

Karen Craik

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Interviewer: Winston Gereluk

KC: My current position is provincial secretary treasurer with United Nurses of Alberta.

Q: Tell us about your background.

KC: I was born way back when. When I was growing up, I really didn't have a union background. My father was a professional engineer and he worked with Manalta Coal and did various things, and my mother was a stay-at-home mother. I have one sister, two brothers, and it was the standard Alberta family growing up back in the '50s and '60s. So I went to school and I guess in school there was always a little bit of a rebel in me. One day a little boy was wanting to take my bike and help me get it home, cuz he liked me. I wanted to ride my bike; so I punched him. The next thing I know his mother's knocking on the door and my brother's a year older than me. The mother's saying, why did your son hit my son, why? My mother's going, John, did you hit Stanley? John looks like, what the heck, no. I'm standing there and I'm going, it was me. His mother looks at me and my mother looks at me and it's just like, why? I said, because I wanted to ride my own bike; I didn't want Stanley walking it home for me. But it was just regular. I went through school and did okay. Through my teen years I would work with the Hudson Bay Company doing short order cooking. I got involved with curling; I did short order cooking there making the super burgers, and just got to know a lot of people. I was quite sociable. But I always knew from a young age that I wanted to be a nurse. I liked the books about Florence Nightingale and to help out. So I'd be bandaging all my dolls and dogs in the neighbourhood; so I always knew I wanted to be a nurse. It was never an option for me to consider any other career. I did a stint as a candy striper for a couple of hospitals, the Rocky View and the Calgary General, just to insure that that's definitely what I wanted to do. And yes, I did want to do that. I didn't get into nursing right away after high school. So I had a year to do some other work. I went to work at the Bank of Montreal in the chequing department. Definitely knew this isn't the career for me; I definitely wanted to

be a nurse. So I went to Mount Royal College at the time--it's now Mount Royal University-- in their two and a half year diploma program. Right from the beginning I just took to it like a duck in water I guess, and really loved nursing right from the beginning. I had some really good instructors. It's not that they were easy on me but they would teach you stuff. So if you did something that you have to think about a little bit then it would stick with me and I'd say, okay, I can improve on that. But also through nursing I would get to know a lot of close friends through the nursing program. Every week almost we had an exam because it was quite a compressed course and we did lots, and every week we'd have a Friday exam and then go to the Westgate Pub afterwards for 25 cent glass beer. That was some time ago. Just at the end of my first year of nursing, 1977, that's when United Nurses of Alberta had its first strike and that's the year that United Nurses of Alberta was formed. At that time I really wasn't very aware of unions; of course we didn't have a union. I just knew that we had our Alberta Association of Registered Nurses and I'd have to be registered with them after I graduated. So we had a strike and I was a nursing student at the time and I was doing pediatrics at the Calgary General. I thought, okay, this is interesting. The Calgary General was one of the ones; not all hospitals went out at the time. But then I got a position as a nurse's aide at the Calgary Grace Hospital as well as Salvation Grace. In that summer, cuz I started working fairly quickly during the strike, the Grace wasn't on strike but we became the baby central for Calgary essentially. So I worked in the nursery that summer and we had more babies than we knew what to do with, because the Calgary General was on strike and the Holy Cross was on strike, I believe, at that time as well. I can't really recall the exact number of hospitals that went out, but that was the first year. So I just knew, okay, doing the business, never felt any guilt. I didn't know about picket lines at the time other than I knew the nurses at the Calgary General and the Holy Cross were out on strike and we were doing our part to help them. So I went into my second year of nursing and continued to help out with other students and did study courses with them. There was this one girl; she was having a real time with exams, like a real struggle, so I would try and tutor her. It was easier for me than it was for her. She had great clinical skills, but she would freeze up with multiple choice exams. It's unfortunately, but I managed to help her. Then through a group of my peers in my second year of nursing before graduation I was nominated and received the

student of the year award. So I was quite proud of that. Then after I graduated from nursing I continued. I went to work at the Grace Hospital. So in 1978 I worked at the Grace. It was a great experience. I remember this one woman, Marian Mara. She was a nurse that worked on the surgical unit. I always enjoyed surgery more than the actual post partum or the nursery. So it wasn't in the OR but in the surgical unit. I really liked that because you did a lot of teaching with pre-op at the time, that you actually had patients in before surgery. Then, through the whole post-op procedure, instructing. But this one nurse, she was an excellent floor nurse. I'll never forget her. She was a great mentor to me. But I think we had a really good relationship because she said to me that she learned from me as well. That's what's important about students that are coming into the system, that mentorship, and that's a partnership. So you just don't learn from that mentor; you actually learn and you can teach nurses that have been in the system a while too. I always enjoyed when I went through nursing to be a preceptor as well. So when I was at the Grace for a while I'd get students that come in and I'd take them under my wing and sort of help out sort of through the years. In 1979 I was married and shortly thereafter I moved to the United States, Reno, Nevada, to nurse there. I had to leave my family at the Grace Hospital behind and went to Reno, Nevada cuz my husband had work down in Reno, Nevada. So I went there. Easy to get a job there because I was a Canadian nurse and they loved Canadian nurses. Then, when I was in the States in 1980, it was interesting that my mother would send me articles on nurses that were on strike in Calgary. I remember showing my coworkers in Reno, hey look, the nurses in Calgary just got a double digit salary. They hit \$10 an hour. I said, maybe we should get a union here. People were saying, no you can't talk union because you'll get fired. Of course I didn't know much about organizing but they didn't really have unions in the States as well. It was very rare that they ever had a nurses' union. So I let it go. But my head nurse and other supervisors were saying, Karen, do you wanna be a regular supervisor at the hospital? I said, no, I've only been nursing for two years and I don't feel I have the experience yet for that. I had my daughter in 1981, went on maternity leave, and stayed on maternity leave until I came back to Calgary. We came back to Calgary November of '81 and in January of '82 we were on strike. I went back to Grace Hospital. So it was a very short time. It was January 1st, 1982, that we went out on strike. I wasn't part of an

