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JP: I originally wanted to be a nursery nurse; I loved children and I still do. I had to reach the age of 18 before I could go abroad for further studies. I had two years to kill after high school. So my mother wanted me to be a secretary. I did not want to type. So I decided to go into dressmaking because I wanted to be fashionable at the time as a teenager. When it was time for me to go to England I went to a college for the National Nursery Examination Board College in Manchester. That was a two-year course, and then it was time to go home. I didn't want to go home, because I hadn't seen Europe. So I decided to go into nursing, because my sister is a nurse, and I thought if she can do it, so can I. She discouraged me, because it was tough for her, but I decided that, like I said, I'm going to follow her footsteps.

Q: So you did your nursing in England?

JP: Yes, I did.

Q: When was this?

JP: 1978.

Q: Upon completion of your studies, did you practise in England?

JP: I qualified; then I went and worked in a special care baby unit, obviously, with my liking of children. Then I saw some things that I couldn't understand in the labour and delivery room, because I had to go and receive babies with an incubator. So I decided I wanted to go into mental health. Also, during my secondment in general nursing, I didn't get to do acute mental health; so I felt I missed out. Then I decided to enroll in the 18-month postgraduate studies in mental health. After that I worked in acute, of course, mental health. I just moved around three counties and eventually ended up in London. Then I came to Canada in 1989.

Q: Did you come immediately to Alberta?

JP: Yes, my family were here. That's why I came here. I would visit my mom and she would encourage me to join the rest of the family, because I was the last of the siblings to come. So I came to Edmonton. My family were here before me.

Q: So you've been nursing in Alberta since 1989.

JP: Yes.

Q: Did you come with your family, a husband?

JP: I came on my own.

Q: How did you enter the profession here?

JP: When I started, I was at the University of Alberta Hospital, and I belonged to the Staff Nurses Association of Alberta at the time.

Q: That was for registered nurses from England?

JP: No, because there was United Nurses of Alberta and Staff Nurses Association of Alberta. So they're mostly for nurses who work at the University Hospital as far as I can remember.

Q: How did you move from SNAA to UNA?

JP: I can't quite remember what year it was, but it was amalgamated. So we moved over and became United Nurses as well. I think it's in the '90s sometime; don't quote me but I'm sorry; I don't know.

Q: Did everybody in SNAA move over to UNA?

JP: It blended quite nicely. Personally I didn't feel any barriers. I belonged to Local 301 at the time. In fact, I think a few people joined the executive of the local UNA or even the executive office of UNA shortly after.

Q: Did you?

JP: No. I did not.

Q: Did you become active in the UNAA?

JP: Yes. How I became active, I started, like I said, in '89 in March. It was only six months later I noticed on my pay stub they had forgotten to pay me my educational allowance. That's when I got busy inquiring, and then I noticed other things that were happening on the unit. It was quite different for me because, when I was in England, we all belonged to the Royal College of Nursing. The managers were part of that. They don't call themselves unions, but they call themselves college. They're not like CARNA but they're a college that are really union; but they have that name. So we all worked together. There were not a lot of grievances or arguments about collective agreements or anything like that, because we were all one. So when I came I soon discovered that I have to involve SNAA at the time to be heard.

Q: What did you want to be heard about?

JP: To get my retroactive for my education allowance. Then I noticed on the units there were a lot of discrepancies. Other people were also having little fights about either shift differential or not having the educational allowance for a degree, for example, added onto their pay; staffing shortages, especially when Ralph Klein did the cutbacks, and safety issues, and also positions. When one applies for a position, they were not considered, with preferential treatment from the manager's point of view.

Q: Tell me about the staffing shortages.

JP: Yes. I came in 1890 and I think shortly after, I think it was '91 when the layoff happened. There was a lot of bumping.

Q: What is bumping?

