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Health Sciences Association of Alberta – Foothills Hospital – Fanning Centre – Calgary District Hospital - recreation therapist – organizing professionals – House of Labour – elderly care – reorganization – United Way - political action committee

LB: I belong to Health Sciences Association of Alberta. I spent nine years as a board member from 2001 to 2007 and then 2010 to 2013. I currently chair the Political Action Committee of our union.

Q: Tell us about your background.

LB: I was born and raised in Winnipeg, Manitoba, lived in a very staunch, conservative family. My father grew up during the Great Depression, very strict in terms of his values and upbringing. I worked as a swim instructor lifeguard, and I remember my first job making 25 cents an hour, and we threatened to go on strike. We weren't unionized but we signed a petition asking for 75 cents an hour, and we got it. That goes back to the late 1960s. From there I ended up not knowing what I wanted to do career wise. I worked for the YMCA – nonprofit organization, low wages. I was out in Calgary visiting my aunt and uncle and there was a job advertised for the Y in Calgary. I had an interview for it and after my one-week vacation out in Calgary I was offered a job as their aquatics director. Coming back to Winnipeg after those vacations I also had a job offer in London, Ontario and Dartmouth, Nova Scotia.

My father felt that moving to Calgary was a very productive economy in those days, and also the fact that my aunt and uncle lived in Calgary so I had some family. I spent about three years working with the Y and then I decided I needed to go back and further my education. I went to, in those days it was called Mount Royal College, and I took some university transfer courses but also did a program in what was called Leisure Education with a major in Community Recreation. When I graduated from that program it was the late '70s and there was a job opportunity with the Calgary Winter Club, once again nonprofit, well maybe a private profit; I was their aquatics director. I knew that what I had experienced in my career and education, that the opportunity was to work with seniors. A few years later I was hired as an assistant program director for the Kirby Centre in Calgary. I actually saw an awful lot of very interesting politics that happened – lack of government funding, poor wages, benefits that were miniscule. But I loved working with the seniors and I knew that down the road I wanted to. . .

Q: Just repeat the last thing you said.

LB: Okay, so I worked with Kirby Centre as an assistant program director, but knew I wanted to work more extensively with seniors. I ended up applying for a position at

Foothills Provincial Hospital, and I got hired on as a recreation therapist. I broke the ice as being the first individual with a diploma background in community recreation, not therapeutic recreation, and was hired at Foothills Hospital working on geriatric units. In those days, as we're talking 1983, we had four units that had each about 45 patients. They varied with dementia to people who had strokes, so each unit was specific in terms of the diagnosis and the type of patients that would be on that unit, and we had long term care beds associated in acute care facilities.

I left in about 1986 and went to work with the City of Calgary as a recreation programmer. The reason I left was because I saw all my other coworkers leave Foothills Hospital. In those days we were under AUPE as recreation therapists. We were actually earning close to \$8 less than what the Health Sciences recreation therapists were. The opportunity working with the City was an opportunity to be working with all recreation therapists in the city, more diverse, doing some program planning with them. I guess after six months it was like, oh I think I may have made a mistake in my career. I missed the patient contact. Then I was hired to work at Fanning Centre, which was unionized under Health Sciences. At that time I remember one of the pharmacists coming up to me and asking me if I would be a group rep at the Centre. I had no idea what unions really were about. She said, what you have to do is encourage people who are newly hired, explain to them about the benefits of being involved in the union, the fact that there will be money taken off your cheque to cover X, Y and Z. At that time it was just a learning process. I did not have any education from the union as to what group rep entailed, it was just sort of fly by the seat of my pants and learn.

Then I was headhunted by what was called the Calgary District Hospital and the old General Hospital to come and work for them as a recreation therapist. I started at Peter Lougheed, and this would've been the early '90s, and I continued on as a group rep for Health Sciences. I was starting to get a little more information as to what unions were about. I went to group rep meetings; I would sit there and they would discuss what was happening about the contract. I think one of the big things that really caught my curiosity was the fact that in those days as a City of Calgary worker you got paid for your first day of sick time, your second day you got 90% of your pay, and each subsequent sickness meant that there was a reduction. So it was really setting a precedent in saying, you need to come to work even if you are sick, because otherwise you aren't going to earn your full amount. At that time I realized that the union was starting to bargain and get out of the City of Calgary bargaining certificate and develop a provincial agreement. In 1993 we had Ralph Klein as our premier and we saw major cutbacks. When I worked at Peter Lougheed I was on what was called a geriatric reactivation unit. The clients that I had, patients, were actually waiting for long term care placement.