executive yet. I just sort of knew some names but I wasn't on any executive. It was during that strike that I had an aha moment when we were out in the winter on the picket line and the media was asking questions about why nurses went on strike. I was interviewed. They say, well why did you vote to go on strike? I said, well I think that we deserve fair wages but it's not just about me. I said, you know I think that the reason we went out on strike is because the majority voted to go out on strike, and whether we wanted to strike or not we have to respect the majority. So we're going out on strike. It was at that aha moment that I felt the definition of a union. It was a collective; it was a collective decision; it was the majority that decided. Then the president of the local at the time, Pat Richardson, she heard this interview that I did with the media. So she says to me, Karen, how would you like to be on the executive? I said, well I've never thought of it. She says, we have a position of secretary open. So I said, sure why not. Pat was a great mentor as well cuz she really believed in the union and she was teaching me a lot of stuff. So I didn't know a lot about grievance processes or anything. I just knew that we did have this collective agreement and if there was issues we could use it to our advantage and there'd be staff to help us out. But I learned through Pat some of it. Then that fall of 1982 I went to my first UNA annual general meeting. I was hooked. I thought, what an organization. It was such a democratic organization, and seeing nurses from all across the province and hearing the debate. Not about nurses' issues necessarily or about the contract, but about everything that impacts us in our own constitution as well, and how we can make our organization stronger. So that was it for me. So I went through different positions at the local and we sort of would mentor each other. After Pat left we had Lee, who was vice-president at the time, and she became president. Then we'd sort of groom people to start sitting on committees, like OH&S or the professional responsibility committee. They'd say, okay, get on these committees and we'll teach you. UNA, our education program was young at the time but provided education on what the certain articles meant and what professional responsibility meant for us as well as grievances, occupational health and safety, how it impacts us directly. So learned a lot of different skills that way, then eventually became president when Lee stepped down. We'd always have the former president do most of the grievances until we felt comfortable; so did the same thing. I was president for a number of years. Then going to annual general meetings year after

year I decided, well 1986, I would run for the board of United Nurses of Alberta to become a south central district rep. Lo and behold, to my surprise I was elected to the board. Again it just became another learning opportunity in seeing how the board operated, and learned about representing other locals, not just people at my local, and representing people in my district. So it was a really good thing; always felt good about it. Then in 1988 I was sitting on the board at the time of our strike in 1988, and that was an eye-opening experience. But even before that I'm going back; I'm trying to remember all the strikes. But it was '82 but I remember sitting in when we were told that we were going to be ordered back to work. This was before '88 but I think it was '82. Sitting in one of our people's apartments and voting as a local, no, we're not going to go back. Then the province voted we're not going to go back. Then shortly thereafter we did settle. So they settled with no discipline, and we didn't get the big fines like we did in '88. But that was a start. That was the start of really sticking to the guns. Margaret Ethier was a very strong president and we needed somebody like Margaret at that time when we were in our growing stages and sticking up for what was right and not necessarily what was expected of us. We were all young at the time. Now we see youth committees and everything and trying to get the youth involved, but we were the youth. We started the union. We were just all young. We were young mothers; we had lots of stuff. I have always worked full-time; I've never worked part-time. When I think of trying to get youth involved, well we really had no choice. If we didn't get involved there wouldn't be a union. So there was no option. If you wanted a union you became involved. So, through the years and then in 1988 sticking to our guns again; 1988 was about maintaining what we had, cuz there were rollbacks. There were lots. Okay, are we really gonna do this again? Are we gonna go out on strike? By George, we're gonna go out on strike, cuz we're not going to lose what we've achieved in the last several years. We're not going back. So '88, that was the coldest strike of all, then being out for all those 19 days. But it was interesting because we did set up essential services at various locals. The Grace wasn't one of them but I know the Foothills set up essential services. That was the first year that the Alberta Children's and the Foothills actually went out on strike with us. So we felt we had more momentum because those two hospitals were going to go out on strike. But we set up essential services and we had essential services at the Calgary General in the ICU. Then

the strike was going on and on and we just thought, well we gotta get more vicious about this. Then the Calgary General threatened to pull the nurses out of ICU, like pull some of those essential services. It was shortly after that that we settled. But it was also during that time that the nurses got resolved. When you tell nurses, number one, that you can't vote, because after the laws changed you can't have a strike vote because it's illegal. Well be damned, you can't tell us we can't vote. It's our decision whether we're gonna strike or not. So we're gonna vote. Highest turnout in 1988; highest positive strike vote. Then another way to get us pissed off too was when all the court injunctions started coming out, and then saying that we can't picket at certain hospitals. Because Foothills and the Children's were the crown hospitals but they were sort of under our provincial strike that time... I need some water.