JP: They go by seniority. Bumping means say if you are on the junior list. . . If you don't have enough seniority hours, you're on the bottom – last in, first out sort of thing. I was third on that list in mental health. I would've been second to be bumped out, but there my coworker was on maternity leave; so I was third. Luckily for me, there wasn't a lot of interest to come to mental health; so I stayed. As a result, there was shortage of beds. We mental health we have six beds only for admitting privileges, and they closed one unit and turned it into a specialty unit. So we only had two units left. So there was a lot of chaos.

Q: How many units did you have to start with?

JP: One.

Q: But you said you had two left.

JP: Yes, because I was on the other unit. It doesn't matter; you go by your seniority. If somebody from that unit decides they want to come to your unit, you could get displaced to another area, not necessarily lose your job; but I didn't know where I would've gone. I'm sure I could do a refresher course and work on maybe medicine, surgery, or in ICU or somewhere. So that was different, because I'd never experienced that before. So it caused a bit of anxiety, undoubtedly. Of course there was shortage of beds. So we suddenly have maybe 16 beds less. There were a lot of early discharges, people waiting for admission; there's no beds. Staffing-wise, they did cut back some. On nights we would gradually over the years not have registered nurses or registered psych nurses on. We would have a licensed practical nurse, and with all due

respect they're qualified. But it's just when it comes to certain procedures, one has to borrow a staff from the other unit, especially on nights.

Q: So the psych nurse was there during the day but not at night?

JP: No, they're on nights mostly. So when you do need to do a medication count or something, you need two registered nurses. So they have to borrow one from the other units. So it's more or less skeleton staffing on nights.

Q: So when you started, there were more nurses available?

JP: Yes, more registered nurses and registered psychiatric nurses. I wouldn't say more, but the adequate amount.

Q: But during the cutbacks, those numbers were reduced?

JP: Yes. It became multi-skill set rather than just RN and RPN.

Q: How did that affect safety?

JP: Obviously if you have people who are not trained, especially for restraining . . .

Q: Do some patients need to be restrained?

JP: Yeah, sometimes we have to restrain people with mental health issues when they are not safe. There's certain training for certain jobs and career and professionals that is fitting for an area. But that wasn't the case all the time.

Q: Did you feel unsafe?

JP: At times, yeah, at times for sure.

Q: What happened to make you feel unsafe?

JP: Because I didn't feel that I had the backup that I need.

Q: Because of the cutbacks?

JP: Yes. Because there's not enough of us to observe individual patients who were not safe. You need manpower or womanpower.

Q: Did any incident happen?

JP: Oh yeah, for sure.

Q: Could you describe one?

JP: I'm not comfortable doing that, because of patient confidentiality. I would rather not go there.

Q: You mentioned preferential treatment.

JP: Right. For example, if two people have the same qualification and there's a posting, or maybe two or three people, they would base their selection on the interview process. There's no person who's not in the room can prove otherwise. So how does one determine who is the better candidate? There's been whispers that they've already got the candidate selected, but it's just a formal process to meet the collective agreement. That's one example I can think of. And vacation is another one, although it should go with seniority. Length of bereavement leave: that's another one I can think of. There are lots of things going on.

Q: So those are areas where there was preferential treatment?

JP: That's how I felt, yes. Of course I have no evidence to prove otherwise. Not just myself. I think a few of us on the unit felt that.

Q: This was the staff nurse or somebody in a position of seniority imposing on juniors? How was this happening? Who was giving the preferential treatment?

JP: The managers.

Q: Were the managers nurses too?

JP: Yes, they were at the time.

Q: Were they members of UNA?

JP: No, they're managers; they're out of scope.

Q: Were there any other Klein cuts that affected you?

JP: Yeah, there are other areas, even personally. When I needed care, the waiting list seemed to be longer, to see specialists especially. Emergency list seemed to be longer, from what I could recall; but that could be variable, depending on the influx of people visiting emergency department. The bumping didn't help. Even the housekeeping staff, for example, I think they felt unstable. Suddenly they're working in a different area. We had a few nurses that came to our area from another area; not many, like I said. So yes, it's an adjustment period when we all have to adjust to new things and changes. I wasn't sure how long the orientation was in each unit. I cannot say anything to that, because I didn't get bumped. There were a few other examples, but mostly affecting other people. So I can't talk about their feelings towards them.

