

Bev Lawrence

BL: . . . casual with Local 196 which is Edmonton and Area Community. I'm a registered nurse and I also sit on the executive board of United Nurses of Alberta as one of their reps in the north central district, and I've doing that for about 18 months now.

Q: Tell us about your background.

BL: Well I came from a small family. There was just two kids – my older sister and myself. I was born in Saskatchewan, born in Regina, and moved around a little bit as a youngster until about grade 7. My dad was in the stationery business with a national company. So he was transferred periodically, basically advancing his career. He would be transferred from one location to another. So we lived in Alberta, Saskatchewan, and Manitoba during those times. Finally landed in a permanent location in Edmonton in about 1967 or '68 and lived there for the rest of my schooling and my nursing education. Then once my husband graduated from the university we relocated to Fort McMurray where we lived for 29 years and have just recently come back to Edmonton. So, as far as union activism, when I started becoming more active in the union, probably mid '90s when regionalization started taking place in Alberta. Prior to that time health units and hospitals were separate entities. Our particular health unit in Fort McMurray wasn't unionized at that time, one of the few health units that wasn't. But when the government started to regionalize, which meant grouping services together under one umbrella in a particular region and going from individual boards, like for example hospital board and health unit board, to one board that oversaw the whole region, that's when we started seeing a need to unionize. We felt we needed a measure of protection at that time for job security and seniority and that type of thing. So that's when my union activism really began. I have to admit that initially I was hesitant. It was a big decision for us to unionize. But as it's turned out, of course it was a good decision.

Q: What year was that?

BL: I'm thinking it's somewhere around 1993 or '94 but not 100 percent sure; I think that would be pretty close.

Q: What's been your involvement with the union in terms of strikes and politically?

BL: Well when I first graduated from nursing school, which was in Edmonton, I was employed at the Royal Alec and that was at a time as well when there weren't any nursing jobs. Basically the only reason I got a job at the Alec was because I was now a grad, and they made a commitment to hire all the grads that wanted to work there. So I was fortunate in that way that I did get employment at the Royal Alec. I worked in neonatal intensive care; so that's for premature babies or sick newborns that need intensive and critical care. In 1978, being again a fairly new grad and fairly idealistic still, right out of school, not really knowing much about the union, we came to a point in time where we were going on strike. At that time UNA did not cover all hospitals in Edmonton or in the province; there were some that were part of the Staff Nurses Association, such as the University Hospital and various other associations. So at that time, it was just to my knowledge at that time, just the Royal Alec that was going out in Edmonton. Working in a critical care area and being a new idealistic grad and just happy to have a job, I really had a hard time with going out on strike, not because I didn't think it was important. I thought it was important – we did need to improve our salary, improve our benefits, improve our working conditions, whatever. But my problem was that we had nowhere to send these babies. In previous situations the University Hospital or somebody would take the babies that we had on our union and care for them so we didn't have to worry that they weren't getting proper care. But in this situation the University Hospital would not take our babies; they weren't going to get involved in it. So it was a really difficult decision for me at that time but I just felt that somebody had to be there to take care of the babies. Even though I thought what they were doing was important, it was important that they were out on the picket line, I chose to work during that strike. I wasn't crossing the picket line per se because they did transfer the babies to the Misericordia Hospital, and we worked out of the Misericordia Hospital at that time.

But it was a difficult time. There was still fear of retribution from working during the strike but I had to weigh that with what was important. At that time what was important to me was the babies and that they needed to be taken care of and they needed people with the correct training to take care of them. These babies are on ventilators, they have chest tubes, they're sick little ones and there was a certain level of expertise in your training that you required to take care of these little guys. Being so little and vulnerable I just felt that there was nowhere else for them to go and there was no one to take care of them, and morally I just couldn't do that.

Q: What kind of pressure was there?

BL: Oh there was a lot of pressure of course not to work. Discussions had kind of gone around before the strike began too, like what's gonna happen with the babies, what are we gonna do with them? I don't remember exactly how many of us did work. We certainly had support of the nurses of the Misericordia Hospital in taking care of the babies as well, and of course respiratory therapists and such and the docs and such. We certainly tried to pare down the babies as much as possible before the strike began and of course weren't taking any new babies there for a while because we knew this was impending. So a lot of the new babies would get transferred to another hospital or get transferred to U of A. I don't remember exactly how many of us worked but there was probably six to eight of us that would be working 12-hour shifts and just covering those. So there might be two of us on at one time with the extra support of the Misericordia nursing staff and the doctors and neonatologists and such.

Q: How does that compare to how many didn't cross?