Q: Okay 1993, the dark days.

LB: Yes, so we saw cutbacks happen. We once again had a long term care unit in an acute care facility. Ralph decided that we would no longer have long term care beds in an acute care hospital. My position was cut from a fulltime position to part time, and they moved me from the Peter Lougheed to the old General Hospitals. I stayed at the old

General Hospital until 1997. I was very fortunate around 1995 to get a fulltime position in psychiatry. My involvement at the union actually really started to increase at our local unit. I was encouraged to run as the local unit chair, and in those days worked with Kay Wilkins.

This was just about six months before the old General Hospital was being imploded. We saw when that happened a number of our colleagues from Health Sciences move over to the Peter Lougheed Centre, which was a unionized facility, and the rest of us moved to the Foothills Hospital, where the professionals were not unionized. The technicals were, so your people in terms of your lab, X-ray, your respiratory therapists – they were part of Health Sciences. Children's Hospital was not unionized in those days. So there were discussions in terms of Health Sciences coming into Foothills and Children and talking to the employees about the benefits of belonging to a union.

I remember one colleague saying, well things are going pretty good because the employer is following the contract, we're getting the wages just like the unionized workers, we're getting all the benefits, but we don't have to pay the union dues, so why would I want to be part of a union? There was a lot of education that happened. At that time it was Elizabeth Ballerman. She came in and said, the employer does not have to follow the contract, and in times when things are not going to be good that's when you're going to ultimately see that your wages can go down. If there was a grievance there would be nobody to assist you in that area. There was a lot of education that happened to the workers.

Then the Alberta Labour Board had a hearing and there were a few of us who were now in the non-unionized sector that were actually requested to come and speak to the Labour Board. I remember one of the questions they asked me was, what do you think the benefits are? I said, it's giving the workers the opportunity to be respected as workers, to understand that when they do have difficulties there is somebody to go to. And I remember saying, I think what you need to do is you need to allow the people here in Calgary, because this was just a Calgary-specific concern, the opportunity to vote to decide if they want to be part of a union. If they didn't, Edmonton was going to remain part of Health Sciences but Calgary would not. So when the vote occurred, and this would've been I'm saying about 1998, it was around 87% in favour of being unionized as professional workers. That sent a message, because people realized that they wanted to have that voice, that ability to be able to sort of demonstrate to the employer that they needed to be respected at work, they needed to be able to have... They were doing the same job as the people in the rest of the province, so why wouldn't they be treated the same way? That was the gist of that aspect in the late '90s for me. I've seen a lot in terms of cutbacks. I've seen coworkers that have lost their jobs, people who had been laid off. Thank goodness for recall, layoff and recall provisions in our contract, that there were opportunities for them to find other jobs and be able to be reemployed as a result of our union.

Q: You saw a lot of reorganization of healthcare in those years. You saw the health authorities being created, first 17 then being reduced to 9 then reduced to one. What effect did all that reorganization have on the frontline worker, people like you?

LB: The reorganization I think for me was, it was red tape. It was so many different changes that were happening to policies, a lot more work harder not smarter. But I think a lot of us realized that we were here for the patients. That's why I'm doing my job, because I love giving back to my patients. I don't really feel that I got maybe as caught up in a lot of the red tape. I said, well okay a change has happened, but this is the type of work that I'm going to do, and I'm going to get on with what I need to do because I don't want changes that have happened with all the red tape to really affect the patients. Ultimately I care and I believe that healthcare workers and unionized people, we want to do our job and do the best job that we can.

Q: So you didn't notice much difference when you were working for the individual crown hospital that then went over to becoming part of an authority where the headquarters was somewhere removed?