Q: Did you meet any other nurses of colour at U of A Hospital?

JP: Yes. Not too many, but a few of us. In mental health on the other unit I can recall two across the way and then two or three in my unit.

Q: Did you feel solidarity or camaraderie with them?

JP: Hard to say. I was new at the time. But I think we were so busy; you were just focusing on getting your break and getting back to work. There wasn't TGIF or anything. That would've been ideal, to have a little get-together.

Q: Did you feel overwhelmed?

JP: With any nurses, not just ethnically diverse nurses, yes.

Q: Did you feel that the staff shortages were a bit much?

JP: At times, when we had crises.

Q: Did crises happen often?

JP: Yes; in mental health, yes. We have isolation rooms, and some of them have to be constant.

Q: That requires more supervision on your part?

JP: Yes, one to one.

Q: Was that whole area impacted by the Klein cuts?

JP: Yes, for sure.

Q: In what way?

JP: What I explained earlier. It's a domino effect. When you don't have the staff it affects the care; then you get more revolving door. People are discharged earlier. So they come back again: it's that revolving door syndrome.

Q: Did you feel that the government was losing touch with the function and purpose of the service you were providing?

JP: I can't answer for them, but I think they have an agenda. I felt frustrated, obviously. Oftentimes I would go home and think, oh I could've done more or I could've spent more time with the family members. They go home to them, and we need to do some teaching to do prevention, for example.

Q: But there was no opportunity to do that?

JP: There was no time.

Q: You were run off your feet.

JP: Yes. We still do.

Q: At what point did you become more involved in UNA?

JP: I stayed at University Hospital and attended union meetings, the local meetings, as best as I can. Every opportunity I had, I would try to go. So I got more involved and I went to labour schools. We had opportunity to go. At the time, there were less people to compete with. I met a lot of different union members, different unions and their members. So I learned a lot about our rights, especially workers' rights, not necessarily just nurses. It was good to hear and share that, because for the longest time, first of all I didn't know they were available, and secondly, when you're isolated, how would you know? You wouldn't know that this is what's going on and there's a union that's representing you. I'm a very proud member of United Nurses of Alberta,

because I think they've done a lot for us. On my part, they've done a lot for me to support me, to give me opportunities to learn, and to advocate for workers, especially nurses.

Q: How did you become involved?

JP: I became a unit rep. I saw that nobody was taking on that role, and things were going on around me. In order to help, I took on that role for many years as a union rep. I learned the collective agreement as best as I can. I had a very good president then; she was very supportive. So it went on from there. Then we got restructured. That's another part of healthcare, the fun part. We got restructured. So I got moved to downtown in the Edmonton Mental Health Clinic on 108th Street. So I belonged to a different local; so I got disconnected from Local 301. I belong to Local 183, whose executives are also very supportive.

Q: Tell me about this restructuring.

JP: Someone at the top decides that we should amalgamate with mental health in the General Hospital. So we got moved – the program that I'm in, not the whole of psychiatry. The inpatient psychiatry remains, except during COVID when they went out of the hospital for a while. Community mental health: that's what I was doing after that. We moved in 2003 to 108 Street, but I've been with community mental health since 1995. We belong to a community local. So that's what happened. They decided no, we don't belong to community local; we belong to the mental health of the hospital local, so that's Local 183.

Q: When you were in community mental health, you worked in the community?

JP: Yes. We do home visits; we do clinic visits. We go out with students, physicians – whoever tags along, they come along for their experience.

Q: Did you feel that was more fulfilling in terms of your contribution as a nurse?

JP: It's different. I wouldn't say more fulfilling; they're both equally fulfilling. I feel like I had more autonomy--that's the bit I like--, and more decision-making. Yes, there are people to reach out to if you're not sure, like your peers and coordinators and managers, but generally speaking, apart from the winters, it's a very satisfying job.