BL: Oh it was a small number, a small number. It was a fairly large unit. I think we had at that time, I mean it's certainly much larger now, but probably at that time 10 or 12 intensive care beds for the newborns and then an additional probably 20 what we called Level B babies that weren't quite ready just to go to a unit to grow and get ready to go home. They still needed some specialized care. Then we had the intermediate nursery

as well or the intermediate care nursery as well. We probably had staff on of 12 to 15 per shift. So it was probably a staff of about 60 at that time, 40 to 60 at that time on that particular unit itself. Of course it was the whole hospital that was out of course. So ya probably 10 percent at the most and probably not even that much in terms of numbers.

Q: What were the ramifications afterwards?

BL: It wasn't horrible. We were afraid while we were on strike. We weren't crossing a picket line but there were threats that we're gonna get you because you're scabbing. So, consequently we were very careful when we went to work. Especially if we were working 7 to 7 at night, 7 at night until 7 in the morning or getting off at 7 at night, you didn't want to be going to work in the dark by yourself walking from the parking lot. You wanted to be pretty cautious just to be on the safe side. We weren't overly worried that anything was going to happen but we certainly did take precautions in getting to and from work and making sure that we were accompanied or someone was picking us up, or we were together making sure that nothing did happen. And nothing ever did, nothing ever did happen. But when we went back to work there were some very hard feelings of some of the staff. A lot of the staff were very understanding of why we did it but there were some that were a little more I guess radical we felt at that time, or just felt really much more strongly about it that it was the wrong thing for us to do. It took them a while to really start working with us on a more amicable basis. There would be not really a lot of comments made, the odd scab comment made or if they were moving a bed or moving something just maybe running into you or being a little more forceful with you than they should've or would've been. I think it was more of an individual thing too, depending on the kind of relationship you already had with that person. If you didn't really know that person very well, then there might be a little bit more retribution than what we got from the people that we were closer to and were a little more understanding of our situation. We were understanding of their situation too; we certainly understood where they were coming from. Some were a little more understanding than others.

Q: What were the issues that led to the strike? What was lost and what was won by the strike?

BL: Because I wasn't really that active in the union at that time I don't really know a lot of the history behind that. Sandy might even know a little bit more about it than I do. But a lot of it at that time was wages, because at that time, as you may know, we could work at Safeway and make quite a bit more money as a cashier at Safeway than we could as a registered nurse. So a lot of it was a little more recognition of our education and the value of nurses in the system that we needed a little bit more remuneration for that. Of course I'm sure there were other things in terms of hours of work, shift differentials, that type of thing, and there may have been something more with vacation. But I think a lot of it at that time was wage-related, and they were successful in getting some improvements to the wages and such at that time. But again, like I say, because I wasn't really involved so much at that time, that ya.

Q: What motivated you to become involved?

BL: As I said earlier, I worked for almost 15 years or 14 years for a nonunionized office, and we kind of rode on the back of the union really because we would always get parity with the nurses at the hospital. If UNA settled for x number of dollars and x amount of vacation, actually our vacation was better at that time, but wage-wise we always ended up on parity with whatever UNA got. So, at that time, it wasn't a priority for us. Our working conditions were quite good. About the only thing was we did have an employer who was basically just if you don't like it here's the door kind of thing. But overall it was a very good working environment. As I was saying earlier, with regionalization and the move to one board that's when we felt that we needed to unionize. The reason we felt that way is that we were concerned about our seniority. If we were all coming under one umbrella with the facility, with the hospital itself who were already unionized, we felt we needed some protection for our members, for our nurses, in terms of where were going to be on the seniority list, what our wages were going to be. Actually more security for our jobs is what we were mostly worried about. So at that time we started investigating

unionizing. We had UNA come up and speak to us; we had Staff Nurses was still up and running at that time, Staff Nursing Association, we had them come and speak to us. And we had CEP come and speak to us, which is the Communication Electrical and Paperworkers Union, which is kind of bizarre but being in Fort McMurray at that time we felt that that would certainly be an option for us because they're such good representation from CEP in Fort McMurray with Suncor being a CEP house. So had them all up, discussed it all, and ultimately went with CEP. So we were the first nurses I think to be under the CEP umbrella. The reason we went with CEP wasn't because we didn't think UNA would represent us well or that SNA wouldn't represent us well. The main reason we went with CEP is because we had someone there locally who would represent us. There was a CEP office right in Fort McMurray, a big union, lots of union support and representation. They were very good to us; they were fabulous to be a local under CEP. So we were CEP Local 717 in Fort McMurray and that worked out really well. We had really good support from them. Another reason though that we did go with CEP is that we were afraid. We didn't know what was going to happen with the regionalization. We thought if we go under UNA are we going to be at the bottom of the seniority list in the facility? Are they going to say, okay you're at the bottom of the seniority list. If we had to do layoffs we'd be at the bottom of the layoff list and we'd all lose our jobs. That's what we were afraid of; we were afraid of losing our jobs. We were afraid for our job security. So going with CEP we felt we've got our own local, we've got our own union to back us, and just felt we'd have a little bit more protection that way. So that's some of the reasons why we went with them.