LB: I did in some respects. I find that we knew what our budget was in our department, we knew how many staff were allocated, we had an idea of how much money we could actually spend. As a recreation therapist, I need some money to be able to provide supplies or programs to my patients. We used to be able to go with a receipt down to the petty cash office, get that back within a day. Now I have to wait until I have three or four receipts, so I'm putting my money out of my own pocket. I'm submitting it to an office in Calgary that then submits it to the accounts payable somewhere in Edmonton. It takes approximately three weeks for me to get that money back. I've heard from somebody who said, oh well yes, as healthcare workers you're paid quite well, so \$100 or \$200 out of your pocket isn't really any big concern. So that to me is probably the most frustrating part. I know there are a couple of part time recreation therapists who actually find that it's inconvenient. But then on the other hand, we have recreation therapists who work in other hospitals and they have what's called a P card, which is a purchasing card just like a debit card or credit card, and they can go out and buy what they need for their programs and they're not out of pocket. So although we're one big happy family within Alberta Health Services, there are different criterias at the different sites.

Q: What about changes in the relations between Health Sciences and the government?

LB: When I was first part of Health Sciences we had the contract, we had the union, we had the board, and working with the government I think it was more of a laissez faire approach. When Health Sciences became part of the greater house of labour, we're going back to about 2005, being part of the Canadian Labour Congress, NUPCHE, the Alberta Federation of Labour, we saw value in understanding the bigger picture of what labour is about. As healthcare workers, we really didn't understand some of the battles that were coming forward in terms of legislation, in terms of collective bargaining, in terms of negotiating the contracts and things; the struggles that are happening with changes in terms of the right to work, Bill 337, where the government wants the union to upfront

give information how much money do you have and what are you doing with your money and things like that. Right now dealing with the local authorities pension plan and the changes that the government is proposing, it's going to have a big impact on our members and workers in general in this province. I feel that our union has had to take a stand and show that they're not afraid of fighting for the rights of workers. What benefits we as union workers achieve, workers within society will benefit. The more that the unions and especial Health Sciences is getting behind and showing the government that we want to make sure this is a fair province for workers, we want people to have a livelihood that will be productive, will be able to contribute back to the economy, to be able to enjoy the benefits of clean water, the environment, to ensure that our children are being looked after and our elderly, and to ensure that there is the proper care for people as they age in this province.

Q: I saw that change in the union. It didn't just decide to join the House of Labour, it joined the House of Labour because the union had changed and it had decided to do business in a slightly different way. What caused that change? What made the union come out of a very nice independent association existence into that position where now it says, we're going to become part of the House of Labour and we're going to start taking on the issues that the House of Labour takes on?

LB: I think part of it was the fact that we had Ken Georgetti, we had James Clancey, we had - I guess it would've been Les Steel in those days, that actually came and spoke to the board about what the bigger picture was and the fact that at that time we had about 12,000 members. We couldn't elicit changes within the province unless we were part of that bigger house and we understood the whole picture. We were dealing with our members specifically on their collective agreements and the work ethic, but you have to go beyond that aspect to really understand the impact that the government can have on people in general.

I remember when the board first introduced joining the bigger House of Labour at our AGM. It was not accepted, and that was because our members did not understand the value of being unionized. We're an association we're professional. Teachers do the same thing. Yes, we're not part of a union, but there's a lot more to what you can do with society and the fact that we have to take a look at what's happening just not only within our own union but provincially, nationally and internationally. There was a lot of education that happened in the early 2000 to the board, to our members. There were some focus groups that happened throughout the province. What are the issues, what are the things that are important to you as an individual in your life? Well these are the things that are important to us as a labour movement. It was critical that we really needed to get in there and belong and fight the struggles.

Q: Speaking of struggles, you mentioned the elderly. What have you seen happen to the kind of care that the elderly can expect?