Q: You were at the downtown facility from 1995. Did that facility engage in any industrial action? Between U of A Hospital and there, did you ever have any reason to engage in any industrial action?

JP: Yeah, I've joined some rallies with the pension when they were trying to. . .

Q: When was this?

JP: I can't quite remember. They were threatening during the UCP government, threatened to be in charge of our pension fund, the Local Authority Pension Plan. I think it was in the '90s. I don't know. I've been in that rally.

Q: When you realized they were threatening the pension, did that cause you to hit the picket line or hit the streets?

JP: We were a periphery of different hospitals making our discontent known with other unions too, because it's all Local Authority Pension Plan, not just UNA.

Q: Did that go on for a period of time?

JP: No, it was just a few hours. It was an information rally, not a strike.

Q: Did the threats go away?

JP: Over time, yes.

Q: What else was happening with you in your workplace?

JP: Back to the rally bit: I just recently joined two with our collective agreement. I had an information rally. I've done a few rallies. I've done rallies in Calgary.

Q: Did you go to Calgary in order to participate in the rally?

JP: No, we were having Alberta Federation of Labour executive council meetings. I'm an ethnically diverse representative, co-chair of the union representatives to Alberta Federation of Labour. I've been in that role for a few years, probably over 12 years. I was the alternate and then I became the co-chair. I'm also on the UNA caucus chair for the ethnically diverse and indigenous workers of Alberta.

Q: Why did you take on all these responsibilities?

JP: I've observed quite a lot of racism at work and in the community. I felt that it was underrepresented.

Q: Have you seen any action that caused you to conclude that?

JP: People come to me and tell me that they've been discriminated against based on colour. So I decided we need to have a caucus to do something about it. It wasn't just I alone. My mentor is Beryl Scott. So we were working together, plus other nurses of colour too at the time.

Q: You formed this 12 years ago?

JP: Yeah, I think about 12 years ago. I joined the committee at the time we had the Federation of Labour.

Q: You went to Calgary for information pickets. Then you joined the caucus of colour as a result of that and what developed in UNA subsequently?

JP: No, I was already with. . .

Q: What was your inspiration for creating the caucus of colour?

JP: I really joined into that committee; it was already formed.

Q: When was it formed?

JP: I do not know the full history.

Q: But it was in AFL?

JP: Both, the two different groups. The AFL one was already formed; so I went as an alternate and as an observer in the committee. Then the caucus for UNA, I think then again I went to a lunch caucus and decided when Beryl retired--I just took it on.

Q: What inspired its formation?

JP: I think it's a venue for people to vent and a resource where one can go to to get some action, put some action into place, not just all talk and lip service and pacification, dismissal even, of blatantly obvious discrimination. Also it was a good caucus because we support each other with the other equity groups, like the LGBTQ and also the youth women's group and the Indigenous groups. They were similar themes. So when we had gone to an Alberta Federation of Labour executive council meeting, there were opportunities for networking. It was good to be able to support each other.

Q: Were you getting complaints from other nurses of colour?

JP: Yes, for sure.

Q: Were there a lot of nurses complaining?

JP: I wouldn't say a lot. I would welcome more nurses to join. I have a feeling that some are not even aware that we're there, despite reaching out. The thing is, it's only a once a year caucus. So I'm trying to make it happen more regularly now that we have Zoom. But I have to set that up.

Q: How do you reach out?

JP: Usually what I just said, and also during every opportunity I can. It's difficult, because some are not as visible, especially with the Indigenous group. I have to self-identify, and one has to respect that. There's always the UNA Net, the bulletins in the past, even AFL website. There's all sorts of social media, which we haven't used because of confidentiality.

Q: You have something called UNA Net?

JP: Yes.

Q: Is that an in-house publication?

JP: No, it's on-line where you can access. It's an information room. If you have any questions or concerns or you want to pass on – it's a media for communication.