Q: What were the issues in the 1988 strike?

KC: I'm trying to remember the exact articles. I think it was they wanted to roll back, what was it, I think scheduling, some issues in scheduling. I think what we'd achieved in professional responsibility they might've tried to touch that too, because even though I can't remember specifically Heather would know because she was on the negotiating committee. But these were things that are near and dear to nurses' hearts. You mess with their schedules--it's not gonna work. And they did threaten to roll back some salaries. But by the time I believe that we actually took the strike vote, I think salaries were maintained at status. But it was other articles in the collective agreement that they were threatening to roll back.

Q: Why has scheduling been an issue for nurses?

KC: At one time they used to work 10 days in a row, even 14 days in a row. But as women, I think being primarily women, we have families. Trying to organize your life for the family around scheduling is very important. Not knowing your schedule in advance or even just two weeks in advance isn't significant to make long-term plans for the kids. So it was really important to get 12 weeks advance notice for schedules, because then you

can at least have a three-month period of time where you knew what your schedule was and you can plan a life. So that's why it's so important.

Q: And you had to fight for that.

KC: We did.

Q: Tell us about the professional responsibility.

KC: As part of our professional body, that is part of being an RN, we're supposed to advocate for patients and we're supposed to protect patients. So professional responsibility gave us an avenue to actually present with management in a non-threatening manner our concerns about patient care so that we could have equal representation from the union and equal representation from management, and they could listen to our concerns. So, if we had a concern about short staffing or if there was an issue in a room. I'll use an example. There were ceiling tiles that might be dripping; that might impact patient care. We could bring that through but we could also bring it through occupational health and safety because that would affect us as well. So it was an avenue that we could address anything regarding what we had as a patient care concern. We would have monthly meetings and if it didn't get resolved in a certain period of time we could proceed to the boards with a suggested resolution.

Q: It was necessary to get contract language for that?

KC: It was, because then we, instead of just saying to management, well we have an issue here with patient care, and having no meat or teeth to it or threaten of discipline, like if they didn't like what you were saying, they could just tell you to pooh-pooh off. But this way we could actually sit down and meet with them as equals even though we weren't equal, and management would sort of consider. But it certainly did give us an avenue to discuss issues, and it's still such an important article to us today.

Q: Tell us about the fine that was incurred that year.

KC: In the strike, besides the strike vote issue, the things that really got us more militant were court injunctions starting to come out for cease and desist orders against our union and also injunctions, fines against individual nurses. What aggravated us too was a lot of the fines that they were hitting the nurses with were some of the nurses besides the executive or nurses that were in doing essential services. So we could've had a nurse in ICU at Foothills that was authorized by the union to go in and provide care for the neonatals, and getting fined, even though they may not have been on strike. So it got us mad and then the court injunctions with the cease and desist – we couldn't picket the Foothills Hospital or the Children's Hospital. So what we did is rally just to inform all the nurses about these court injunctions and not being able to picket at the Foothills or the Children's, and what were we going to do about it. Well the nurses who didn't work at the Foothills said, we're going to have a picket line at the Foothills and then we're gonna go and march directly to the Children's and we're going to picket there. So shortly after those court injunctions, that was I think the highlight of the strike for me when the next day 2,000 nurses in Calgary you see them just all up and down 29th Street marching. All the police are there and they're honking their horns, but we just picketed because you can't tell us we're not gonna picket at Foothills. So we all went arm in arm and picketed at Foothills, picketed there for a couple hours and then went to the Children's and directly picketed there, a couple of thousand nurses that were at the Children's. It was just a very empowering day. The nurses who were feeling threatened at the Foothills and the Children's knew then that it wasn't just them; it was all of us. So the fines continued and then when we didn't go back like the cease and desist we got hit with a big fine. So the total fines individually, well our lawyers too were in the courts defending the individual nurses with their \$1,000 fines. We had been fined through the courts and then when we refused still to go back we got dinged again. We went to the courts and said, you can't ding us for the same thing because you've already dinged us. But no, they got away with it; so \$450,000 later. Still to this day in labour history in Canada it's still the highest fine against any individual union. But at that time UNA did not have a lot of money. The thing that really helped us out is the labour community that came to our rescue. I think we

impressed the labour community that we had the balls to go out on strike to begin with, and stay out with these court injunctions, because we were illegal at the time. So individual money came in. I remember patients from the Grace that would come in and give us donations in our strike headquarters. But most of the fines, all our fines were essentially paid off by the labour community, not just in Alberta but across Canada. The donations that came in were phenomenal. So we always knew once we paid off the fines in the future if other unions were in trouble we'd pay them back, like we'd help them out too. The Friends of the Alberta Nurses, you guys set that up, Alberta Federation of Labour, Friends of the Alberta Nurses. So the money that came in to UNA didn't go directly to UNA because it would've been taken from us. So you guys held the money and then provided us with money, and then we got it and made the cheques payable to the courts and paid the fine. Proud to pay the fine, very proud.