LB: I have noticed there isn't enough time in the day to give care, compassionate care. Things like getting a person up in the morning and getting them dressed and toileted is

fine, but being able to spend some time and understand who that individual is that's in that bed, that they are human being, that they were either a mother, a father, a daughter, an aunt, an uncle, they were an accountant, they may have been a person who worked in the secret service – understanding their lives, understanding where they came from and the lessons and being able to share some of that information. The biggest thing I have a real bone to pick is the fact that as an elderly patient you may get a bath or a shower once a week. That I feel is disgusting. A number of the elderly are incontinent, which means that they do not have the control of their bowels and bladders. They sometimes know that they have to go to the washroom but they can't get to the washroom in time or the staff can't get to them in time. So they may be sitting in what we call a dirty Attends, which is an adult size diaper. You and I make choices in our lives and we can decide when we want to get up, what clothes we want to wear, how I want to style my hair. As an older person, especially a person who is developing late stages dementia, a lot of those kinds of things are lost for them. The way we sometimes treat them, oh you're just an old person and you're of no value. But if you have a chance to sit down with them and really validate some of the things that they're saying or the feelings, a bath once a week... I understand there are some people that the more bathing that they have can cause a lot of skin tear and things like that, but at least two to three times a week to be able to retain that dignity. People need to be respected as they grow old, as they are challenged in life and cannot fend for themselves. I just find that we don't have the time in our day to be able to provide that.

Q: Current government policy suggests that there's going to be more privatization of elderly care, and that the kind of condition you're talking about is sort of the future. Is that a correct characterization of government policy?

LB: I know that the privatization is coming. Wages are cheaper in privatization. The corporations gain the profits. So if you're not being paid a decent wage, how much do you really want to put an effort into your job to provide for the individual? I mean there are the necessities that they're going to have to do, because there's going to have to be some government regulations. But going I would say beyond that humanity, I feel that that's what we're losing within the healthcare system. The care is there, but it's that humanization and that ability to recognize that this person is an individual and they deserve respect. I'm afraid that we're going to lose that. I'm going to be blunt with you. In some of the cases, I've seen our older population, who find it very difficult to work with some of the individuals, the immigrants. Part of that is based on the language. They're not understanding, and I don't know if we've done enough education to people who English is not their first language in how to best work with our culture.

Q: Are we seeing temporary foreign workers in your field?

LB: Not to the same degree as we are with Tim Horton's and the fast food places. There is a standard because of the unions being there. You can't really just come in and do temporary foreign workers to the same degree.

Q: You're also involved with the United Way. Tell us what that experience was like.

LB: In the year 2006 there was a labour strategist's position that became available with the Calgary and Area United Way. I had heard about this through the Calgary and District Labour Council, and it appealed to me. I think part of it appealed to me was the fact that my own father, and this comes back to his values, he was involved in doing a lot of charity work. So when I looked at this and realized that the Canadian Labour Congress charity of choice is United Way, I did some reading to sort of find out about what United Way was about and how labour worked. I applied for the position and was offered it in 2007. My role was to develop that rapport with the unions within Calgary, not to be going out and asking for money but more to ask unions to be part of the community, to start to understand the systemic issues that were happening that were affecting people in their own communities. When we take a look at poverty, when we take a look at why are Aboriginal children not finishing high school, understanding about some of the social agencies that are in the community and the need for support. Money became part and parcel of the job but it was really can we as labour get out and volunteer with some of these community organizations, and educating the unions about the work that United Way does. A lot of people would say, oh yes a lot of their money goes to administration. In fact, it was 10 cents for every dollar went to the administration. When you think of 90% of that money that was raised going back into the programs, the social programs that our government has actually cut back on, that has caused problems within the city and our communities. Working as a labour strategist, it was three years that was the secondment position, I was very fortunate to have the support of Health Sciences to be able to take a leave of absence as a recreation therapist from Alberta Health Services at that time and to be able to have a labour relations officer who worked with Alberta Health Services on negotiating my leave of absence and developing a contract that would actually say that when my secondment finished, which was end of April of 2010, that I would actually return back to my existing position at my facility. That was an important aspect. As a labour strategist, I was still an Alberta Health Services worker. I retained all my benefits, I did not lose anything. I still paid all my benefits and the United Way reimbursed Alberta Health Services for my wages. But it was the union that went to bat. I remember talking to Elizabeth Ballerman when I applied. . . I can certainly share some information with the secondment and that's what evolved. . .

Q: Okay, just continue talking.

LB: So as a labour strategist for United Way in Calgary, I was the third person in about a ten year period of time. Neil McKinnon was the first labour strategist who developed the program with the Canadian Labour Congress, then Barb, and I can't remember Barb's last name offhand . . . Anyway, she worked for the City of Calgary and she came in as the next labour strategist.

