonton?

DP: Yes, they all live very close to me. I try to encourage them and teach them the morals and values that my parents taught us. It was maybe a bit strict back in my day, but you have to give some leeway and changes happen along the way in the way you're raising your children, because of the laws now and so on.

Q: You mentioned there were some physical challenges in ICU, and you were sad to leave there. Could you tell me more about that?

DP: I started in ICU at a very much younger age. Through the years we worked 12-hour shifts, and sometimes we worked 16 hours because of being short-staffed in the critical care area. We could not ask nurses off the regular units to come and replace us or work for us when we were short-staffed, because they weren't experience. We give different medications, we have different machines. So you have to be knowledgeable because you're alone in there with that patient. If any alarms go off, you have to know and understand what's happening quickly so you know what services you need to call for help. I really enjoyed that; I learned a lot. I guess over the years I really was not taking care of myself, because I was working so much that I felt I didn't need to go to the gym to do stretches and exercise, that I was getting enough at work. That was my thinking. However, over the years as I got older, wear and tear were happening, which I didn't really feel at the time. Sometimes you just feel like it's just probably a muscle strain or because I'm getting old, not realizing that it was terrible injuries. I tore my rotator cuffs within five years of each other, both arms, and my supraspinatus and part of my bicep muscles. I've had to have physio for a year and then surgery and then more physio after that. It happens, and it has happened to my other coworkers as well. It's just the wear and tear of the job. Our patients are heavy. They're sedated; so they can't turn themselves. Every two hours we have to turn them. There's heavy machines to work with when they're on dialysis; there's heavy bags we have to exchange every hour or two, depending on the situation of the patient. You're not only turning your patient but you're assisting your coworkers as well in turning their patients. You all have to help each other out. So it's just the wear and tear over the years. I think, had I had time to do exercise in between and strengthen my arm muscles in a different way to strengthen them, maybe it would've made a difference. I don't know; it's hard to say.

Q: Was it more strenuous during COVID?

DP: Yes, and we're being redeployed from the OR recovery. Why I'm working recovery is because of my surgeries. There's virtually no lifting in recovery. And why I went to the remand as well--there's no lifting at all. So in order to continue in my career, I needed to find areas of physically lighter work. Now we're asked to be redeployed to emerg or the ICUs to help. People that have past experience in either area, they give you a short orientation program to work in those areas. But you're not left with total patient care on your own, you're assisting--especially

nurses who have never worked the critical care areas that work in the OR recover. It's a different environment and different learning skills. So they assist a lot by helping to turn patients. You're running for blood for them or doing their labs for them, or whatever you're familiar with, but you're not totally in charge of an ICU patient if you're not in that area. But you're helping in many other ways, definitely. I was able to refuse to go back to ICU because of my condition, and they respected that, and I respect that of them.

Q: But with COVID, you're saying there's a lot more happening in the ICU units?

DP: Very much.

Q: Could you describe what's happening now?

DP: It's even more intense, the physical heaviness of nursing. With the COVID patients, they're very sick of course. So you're always right there with them doing many different tasks. Alarms are going on continuously for some. Then you're also proning them. So you're turning them on their tummies face down so they can get better lung expansion for air, because the ventilators are pushed to the maximum and they can't do any more, and the patient is still struggling. So we have to prone the patients, put them on their tummy. They're dead weight, because they're sedated because they're very sick. So they don't fight the ventilator. You have to keep them sedated and medicated. They're dead weight, and so you're flipping them because you can only keep them on their prone position for so many hours and then you have to put them back. So it's kind of back and forth. You have more people helping, of course, but because the ICUs are full, you're not only doing your patient but you're also helping the other nurses turn their patients as well. You have to work as a team.

Q: What other challenges has COVID caused for you?

DP: It's just so hard because we're also being deployed into other areas, like at the doors making sure people are washing and wearing masks, and when they're leaving, all the policies and protocols. Then we get people coming in from off the streets and getting angry at us

because we're at the door and we have to monitor and make sure they've washed their hands and put masks on and that they follow protocol. Some of them don't like that, and they'll just walk through. It is difficult in different areas. This year I think people have a better understanding, but last year when it first all came out we were helping and being pulled to different areas to help. You even have to watch the doctors coming out of the OR room and make sure that they're following the proper protocol in taking off every piece of item that they have to wear. Same with the nurses. They have someone in charge of that, and you're monitoring and watching each one of them take off their mask, their goggles. We have to double cap in the OR. There's an order, and we do have pictures on the walls as well, and if some people don't understand they just follow the steps on what to take off first. You take off the more dirty areas, like your gloves and then your gown. Then you go to higher up where they're cleaner areas. You have to wash in between each item. So there's a lot of steps. It takes time; so you can't quickly go in and out. So they redeploy us to different areas to help out.