Q: So in 1988 you were still not the secretary-treasurer of the provincial body.

KC: No, I was still on the board.

Q: Was that the year Staff Nurses merged with UNA?

KC: No, it was in the '90s.

Q: Just go on with your story then.

KC: Ya. So 1988 was the strike and then '90; God, now it's going to get...

Q: It's okay; just take your time.

KC: '89 was a year where, I might go back to '86 actually cuz I think it was before the '88 strike. When we were at our executive from the Grace Hospital, we were at a UNA general meeting. We got back from our annual general meeting and they said, come in for a breakfast meeting and we'll give you breakfast. They don't offer us breakfast; what's up

here? They told us that they were going to position eliminate six nurses, six positions at the Grace Hospital, because they just wanted to I guess. They were trying to, at that time management had changed at the Grace and they were trying to get additional funding because they wanted to expand the Grace. So we had the higher percentage of nurse-patient staff ratio than other surgical units in the city. We had the largest surgical unit in the city as well – we had 56 beds. But no, our nurse patient ratio was too high; so they were going to get it back in line with what other hospitals might have. So they were going to position eliminate six nurses from the surgical unit. Two of our executive, me being one of them, and one of our other executive, our positions were being eliminated. We were the very first hospital in this province, the Grace was, to get position eliminations. Luckily, in our collective agreement we had achieved a layoff and recall article at that time, with the ability that we could displace someone less senior than us. But it was really hard because at the Grace at its peak we had 150 members. So you knew everybody, not only in your unit but in the OR and recovery room and on postpartum, labour and delivery. We were all friends. Most of the people with seniority were either in labour and delivery or on the surgical unit. The more junior nurses typically worked in postpartum. So we knew that a good chunk of us were gonna be bumping nurses in postpartum. We really didn't want to do that. So luckily after that meeting we had where we were given our position eliminations and told there would be more nurses and told us who they would be, then we walked over to our then Calgary local office, like our union office. David Harrigan, who is our currently director of labour relations, at that time he held a temporary labour relation advisor position and he was our temporary labour relations officer at the time. He was flabbergasted cuz we just went over right into the office, didn't know who was in there, and said, we have position eliminations, we've been laid off. What, like what? First one, and it came from the Grace? Really? So it was, I just remember sitting there in the centre of that smaller office. I don't smoke, didn't smoke. I remember taking one of David Harrigan's cigarettes and he took a cigarette out and he started to smoke; then I was smoking. Then after we sort of established a semi-plan of action working out the collective agreement and what we'd have to do to take next steps, and now do you tell others that you're gonna bump them. There was a lot of hard feelings. But after sitting there and having that cigarette in the office and then later that day driving

home, I just remember breaking down in tears on Deerfoot. I got a pink slip. It was hard, cuz we weren't used to it. So it still is hard.

Q: So they were trying to rectify the too-high ration?

KC: There were a higher number of nurses. Like on average we would have four patients on days, the surgical unit, and six on evenings. Already in other surgical units within the city the average nurse on a surgical unit on days would have six patients as opposed to four. So we had more RNs; we had more RNs. And it worked out well. We gave great patient care.

Q: What happened next?

KC: Well that really, it did have an impact on the working relationship with the local union at the Grace in the future. Statements would be made, the only nurses that want overtime are the ones that... I always remember being told by one of our directors that we could take more patients because we were higher paid than somebody who was a few years less seniority. You have more seniority; so you can take more patients. It doesn't work that way. After my position was eliminated on surgery and then I had to bump into postpartum, I worked postpartum for a year. I just knew I wanted to get back to surgery. I didn't wanna be staying at the Grace just in postpartum. So I saw a change on the horizon. So in 1989 I went to the Foothills Hospital, got a position at the Foothills Hospital. It was tough leaving the Grace because they were my coworkers and my good friends. I loved Local 47. But the writing was on the wall because the government was deciding that they weren't gonna be expanding the Grace. In fact, rumours started that they were gonna be closing the Grace. So I thought now might be a good time to go. So I went to the Foothills even before any closure at the Grace. So I was at Foothills and it was shortly thereafter, I'd worked there a few years, but then the unit that I went on, like we had dissections and stuff and tracheotomies. It was an odd unit but an interesting unit. Then the cuts started in the '90s. So one of the units they were gonna close was ours and one of the others. So by this time I was the expert in position elimination. I remember sitting in

the boardroom at the Foothills Hospital and Jeanette, the VP of nursing, kept going and saying, are you going to be closing units? They never wanted to tell us ahead of time. I wasn't sitting on the executive at the Foothills at the time. I was still a board member for the UNA, but I was a ward rep on our unit. But our local president, Corrine Hangston at the time, would go to local meetings and say, well with the rumours, are they going to be closing units? They weren't telling her anything either. So last minute they set up a staff meeting on Unit 32, my unit, and yes they're going to be closing the unit. So my manager, she was a pretty good egg. I went with her into Jeanette Pick's office and I laid it to Jeanette and said, it's just troublesome when you wait till the last minute to give these position elimination notices, and now we have to make a quick decision as to where we're going to go. So I was the queen of position eliminations and I was telling our local president how to do it because I went through it at the Grace. It certainly impacted a lot more nurses at the Foothills because I think there was a minimum of two units and I think there might've been three, but I think that was the start and I think they closed more after. But I know ours was one of the first. It might've been; I think it was. This is where the '90s get so boggled. . .