Q: Barb Aimes?

LB: Barb Ames, thank you very much. Barb wasn't there for a long period of time, then the position was vacant for about a year to a year and a half until I was hired in. So the continuity of working with the unions and developing that trust relationship fell. Yes, the

United Way is looking for financial donations. A lot of the money does come from the corporations within Calgary, it's corporate Calgary, so the oil companies. They have big events that they will run, I'll say, Encana for instance. So they'll have this big event and their employees will basically kind of close their department for that afternoon, that day, and they'll throw it might be a pie throwing contest at their CEO. Everybody gets involved and they throw their money into this big pot and they challenge the different departments. In the public sector, because we're dealing with the public, we don't have the ability to shut down our work environments to be able to do that. So for the unions to be pooling money and stuff like that, we're paying in union dues for other social activities. It can be a real struggle because people also say, well I'm already in a caring environment, how much more can I give? So what we've done is we tried to create that environment of giving of your time and your talent. One of the big things is working with the Women's Centre in Calgary. During the Calgary Stampede or football games they have some games that they are responsible for ushering. So they're looking for a core group of people to come out and volunteer their time as an usher during the game. We approached some of the unions about taking a day and being the ushers and giving back, trying to get about 20 members. This is one aspect that has actually evolved quite extensively in Calgary.

The unions in Calgary are starting to give back in their time. They're starting to go down to Women in Need and help with the arranging of some of the donations that come in, and sort things out. We recognized that it's not just the financial aspect but it's the time. Being able to give back to the community that way has been an important aspect for the unions within Calgary. The big thing is the creation of the Labour Day barbeque. We used to do a breakfast in Calgary, and that was done during the Stampede. There wasn't much in terms of union recognition. It's not the fact that unions are looking for the recognition, but it's the fact that the union is doing something back into the community. With the Labour Day barbeque in Calgary, it happens at Olympic Plaza. It's a central part, the hub of Calgary. We are now feeding close to 2,000 or 3,000 people who are unemployed, underemployed, homeless. In a time of this, why are we having to provide that? The unions donate money back to be able to cover the cost of renting Olympic Plaza, getting the port-a-potties, being able to provide some of the food. Some of the unions, like the United Food and Commercial Workers, they actually provide a nucleus part of the food. But the unions pull together, and it's an event whereby we're showing that we recognize that there are issues that are affecting Calgarians, and we're here to support them. So that I feel has been one of the big aspects for Calgary over the last few years.

Q: Could you explain what the Political Action Committee is within HSAA and how it operates within your particular union?

LB: Political Action Committee for Health Sciences takes a look at political things that are happening within our union, within our province, within the federal jurisdiction. One of the things that we did with Bill 337 was that we had our members, when we were at our labour relations conference last year, actually identify and do a letter to their MP. We gave them a list of who the MPs were, we gave them some information on highlighting what was happening with this. I know I sent a letter to my MP. I got a response back, but

it was like this is basically a done deal. What we're trying to strive for is that our members will understand and value unions, for us to understand the impact of what the government is doing and how it not only affects our union but workers in general. A few of us went to the Canadian Labour Congress, a political action conference in Toronto last year. One of the big things is talking about fairness for workers and looking at a plan of what the CLC is looking to try to oust Harper in the next federal election, and how we can get our own members more politically involved and understand. When an election is called, what are the platforms that the particular parties are standing for? How do they align with the values of Health Sciences, understanding that.

Q: Are the members actually buying it?

LB: Some of our members do; a number of them understand. Some of the, though when election is called and they do what's called the diamond dealer, where we'll call out and remind them that there's an election next Monday and please remember when you're looking at the platforms of the parties or the individuals, how do they align? We've had people who've said, don't tell me who to vote for in this province. It's not that we're telling them who to vote for, what we want them to understand is the implications of what that individual or that party is going to do or affect their lives and people in general, and how things can change dramatically. We think that things are going pretty good and we're doing quite well, but another party that you take a look at could make some very drastic changes. We know that there are certain parties that do not care for unions are out to bust the union.

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