Q: What are the impacts of short-staffing?

DP: With short-staffing, it definitely impacts our nursing care to a point, not so much in the area I'm in, in the OR recovery or the remand. There is more workload put on us in both areas with having the proper protocols now with COVID, and we all have to look out and take care of ourselves and make sure we all have our PP on in certain places at certain times. But certainly when we do take our patients out to the medical surgical areas, like from the OR recovery, we're taking them to their areas, and they're very short-staffed there. With having to follow all the protocols at the door coming in and going out, it's really cutting in on their time and getting their work done in an 8 or 12 hour shift. It really impacts the time. I think patients are getting the basic care, nothing more where you can stand and talk with them or answer questions. I think it's really impacting the nurse-patient ratio in that respect. It's hard; it's heavy for them, very stressful, because they're working right amongst the COVID patients too. You have to think of your family as well at home. Even though you follow all the protocols, there's still a chance possibly that you might contract the virus, which has happened; nurses have. Then you're afraid to take it home to your family, your children, especially initially when it all came out. People were all sharing of what they're doing, how they're stripping at the back door or jumping in the

shower before they touch their child. It's very difficult. And the fact of not seeing some of your family. My children are in their own places now, and it was hard because I don't see them as much as I would like to because we're all very respectful of each other until things clear. My one daughter-in-law is very immune-compromised. So with the environments that I work in I'm so afraid of bringing anything home or to go and see her. My son relays a lot of our messages back and forth. So it impacts everywhere, not just at work but also in the home, the community. Things are not the way they used to be. It's a totally different life right now. Just the fact of funerals: it's not the same anymore. You just feel that sense of like there's not really normal closure like you had before with family members that have passed. It's just a loss of closure, complete closure. We're all hoping one day we get back to normal again.

Q: Growing up in the settlement, what was healthcare like? Was there any connection to traditional healing?

DP: Way back in the day when I was younger growing up in the settlement, we were a new settlement forming. So like I said, we did not have a lot in place. I believe that's probably why, say for example, my mom had the majority of us at home. We had a team and horses and a wagon to get to town, and you couldn't get there quickly. This was before people had vehicles, say in the late '40 and the '50s. My dad was illiterate; so for him to get his driver's license was a struggle, but he did get it. They did verbal testing with him; so we finally did get a vehicle. But before that it was horse and wagon. My children say to me today, mom, you grew up in Little House on the Prairie days. I say, yeah, basically. We didn't know any different; so we enjoyed it. We made our own games at home and so on, entertainment. As far as healthcare, the lady that delivered the majority of us, I asked mom after I became a nurse, because she had passed on already. I asked her, what about the bleeding or complications in the home? Mom said, she just seemed to know what to do in those situations. Many times she would collect roots of trees and make them into teas to stop the bleeding. I said, do you know what roots? She didn't know. It's too bad the lady was gone, because I would've enjoyed talking with her and learning more about that as well. When people did get vehicles in our areas, we did have to go to our closer communities to see doctors then. It was either Lac La Biche or Boyle, where there were hospitals. Just up until the last 20 or 30 years they've now got a health centre in the community.

It's run by a nurse and she has healthcare aides working for her that do homecare and so on. So that was another improvement in the settlement. In more settlements they do get together with the major general council, which is located in Edmonton. All the Metis settlements get together annually to have their big conferences, and they talk and discuss about different ideas and sharing what each community is doing or how they can improve with education, with businesses and so on. They learn from each other. So it's a good thing. It's a very good accomplishment, that's for sure, from when I was growing up.

Q: Anything else you'd like to talk about?

DP: Mentoring is so vital and important, whether it's for nursing or for unionism. They are so vital nowadays, especially with the political parties and their agendas. It's so important to belong to these unions, these associations, for job security. I've experienced managers in various hospitals, and I won't name them, where I have seen security come in and give them half an hour to clear their desks and out they were, out of a job. This is nursing management. That told me a lot about security. When I injured myself, when I injured my arms, WCB tried to encourage me to go into management, because there would be no lifting. I said, oh no. I said, I want to stay in my current positions as nursing, where I'm supported by a union. Because, I said, I've seen what can happen without the support system there, without your union. You have no leg to stand on, and I need my job.

END