Q: So that's where you'd send out a notice for nurses of colour to contact you, for instance?

JP: Not necessarily; it's a little bit more complicated than that.

Q: Do you meet with them in front of the hospital?

JP: I do that sometimes. I just introduce myself, so they know. UNA has kindly set up a page – I don't know what the proper name is called – for our group to have our own private chats.

Q: Is that working for you?

JP: Not thus far, because then COVID hit. Really they should take the opportunity to use it, but I'm trying to add on more e-mails. It's a lot of work setting it up, because there are a lot of other issues surrounding it, other challenges.

Q: So you now are in touch with some nurses of colour and have a sense of the issues they're facing in the workplace. Are you looking forward to the potential for this organization to grow?

JP: Yes, absolutely. I'm also seeking more support. I find that I was doing the work myself. We had a secretary and a co-chair, and then they just quit, for UNA. But for the AFL, it's the opposite right now, because I have more people coming onboard. We'll get there; it's just more work and reaching out mostly. It's not just my work area. I just like to mention that, because I think there's a lot going on in the community as well. It's good to apply some of the things that we know, and reach out to not just unionized workers, but also non-unionized workers who are facing these challenges.

Q: Have you seen an increase in the number of workers of colour in the workplace?

JP: Absolutely.

Q: So is there an increase in the number of complaints and issues arising?

JP: I can't go that far, because I'm not a labour relations officer or a unit rep for everybody. In my area, yes, there've been complaints, and actually quite serious concerns in some instances.

Q: Is there a sense of institutional racism in the workplace?

JP There's always systemic ism everywhere, not necessarily just racism.

Q: How has that been for you?

JP: How has it been for me?

Q: Do any complaints come into the group in this area?

JP: It can be frustrating at times.But I'm beginning to use that as an opportunity for educating others. I think it's a good platform to use to educate, to rule out assumptions, and to also remember that we should work together in solidarity. Our main concern should be the clients and patients, not personal issues. If they have those, then they need to go and see a counselor or reach out to somebody who will listen to them and not make assumptions. I would appreciate that more than anything else.

Q: What about the co-chair from your caucus?

JP: The AFL one? The other one, like I said, they're no longer there.

Q: Has the co-chair indicated to you any experiences related to systemic racism or other complaints?

JP: We're just new. We just came onboard in June. So I'm just getting to know them myself. I can't speak for them, but obviously they're interested for the same reasons. I do not know them personally to speak for them.

Q: Are there any Indigenous nurses in the group?

JP: Yes, we do have Indigenous nurses. With the AFL, they have their own caucus; they have their own group. We used to join forces, but now we are separate groups. But with UNA it's the same group.

Q: Do you have Indigenous nurses in UNA's group?

JP: Yeah, we call it Ethnically Diverse and Indigenous Workers of Alberta. We changed our name from Workers of Colour.

Q: Do you have any printed information that you've circulated to your members?

JP: I have that platform I was telling you about.

Q: I was just wondering if you have any graphics I could take a picture of.

JP: No I do not, no. But I thought about putting one on every member during our AGM, but that's a lot, over 650 copies. I'm thinking of my tree, so I didn't go there. . . . We had one from the committee, I'm pretty sure, at one time. I can certainly look into that.

Q: Tell me about all your UNA involvements.

JP: I must say I did stop being a unit rep for a while. Then I have resumed my role; just shortly after COVID, I resumed my role.

Q: What made you stop?

JP: Apart from the move and it's with a different group. Also I felt like there weren't too many members who were interested. There was a lot of apathy at one point.

Q: What do you think caused this?

JP: I don't know. It could be a different group, a younger group. It could be us in the past; that's my observation. Some people are not interested unless it's negotiation time or when they're in trouble. I say trouble not literally, but when there's some grievance that might need to be handled or attended to. I don't know; those are the only two I can think of right now. I rejoined

because there were some safety issues with COVID, because we were lacking appropriate masks and cleaning materials, no goggles.

Q: Who is supposed to provide it?