Q: How was that supposed to work? How was healthcare supposed to be delivered after all those cuts?

KC: Well they didn't have a plan. They just didn't have a plan. We'd say, well how can you close these and not have patient care impacted? Well they didn't have a plan. Discharge people earlier for them to homecare in the community, but without increasing services because homecare were seeing cuts as well. But no, we'll just get them out of the hospital sooner; you don't need nurses. So it didn't make a lot of sense. It still doesn't to this day make a lot of sense.

Q: Was the union advocating for patient care at that point?

KC: We were. We were absolutely being advocates. We would have rallies; we'd be on the steps of the Legislature – No Cuts. In fact, we did take rollbacks because a lot of

nurses felt that if we took a 5% rollback in '94 that we would save jobs. Don't quote me on the exact year. It was take the salaries, not the jobs, but the jobs just kept getting lost. But we had lots and lots of rallies, lots of support from the public. But I remember also UNA would speak out against the contracting out of laundry services as well, like when they had their wildcat strike. One thing that I do remember from my own history was in 1992 when I was on the provincial negotiating committee. I remember cuz I was a chairperson, a co-chair, handwriting with David Harrigan a transfer of service agreement into that 1992 collective agreement so that in the event there was a transfer of a service from one hospital to another then nurses would have the ability to go with that and have their job secure. It was one of the best things that we ever did, because when the cuts started to come and when hospital closures started to come and transfer, when they closed the Grace what they did in that time was when the whole Grace was moved they moved the surgical services to the Women's Health Centre at the Foothills Hospital. It had been part of the old nurses' dormitory that they had sort of day surgery in there and some of the outpatient programs from the Grace. They were transferred; so it was an actual transfer of a program to the Foothills. So, all the nurses from the Grace got to go to the Foothills without necessarily losing their jobs. Postpartum was lost, but a lot of the nurses with that closure, because again it really was key with the ability to be able to transfer to another hospital. So nurses from postpartum actually did get jobs at postpartum at Foothills as well – labour and delivery. Most of the nurses from the Grace did end up at Foothills. We lost our local, we lost our hospital, but the nurses weren't out on the street, which is a good thing, and that's because of our collective agreement. So I'm very thankful that at 6 a.m. in the morning handwriting that transfer of service agreement. There's certain things in the union that you remember and are thankful for, and that's certainly one of them. So when a lot of the services were transferred the Calgary General was imploded and they were moving some of the services, I know by this point, because after our unit was closed at the Foothills I was down in emergency working at the time. They expanded emergency at the Foothills to be the major trauma centre. I mean we were a trauma but the Calgary General had been the major trauma centre, and that was transferred to Foothills. So a lot of the nurses from emergency in the trauma centre there came to the Foothills. It was difficult at first because the manager, one of the managers

when she did come, sort of played favourites with the nurses from the Calgary General cuz she viewed that the nurses from the Calgary General were better than the nurses at the Foothills. You can't have management like that. It doesn't bode well to get morale boosted on your unit.

Q: The hospital system in Calgary really suffered in the '90s.

KC: Even before they closed the Holy when we started to see the cutbacks, it was in the '90s that my dad became very ill. His aorta ruptured and he initially went to the Rocky View but had to be transferred to the Holy because that's where all the big cardiovascular surgery was. They'd just renovated the Holy, making it the cardiovascular centre in Calgary. It was gonna be the be-all and end-all. So I remember my dad being in there for months. After the surgery he ended up having a stroke. There were times he would go back and forth between ICU and a unit because of complications. But it was during that period of time too that they determined that the LPNs, they deskilled even before the cutbacks because they wanted to save money. So they told the LPNs, okay, now you're a nurse's aide. Couldn't understand how they could do this. Of course their professional body is certainly different than it was in the '90s. But we said, you can't take a designation. We were saying, nobody's going to tell me as an RN that I am now an LPN, because I'm not. I'm a registered nurse. I saw the patient care being impacted because LPNs couldn't do as much as they could before. It put a burden on the RNs because the RNs would have to pick up some of the slack from what LPNs used to do. When my dad would be on a unit, like for example he had a tracheotomy; that was one of the complications, cuz his lung had been paralyzed with the stroke. If they couldn't handle him on the floor because of the staffing deskilling, he'd end up back in ICU, and that costs more money. Then I remember teaching a young RN how to do trach care because that was one of the skills I acquired working on that other surgical unit at the Foothills when we did the throat cancer surgeries and stuff. So I taught this young nurse how to do trach care on my dad so maybe he wouldn't have to go back to ICU. So it did, without the closures, deskilling really had an impact, and we would speak out. That was at the Rainbow Society report when they were going around the provinces on why it's important

to cut healthcare. They thought, well maybe we can see if there's better ways to do things. I remember speaking out at the Jubilee Auditorium and giving my personal example about how patient care is affected by deskilling, and it's not the right way to go. But a lot of what was in that report was trashed and ignored.