Q: What was your role?

BL: Well my role wasn't great at that time but once we got up and running I basically started getting involved because it was sort of my turn basically. At that time I was still a little hesitant, hadn't really been active in a union before. So I was a little hesitant at first. I started getting involved basically because we were a small local of 25 or 30 members at that time, and just kind of felt that okay it's sort of my turn now. Somebody else needs to be president now, somebody else needs to be vice president; so I took on the role of

secretary. That's when I started getting more involved and basically learning more about the union. You're going to meetings; you're meeting with the rep and finding out more what's going on in the labour movement. So I ended up being secretary for that CEP local for about six years. So it was just gradually through learning more and finding out. I never did get the opportunity to go to a CEP convention but just hearing the nurses come back that did go and hearing about what was going on just kind of made me more interested, and just seeing what the union could do for you.

Q: Were there any specific incidents that happened when you returned to work after the strike?

BL: It depended on who you were working with, but there was this one individual that was extremely upset that we had not walked with them. Like I was saying earlier, it wasn't because we didn't believe in the strike, it's just that it was more of a moral issue for us that there was no one to take care of the babies. So when we went back this one individual was very rude and in your face about how she felt, and did use the word scab to us and was physically confrontational at times, just more in your face kind of physically confrontational. I had mentioned earlier about running carts into people or ramming equipment into people, and she was this one individual that if you were in her way she'd just run right over you with a piece of equipment or a linen cart or whatever. But like I say, for the most part the air was a very tense kind of environment for a couple weeks and it took a good couple of weeks before people started to kind of settle down again and kind of get back into what was normal before. Like I say, it wasn't everyone; there was just a few individuals. But that one particular individual is the one that sticks in my mind that was really upfront about her feelings and kind of in your face about it.

Q: If you had a chance to do it again, would you do the same thing?

BL: I don't think so. I think because now I think there are alternatives. There would be alternatives now for those little guys. As a nursing union we're not going to put patients in danger. Always when there's a strike, if you have your ORs closed, like in Fort

McMurray especially, during the 1980 strike and the '88 strike, there were provisions made that if there were an emergency situation like if there was a mass casualty or if there was a bad trauma or something, there was provisions made that the necessary nurses would go in, that we would go and work and make sure that nothing detrimental would happen to that person because of the strike. Lord knows we certainly don't want anyone to die or to suffer because of the strike; that's certainly not the goal. We don't want to put anyone's life at risk. So we want to make sure that those services are there if the public needs them. Elective surgeries, that type of thing certainly were cancelled and that type of thing. But if there was a bad collision or something or whatever it was and they needed the staff in, they were there to do it. I can't say we, because at that time I wasn't a union member but I know the nurses that did work in the facility knew that if they had to go in, at the drop of a hat there would be staff available to go in. So I think probably if I was in that situation now and being more active in the union and understanding the importance of it and knowing that there are provisions to care when needed, that yes definitely I would be out on that line.

Q: Why did you become a nurse?

BL: Well if you're my father-in-law, if you're a woman all there is is nursing or education, what else is there? So when my daughter went into nursing that was a big, I thought, oh do you have to, because now grandpa's gonna be right. I don't know, I think maybe because, well I always wanted to be a veterinarian, which a lot of women I think do. In retrospect if I had it to do over again I would still have liked to have been a veterinarian. But I guess I really liked the aspect of caring for people. I felt it was a good career, a career that could take me anywhere; I could go anywhere with a nursing background. And maybe at that time because I didn't want to be a teacher. I guess back in 1973 when I went into nursing there wasn't, I shouldn't say there wasn't a lot of other opportunities for girls, but I didn't want to be a secretary, I didn't want to work in an office, I didn't want to be a teacher. Being a veterinarian meant at that time going to Guelph, which was a long way away from home and a lot of money too, which we were middle class but we didn't have money coming out of our ears for sure. Of course



there's always the boy factor – I married my high school sweetheart. And my sister-in-law-to-be was a nurse and I knew people who were nurses, and I just felt that ya I wanna go to the Royal Alec and take nursing. It was at that time an inexpensive education as well. It was \$100 a year to go into nursing at the Royal Alec. That included your room and board, your books, your uniforms. But for that you were slave labour basically; they used student nurses as part of the staff. I remember in second year being on nights on a surgical unit being in charge with about 30 IVs and an LPN or a nurse's aide. That's in second year of nursing. So that's why it was so inexpensive at that time, because they used you as part of their staff. I think in third year it was \$200.

Q: How did your CEP local in Fort McMurray join UNA?