JP: Management, AHS. But it wasn't sifted to us because we're in the community in mental health, so we're not part of a hospital. But we still have exposure to clients and their families. But we weren't priority, and with the vaccines we were not priority in healthcare. We were not onboard until April of this year: so, almost over a year. There were multiple structural issues – heating, ventilation, air conditioning issues – because we moved into a building that's over 60 years old that's been renovated. Lots of OH&S issues, so I took it on again because I like to advocate for my coworkers. They're not all UNA members, because we have three unions in my building. I work in a multidiscipline setting. I like to be safe and make sure other people are safe, and make sure my clients are safe and their families, especially during Covid.

Q: So you took on the OH&S officer as well?

JP: No, I just took on being a unit rep.

Q: Do you file PRCs?

JP: Yeah, we do have PRCs filed.

Q: Were you filing more PRCs as a result?

JP: No, I cannot file PRCs for other people; other people file their own PRCs. Definitely there has been a site called My Safety Net. Those ones we file.

Q: With the PRC, the individual who has the issue, it's not a grievance?

JP: No, it's not a grievance. PRCs are only patient safety related. My Safety Net is staff safety, but one could impact the other for sure. But one needs to know which form to fill.

Q: As a nurse of colour, have you seen improvements in the work environment, as a result of your uniqueness as a person of colour?

JP: Everyone is unique.

Q: But in the sense that we stand out because of visibility. Do you find that your environment has become more understanding? How do you feel the support has grown or not grown?

JP: I think it depends on circumstance and situations. I have no stats to back up anything. I still think there's a lot of systemic racism.

Q: Why do you think that?

JP: Because of similar things that I've discussed before that still exist, like preferential treatment. That's my observation.

Q: Has anyone ever told you anything to your face?

JP: Yes, I've had clients who told me that. Well they asked me first of all what my ethnicity is before they would see me. I told them it doesn't make any difference. I'm here for their needs. Eventually I stayed because of their needs. So you have to strike that balance. But it was resolved. I didn't tell them my ethnicity until the end of my visit, because it's irrelevant to the care. I think I've observed in my area they've been hiring more ethnically diverse individuals of different professions. That could be a good thing for us. But then again, that could be a good thing for everyone so we are more multicultural.

Q: So none of those issues resulted in any serious confrontation with any patient or coworker?

JP: I usually don't let it get there, because I like to resolve things and let them know how I feel. With clients it's a little bit different. With peers I think there should be open communication and having conflict resolution at the beginning. I personally haven't had a major incident with regards to my ethnicity or what I do. I think things are better in the way of acceptance. Then again, I also believe one has to be responsible for one's actions and be accountable for it. Sometimes it's difficult to prove. I've heard several things, conflict, internal issues, but I have no concrete--it hasn't turned into a grievance. I like to think most people are able to speak up. Especially in mental health we should be able to be assertive. But we're also human and we have feelings. It's a sensitive issue. But I think it's important to understand that we're all here regardless of age, colour, profession, anything like that. We should be able to work well together and try and support each other, especially during these difficult times. Not just COVID 19 but the political structure of this province and also the unstable economic situation and a lot of people in need, regardless of their colour, and their social status, and their opinions and beliefs. They have needs, and we should really be looking at their needs rather than having some opinions and assumptions. We should be more thinking of the humanitarian side of things.

Q: What do you think of the government's handling of things during this Covid period?

JP: Do you have three weeks? I don't know.

Q: Do you feel that you're reliving any of the experiences of the Klein era?

JP: I think it's a lot worse, because we have COVID on top of it, we have COVID 19 on top of everything.

Q: What is worse now than in the Klein era?