Q: In what sense was it deskilling in asking LPNs to do the work or asking you people to become LPNs or whatever it was?

KC: Oh they don't ask us to become LPNs.

Q: How is an LPN less skilled than a nurse?

KC: The education is different, especially back in the '90s. Since then the scope of practice for LPNs has really increased and they do a lot of what an RN does now. But back in the '90s they had a totally different course. There were certain things that they could do that nurses did do, but there was a big difference between the actual tasks that an LPN could do as opposed to an RN. Even though the tasks weren't as many back in the '90s, you take those few tasks away, because ? our nurse's aide, that added a burden onto the registered nurses staff.

Q: Has education since then been bumped up? It seems that nurses are coming out with more and more credentials. Is that a correct perception?

KC: Yes, it is a correct perception. Our licensing body with the nurse educator association, I'm drawing a blank on the name at this point in time, but the skills even right from the Canadian Nurses Association, at one point a diploma was sufficient to become a registered nurse. So the three-year program and then the college programs which were two and a half years essentially, because we did summer courses, that was good enough to be an RN. But there's a lot of stuff packed into that, lots of clinical skills. Then at some point it started late '80s that the licensing bodies and our professional associations were looking at making the degree the entry point for registered nurse. But they gave us a

window to have the entry, but those that didn't have their degree were grandfathered in. So it wasn't that we'd lose our credentials as a registered nurse, but it's just for the new nurses coming in at an entry point; they would have to have a minimum of a degree to become a registered nurse, and that's the current situation.

Q: Tell me about the decision to bring in the Staff Nurses Association in the '90s.

KC: Again it was sort of started, well after seeing a lot of the cuts there were pressures from government again to sort of pit one nurses' body against another, sort of keep us separate. There was some resentment from when we were on strike. Before that all hospitals were out on strike but the nurses at the University of Alberta Hospital weren't out on strike because they were a different association. They benefitted from what we achieved in our collective agreement. But with the pressures of government, more cutbacks, we saw more and more that instead of remaining separate organizations that it's better to our advantage and to get more strength in numbers by actually amalgamating the two organizations. That was in 1997.

Q: Were there any structural difficulties in doing so, or were the two organizations similar enough?

KC: They had a local structure as well. The largest was their local, the University Hospital. But they had some other staff nurse associations in community in the province as well as some smaller areas, a lot of community as well as the University Hospital. So structurally they were structured similar to UNA because of the local structure. So we didn't see that as being a barrier. We had quite a few discussions prior to the merger to see how we would do it. There was some discussion on changing of names, and because we were the larger of the organizations we would keep United Nurses of Alberta's name as opposed to coming up with a new one. It took some discussion but they were okay with going with the name, as long as they could keep some resemblance of their local numbers. So we came up with a system that when Staff Nurses locals came in they would be identified as the 300 locals. We had had locals from Local 1 through the 100s and a

couple of 200s within UNA, but when Staff Nurses came in, so that they'd sort of be seen in that period of history as the Staff Nurses locals, they all had 300. So Local 1 from the Staff Nurses became Local 301. If there was a local 18 with, well I'll use Local 8 for an example, it was a community local south of Calgary; it became Local 308. So the rural community, they're 308. There's a 307, there's a 315.

Q: So what was happening with you during this time? You were advancing in your leadership role in the union.

KC: Yes. In 1995 the previous secretary-treasurer passed away, Dale Fehr. I had sat on the finance committee at the board. So I was appointed from the board to be an interim secretary-treasurer until the next annual general meeting. So in 1996 we had an election, and me and one other individual ran for the position of secretary-treasurer. I had done it as an interim, and I was elected as secretary-treasurer. It wasn't a full-time position at that time. It was three days a week. So, essentially fairly new to an executive officer position at the time of the merger. We determined too to make it easier for the merger that we would bring on an additional executive officer as a transitional officer with the merger. Pauline Worsfold was the president of Staff Nurses Association at the time. So we had our president, who was Heather, our vice-president, Bev Dyck, and there's me. We brought on Pauline Worsfold as the transitional officer for a merger period. So at the 1997 meeting, the founding meeting of the two organizations, Pauline was elected as an executive officer. That's how we achieved four executive officers with UNA and still have it today, even though it's now a second VP position. It was just named transitional for a period of time.

Q: The merger helped with the growth of the union at the time.

KC: The merger was a big jump in numbers.

Q: And your numbers have been growing since then, haven't they?