BL: Early 2000 the government introduced a bill which was called Bill 27. Their idea was to make bargaining easier for them and the employer. So they wanted to decrease the number of bargaining units there were. They wanted everyone in a health region, whatever health region they were in, to be under one of four union categories. There'd be nursing, there'd be allied health professionals, there'd be clerical, and I'm sorry I can't remember what the fourth one would be right now. So at that time because we were the only CEP local in the region, which at that time included High Level, Fort Vermillion, that type of thing, they were all UNA as well. . . We were a small local, about 40 people. We were just automatically put under UNA's umbrella. In other areas where there was a larger number of members they would have runoff votes between the groups to determine which union they would go with in a particular region. Because of the smallness of our local we were automatically UNA with no choice, and that hasn't been a bad experience at all. United Nurses welcomed us with open arms. Our fears of our seniority and our job security were squelched right away. We were given the opportunity to either join the local in the hospital or remain our own local, whatever we felt was best for our situation. We felt that because we were a community group of nurses that our interests were a little bit different, our concerns a little bit different and our issues a little bit different. So we chose to stay a local of our own and we have until this day. It's worked very, very well. We've had like I say excellent support from UNA.

Even before we were officially UNA and we were still kind of in the transition period between CEP and UNA, UNA supported us in going to their general meetings and at that time they were in contract negotiations, so sending us to their reporting meetings. They've just been so approachable and so supportive ever since. So it certainly turned out to be a good situation. I'm sure if we had gone with UNA right off the bat it would've been the same, but because of our fears of the unknown, because we hadn't been unionized before our little tightknit family had been together forever, the CEP was the choice we made at that time. But like I say, UNA is an amazing union and very supportive of their members, I find.

Q: Do you have any documentation of your old CEP days?

BL: I don't have too much. Our certificate I gave back to the CEP office for them to hang in their office in Fort McMurray. So I don't have that anymore. So no not really a lot, which is unfortunate. I wish I had thought more at that time about the history of our local. There may be some other members that were really instrumental in starting the local initially who may still have some information. The old president, I'm sure she probably still has some information. But being the secretary and such just basically taking the minutes, I didn't have too much to do with that at that time. But I'm sure there's probably something around, but myself no not a lot.

Q: Who was the president?

BL: We had two different presidents. Our first president was Allan McGlattery . . . Our first president was Allan McGlattery and she has since retired. Then our next president was Jodi Rutley, who sat on our last negotiating committee for UNA as well and she was our president at that time. I think our third president, I'm not sure now. I know the first president of our UNA local was Nadine Sopchuk. Then by the process of elimination I guess or people getting voluntold, as we use the expression, she went on maternity leave and so that's how I ended up being president of the local until 2008

when I was elected to the UNA board and at that time had to resign as president. So that's kind of the progression of our presidents.

Q: Is there anyone else we should talk to who worked through the strike?

BL: No, I can't even remember who they were now because it's so long ago. But as far as in that time period, no, I don't remember.

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

BL: Maybe just one thing I'll add. I think what really. . . When we became a UNA local and I was the president of the local, and as I say everyone in UNA was very supportive, initially we didn't have a lot of issues in our particular local. At that time as I say, at the transition of Bill 27, we were just still in negotiations. UNA was just still in negotiations and that was about an 18-month negotiation process; it was a very long session. . . . What was I saying? Oh yes, the negotiations were going on for about 18 months. Then after that, like the next session everything was kind of great because the province was doing great; the next set of negotiations were pretty painless. As far as that went, we didn't have a lot of issues until we had a change in manager. That's when our issues really began, that we really started realizing the importance of UNA, and we had a lot of support from them. We had a manager who was quite a bully but according to the employer it wasn't the manager's problem, it was our problem. We were complainers, we were chronically conflicted, we couldn't accept change – the usually kind of rhetoric they give you when you start expressing any concerns about them at all. So we were having some severe problems to the point where people were going off on stress leave, people were getting sick, they were going on anti-depressants; they were going on stomach medication, blood pressure medication. It was just getting way too much and our employer wouldn't listen to us, wouldn't do anything. So we contacted UNA and that was a big learning experience for me. Had I to do it over again I'd do it much differently – I would've just smacked a grievance on her right away and an occupational health and safety complaint. So that was a big learning curve for me. But we went to UNA and did

get support from them. They came up and met with us and met with management and arranged for a mediator to come in. That we thought was going to work really well, but unfortunately that management was not very forthcoming with listening to the mediator's recommendations – accused her of collusion with the union, and when push came to shove they had no intention of following what the mediator's recommendations were. So it was a big learning experience for me but it did give me the realization of how much support UNA can provide when there is a serious situation going on in a worksite. Like I say, ultimately if I had it to do over again I would do it totally differently. But we did get really good support from UNA and that got me more interested in moving on in the organization. I'm still a real novice at this even given my years. I'm still quite a novice at this union stuff and I still have a lot to learn. But it's a really great bunch at UNA and you get lots of support and lots of help and lots of commitment from them to give you a hand when the going gets tough.

[ END ]