JP: Because there's so many bills being pushed forward without consultation with us to do with the pension, the right to strike, all sorts of bills being pushed through lately during Jason Kenney's premiership. . . . Sometimes it's hard, because it's a different decade; it's a different era. But as far as how I'm impacted and how my coworkers are being impacted, I think it's been

greater. Our economy is not great, so they say, but I think it's not too bad because they still have billions for oil and gas. We have to make do all the time, it seems like. And this mandatory overtime when we're worn out – not in my area, but in some other areas I've heard of. I've got friends who are working hours on end. They don't see their families; they don't even get enough sleep. How safe is that? You stretch yourself days on end of 16 hour shifts – that's a lot. Just the masking alone, PPEs, all that additional stresses, additional obstacles, and things that you have to do. You have to think so hard before you do anything, even in our area. We pre-screen somebody at the door: we only see the top half. What else is there? A small screen. Yes, they say no when they're pre-screened. They come in; then they have symptoms. So the exposure, the anxiety of bringing that home to your family is huge; it's stressful. Then you have the government saying, we're going to roll back your pay; we're going to do lots of rollbacks, mandatory overtime in some areas. Seems to be a lot of changes all at once. It's very tumultuous, chaotic.

Q: Are they positive changes?

JP: Negative; they're negative changes. I can't think of any positive ones of late.

Q: Are you feeling burnt out?

JP: At times, yeah.

Q: What about your coworkers?

JP: Same. The sick calls are a lot more, I've noticed.

Q: So it's affecting staffing?

JP: Absolutely. People are not wanting to pick up all the time; they just stay home, because they need time for self-care.

Q: How is this affecting patient care?

JP: I'm sure it affects patient care when you don't have enough staff.

Q: Do you get a sense that the government cares about patient care?

JP: I don't know. I can't speak for individuals in the government. I don't know what their agenda is. So I'm still confused why these things are being sifted down to us.

Q: What things?

JP: What I just mentioned. All these changes. I'd like to know what's the purpose of it all, at the expense of patient safety and in some instances deaths.

Q: Do you think they don't care? They don't seem to care.

JP: I don't know. What is caring in their mind? I don't know. I can't speak for them.

Q: But it's affecting patient care, and in some cases causing deaths.

JP: Yep.

Q: Is there anything else you'd like to tell me? You've been at it a long time and been a lot of places.

JP: Yes, and that's not it. You were asking me about downtown when we got moved out of the hospital. They we got moved to Anderson Hall by the Royal Alex – that's where I am – and we're moving again next year. So we're forever moving – that's another big change, another uncertainty and suspense.

Q: Why is this happening?

JP: Oh, they're giving different reasons: we need more space. That's what we were told: we need more space. I don't know the reason, to be honest. That's what we were told.

Q: What kind of clientele are you normally servicing? Is it heavily represented by any sector of the community?

JP: No, it's across the board. There's no specific… Anyone with mental health challenges comes to us.

Q: So you've moved six or seven times.

JP: No not quite – one, two, three, it'll be four times. Even at the University Hospital, we moved twice. So you're right, maybe five times or six times. The sixth one is coming.

Q: That's bound to cause a certain amount of uncertainty and discomfort.

JP: Yeah, and increases traveling time. That is difficult on its own. I have known people who sell out to be closer to work, to save traveling time. Then we move again. I'm not saying any company or any establishment don't move, but to move that many times in how many years. The program has been around for 28 years; so we're moving all that many times.

Q: Is it supported with funding?

JP: Yes, we have had some funding. I don't know the amount. But of course it's not just our building; it's across Alberta for mental health. That I appreciate, because we were able to hire more staff. Not necessarily experienced staff, but that's not my avenue to pursue, because I'm not management. They've sent more staff, but the demand has been higher. So I suppose everything is relative.

Q: Has it caused any additional discomforts during this COVID period?

JP: Absolutely. Not having proper isolation rooms, because we're outpatient. Like I said, we were so hot in June, HBAC problems, lots of problems.

Q: Do nurses find that their shifts are longer during COVID?

JP: They can be, because if you haven't finished your paperwork you stay to do it.

Q: Has it become more complicated?

JP: Actually, the cases are more complex because of COVID. You have to be prepared. Do I go in the home? Do I not go in the home? Are people being quarantined?; are they isolating? All those things have to be taken into consideration.