KC: They have since then. It didn't start right at the beginning, cuz I know when I first came into the secretary-treasurer position after Dale died, our director of finance, Darlene, came in and said, because our numbers had greatly decreased during all the cutbacks, that we would need to dip into perhaps our emergency fund to get us through. I'm going, I just got this job and they're telling me they have to do this. We had a special meeting and the members gave us authority to do that, and that got us through. But I remember having meetings where we had to really slash a lot of ? that we did. The biggest is after Staff Nurses came in, was when our resources really started to increase again. It gave stability to the organization. Then as we got towards the 2000s then we started to see a trickle again of some little scatterings of hiring, but not a lot. But the biggest jump was our combining of the organizations.

Q: As the secretary-treasurer, do you see yourself in a leadership role?

KC: Oh absolutely. Our executive officer team at United Nurses of Alberta are a team. We have different positions, some different responsibilities, but we all go out and speak at locals. We do the road trips around the province to make a presence, provide information, get information back. Together we're a leadership team. I sit on different organizations like the Alberta Workers Health Centre on their board, sat on the Calgary Workers Health Centre. So it provides our union an opportunity to get involved with other organizations as well. I sit with the WCB coalition and was chair of that for a while. So it provides not only a view internally with our members that I do have a leadership role, but out in the community as well that I do have an important role. I'm not sitting in the backroom counting all the dollars. I have a voice. I do media calls. I know that in our position when we were considering going out on strike again early in 1997, that when we did have a strike vote that year that I remember doing an interview with Dave Rutherford, because Heather was busy, and did an interview with him. Why are you nurses threatening to strike again? How can you do that? Nurses aren't supposed to strike. What about patient care? I said, again it's the right thing to do, because without nurses and without having nurses in our healthcare system, patient care is gonna suffer for a longer period of time than a strike. I just remember when we went to commercial break before the callers

started calling in that he looks and me and scowls and says, I'm not gonna rattle you, am I. I said, no you're not.

Q: Why after all these years does healthcare continue to be an issue?

KC: Well because all the money that's been poured into it is trying to make up for the cuts in the Klein days. When the money did get good again, trying to rebuild a system, when you have to start hiring a lot of people or opening some beds, you're gonna have to spend a lot more than had it been maintained in the first place. Then the growth within Alberta itself and trying to look after the patient population, there's more needs. Medicine in itself, technology has changed certain things, but a great portion of that is staff, and you need staff human resources. In the early 2000s just before the Alberta Health Services one big board, all that rhetoric like privatize, privatize, and all the rallies that we had. UNA was so instrumental because we knew that they wanted to have private hospitals; they wanted to introduce different bills to change healthcare – the Third Way campaign and all that. When the Klein government saw that people actually liked their public healthcare system, and he really got the pushback. Then the CEOs of the health regions and stuff were saying too, they were starting the rhetoric that privatization isn't the way to go. Jack Davis was saying, I remember him saying that health human resources is our most valuable resource in healthcare. It's when the CEOs started changing their tune that all of a sudden the regions were dismantled and Alberta Health Services came in. I remember just before that time we were actually having joint meetings with management. We funded local people in different regions to get together and talk about professional responsibility for one thing with management in there, talk about some of the new collective agreement items, and we were starting to have joint educationals where UNA and Alberta Health Services were jointly supporting each other and providing education to managers. That went bye-bye when they were imploded to one.

Q: Give me your view of the move to the one big superboard, Alberta Health Services. What was the effect of that, from a nurse's point of view?

KC: Disruption, it was great disruption at the time. All of a sudden, at the time that the board came in as well we saw a lot of management being terminated and we didn't know what would happen with us. But all of a sudden it was really difficult to figure out who your bosses were. Then a lot of the power at the front line level, like the actual patient care manager level, was taken out of the patient care level manager's hand. It's like, who do you go to? They didn't know what they were doing. The rhetoric started again. We started to see that increase in staff hiring, not just registered nurses but in other healthcare professions as well. All of a sudden the freeze was on again. We hadn't achieved all our vacancies being filled. Then again when you start, the promise for all these nurses to come into the province cuz we're hiring before the board came in, there were so many promises. We had a lot of internationally educated nurses that came to Alberta expecting permanent full-time positions, then Alberta Health Services came in and the freeze is on, then they're just being offered casual work, they're not given their permanent positions. The promise is gone. They came on a temporary visa to start with and they're thinking, how can I work for two years to get more of a permanent visa to stay? So we lost some of those nurses. Then all of a sudden when we were looking at the young nurses coming out of universities and being hired in, the graduating classes all of a sudden, they're graduating and there's no regular positions for them anymore. We're thinking, oh God, here we go again, the circle, they're gonna all leave the province. A lot of nurses did leave the province again. Then big freeze, well we don't need the staff. Mr. Duckett and his cookie.

Q: What sort of administrator was he?

KC: He was a dictator. But it wasn't just him. What he was doing was Ron Liepert's bidding. Ron Liepert, from my perspective, was given the Health portfolio to get a rein on the Health portfolio because Liepert was a bully. So Liepert hires Duckett to do the dirty work, and Liepert had no respect for nurses. But Duckett had to do Liepert's bidding if Duckett wanted to keep a job. But then Duckett would put his foot in his mouth a few times or a cookie in his mouth, and it became obvious from Stelmach's view and stuff

that maybe this is not a good thing to have. So he's gone and all of a sudden again where do you go from here? Then Liepert was moved out of the healthcare portfolio. But during when Liepert was in there, we'd have some rallies outside of his office in Calgary. There were some AUPE members there and United Nurses members – we can't continue this freeze. Came out, he was actually in his office. He turned to the AUPE people and said, I'll talk to you but I'm not talking to them. He refused to talk to us. He didn't wanna deal with United Nurses of Alberta.

Q: There were some real threats of privatization. What happened in Calgary?

KC: One of the reasons they said they'll do it is because they said there's long-term waits for orthopedic surgery. So a bunch of orthopedic surgeons who liked the money decided they would open up their own private hospital. What a good place to do it but one of the closed hospitals? So they took the old Grace site, bought it, and then HRC was formed. It was, we'll do your orthopedic surgery, we reduce wait times and we'll do orthopedic surgery. They took a lot of the WCB surgeries as well. But the public wasn't really buying it. There were a lot of people that went through but they got a lot of their money from Alberta Health Services too. Let's not forget that. Even though they were privately established, the funding came from Alberta Health Services. They were making profit. They didn't really hire registered nurses; I think there was one in the OR and maybe a couple, but other than that they hired LPNs, which was lesser salary than RNs were. They weren't part of our union and you couldn't really organize them. But after a while these orthopedic surgeons weren't seeing the big profit margins that they thought they would, because anything that had more of a complication to it couldn't be done at the services like HRC. But they could do some overnight stays; it was sort of like, we'll keep you overnight. But it's over a surgical clinic. But call a duck a duck. If you're doing overnight stays with surgery, it's a hospital. Then all of a sudden, like I say, the profit margin wasn't there. Alberta Health Services wasn't seeing the benefit that it was promised. So they pulled some funding. So they went under.

Q: So it died a natural death.

KC: Ya, it did. The cataract surgeries too at the Holy Cross, they're still doing some of them I believe. But that was the big experiment about the overnight stays, and it failed.

Q: It was the overnight stay that was the tipping point?

KC: I think so, ya.

Q: Is there a challenge getting young nurses now?

KC: We're seeing an increase in UNA now of young nurses. I think the natural progression of retirement, turnover, a lot of newer nurses that have come into the system when actually there was some hiring. So I think some mentoring occurred and sent them to different things, like Canadian Federation of Nurses unions. We provincially fund people that are not necessarily on executives. You feed them the Kool-Aid. We're seeing more and more now but it's just been the last few years, because if we don't have that transition. I think the reason for a long period of time we didn't have young nurses involved was because we lost that generation of nurses in the '90s. So there was that wait for a long time. Now when they were hiring nurses again and the new ones coming in, we're starting to get into universities now, which is a good thing...United Nurses goes into universities and tells the students before they graduate about UNA. We really push the professional responsibility and encourage them if they're not sure who their local is, call the union and we'll let you know. But first go out to meetings cuz you all have to pay dues. So you may as well be a member and have a voice.

Q: Are they informed that the union was born in struggle?

KC: I think they are now through courses like Labour History; they're certainly seeing it. Again when they're threatening cutbacks, I think Alberta Health Services unfreezes again-- they'll say, hmm, we just can't be complacent. But for a while because we did have a period of time where, well we've got a good collective agreement and they didn't

realize the struggle that was there. But it's sending it home, if we don't keep fighting we're gonna lose it. With the ? apprentice thing, well we'll take 5% but making it sound like they're so righteous and the public sector workers are being greedy and they're not just going to hand over 5% on a volunteer basis; so we're gonna have to honour their collective agreement that they just achieved last year. He's a little bitter about that but he knows he can't touch our collective agreement, at least not now. But I think the nurses know and people who were around have been telling younger ones, we gave up 5% in the '90s to save jobs, and it didn't work. The budget is not our fault.

Q: You really do have a sisterhood going, don't you?

KC: We do, ya. We encourage our ward reps to sort of contact new people as they come in. With orientation you try and get them signed up and give them some education right when they first come in. Locals provide opportunities for members to become delegates. One thing we do as a union which really does impact us and what makes us a strong union is that on a provincial level we fund all our local funding for things like the CLC, the Alberta Federation of Labour, so that there's no real big financial impact for the locals. We fund full delegate entitlement, like one per 75 to our annual general meeting. So it gets that base out there and people aren't having to worry that am I gonna be funded to attend? So it's like I sipped the gravy when I went to my first AGM and we hear lots of good comments still when people come to their first AGM at UNA. Okay, this is great. Then we see them coming back.

Q: Did you know Marg Ethier well?

KC: Ya, I did.

Q: What did you think of her?

KC: I thought she was dynamic. I really enjoyed her. Again, cuz it was that rebel and that voice to say, we're not gonna take it. We deserve a lot better than what we get in our

current collective agreement. Why should we get paid so little as nurses? It was her strength. She could get people riled at AGMS. She was a good speaker and she was feisty. That was part of the gravy that I took in, because wow ya. We really needed somebody like her to get us all rah rah.

[END]