Q: So it has impacted your homecare in some ways?

JP: Yes. Of course we assess the need, and if their need is greater, then we have to use proper PPE and things like that. But I think it's compounded the mental health issues, it's accelerated anxiety and depression.

Q: And it impacts you too, as a caregiver.

JP: Yes. You work longer hours; you work with more complex cases. I would like to add, I just want to thank my family, the United Nurses of Alberta, Staff Nurses Association of Alberta, the Alberta Federation of Labour and its affiliates, and all my brothers and sisters out there in the Labour Movement for giving me the opportunity and giving me the knowledge and mentorship during the time that I've been in my career. On a side note, one of my coworkers called me the subservient lady of the Orient, and I have to chuckle at that, because I'm far from that. The passive, subservient lady of the Orient: that's what he called me. I just chuckled. That's when I first started at University Hospital. He was being sarcastic. No, don't put that bit in. Yeah, there's

been lots of challenges. I think I've grown with my career and the union. There's been joy and fun and also some wounds along the way.

Q: What kind of wounds?

JP: From personal experiences and grievances.

Q: You've filed grievances yourself?

JP: Yes. And also wounds for empathizing with my coworkers. They hurt; I hurt. You hurt one; you hurt all of us. So that's why I think we have to be in solidarity and work together to achieve what is right and what is safe, not just for nurses but for all workers and communities.

Q: Why is it important for nurses to be part of AFL?

JP: Like I said, solidarity. Also it's good to get different perspectives too from other trades, other workers – what they do, what challenges they have – and not be so narrow-minded. It's good to have a different perspective of what challenges they've gone through, what fights they have to fight. When it comes to needing to have the big battle, we're together. We are part of the Alberta Federation of Labour and that's what I like to think makes us cohesive and to put our points and opinions and discontent and grievances to government or anyone who gets in our way for our rights. Not necessarily just rights in a general sense, but for a decent cost of living, especially with workers who earn minimum wages who have to do two to three jobs to feed their family. Just make it a better province, a better country. We used to be up there internationally for a lot of good things, but now I'm not so sure where Canada stands for either environmental issues or how workers are treated. Lots of things we don't do very well lately, unlike before. So to join with the brothers and sisters of other unions, especially in the trades, I got a better understanding of what they have to deal with. We can all work together with similar themes.

Q: Does the AFL People of Colour committee include people from different workplaces?

JP: Yes. Not necessarily just the workers of colour, but when we have executive council meetings we all have a scan around to say what's going on with our individual unions.

Q: What is your current position in UNA?

JP: I'm a union rep. I'm a unit representative for UNA for just my work area.

Q: Have you ever served on the board or the executive?

JP: No, I have enough responsibilities with my ethnically diverse group.

Q: Do you find that challenging?

JP: Yes, it can be. But the thing is, we haven't done a lot of outreach because of COVID. So that's made it difficult to network and put ourselves out there visibly.

Q: Nurses are compromised by COVID as well.

JP: That, plus shiftwork. Shiftwork alone makes it difficult.

Q: When you started your career a couple of decades ago, were the shifts like they are now in terms of length and intensity?

JP: Variable. I did eight hours, 12 hours; now I'm on 10 hours. We had split shifts at one time where it's 12 hours. But you really work eight. So you come back and do the evening second portion of the shift. There were lots of different types of shifts at different times.

Q: What was it like during the Klein cuts?

JP: Just generally it was a heavier workload. I can't give examples, like I said, because of confidentiality of patient care.

Q: Did you have to take on more clients in a shift?

JP: No, there were less staff. The client beds were still the same amount. I'm talking during the initial bit of Klein cuts, until I moved to the community. I moved to the community in '95. Even then the demands were higher in the community. The demand for care was higher.

Q: Anything else you'd like to say?

JP: No. Thank you for this. I don't know how much you're going to edit or not, because I think I might've said some things I shouldn't have.

Q: We can send you the transcript.

END