

Bob Henderson

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Health Sciences Association of Alberta – U.S. background - speech language pathologist – caseload issues - Alberta College of Speech Language Pathologists – Lethbridge – bargaining committee – cutbacks – Kerry Woollard – Dennis Bennett

BH: My name is Bob Henderson. I live in a small farming community just south of Lethbridge, the population's about 2,000. I'm a speech language pathologist, have been for over 30 years. My role has changed significantly over time. I've worked with all populations. I've worked with adults down to preschool, and currently I'm working in a five schools in the south, with school age children. I have six assistants that help me provide the services in our area. I'm still enjoying it at 62.

Q: What does a speech language pathologist do?

BH: Basically what we do as speech language pathologists, I guess another word for a speech language pathologist, there's different terms. Some people refer to us as speech therapists, some refer to us as communications specialists. But when most people refer to us they think that the speech therapist or the speech pathologist is the person who just works on sounds with children. That's only one aspect of it. We work with children and adults that have fluency problems, referred to as stuttering. We work with adults who've had strokes.

We work with children that have severe language problems, and all the facets that go along with that. Cerebral Palsy children, children with different syndromes, autistic spectrum disorders, PDD. We work with cleft palate, we work with children and adults who have swallowing issues. So there's really a variety of things that we're trained to do, it's not just working with sounds, as some thing. It's quite detailed, actually. Our profession requires a Masters Degree to work. I don't think it's boasting from our part, but it's just there's so much training that you have to go through that I don't know how you could even perform your duties without that facet, because there's so much to it. I know when I was in grad school and got my second Masters at the University of Alberta, I took a course in swallowing. I thought, well this won't be too bad. But six weeks later we were still talking about swallowing from the neck up. It is so involved that, anyway I'm sorry to ramble on. I guess what I'm saying is it's a very specific discipline.

Q: What are the main day-to-day challenges of your work?

BH: For anybody in our profession one of the biggest challenges would have to be the caseload sizes. I don't think we're promoting that we're stressed out or any of those types of things, but the fact is we do have tremendous caseloads. I think a lot of us feel a bit guilty because we can't provide the service to everyone that desires it. That's one of our

biggest challenges. Some of the other challenges that face us every day is the demand that's put on the speech pathologist in terms of the administrators in the school versus the parents versus our professional society, those types of things. When you're a speech pathologist it isn't just going in and servicing the kids. Anybody in our kind of profession, whether it's speech path, occupational therapy, physio, whatever, it's a combination of a lot of things. To some it can be quite stressful. But the biggest challenge is trying to service all the kids. There has to be a time in your service profile to that student or patient you're working with you just say, you know, I've been with you a certain amount of time, I've given you all the skills that I know how to give you. Even though you're not 100% it's time to move on to see if you can handle it on your own. And take on some more clients. If we don't do that we'll never get through our referrals, and our referrals are tremendous.

Q: Who sets your tasks and caseload and job descriptions?

BH: I'm an American so I've worked in both the United States and Canada. In the United States under the American Speech and Hearing Association, which you have to be a member of, here it's the Alberta College of Speech Language Pathologists. Each society or each organization has parameters that they set up. The interesting thing about Canada is we have guidelines but there's no one who says you have to take on this many clients of this particular type, if they're severe you can take on less. What we've done in our own region here in our own area is we've set some parameters but it's a work in progress. It's not always what we want it to be. Everybody tries to stay within certain guidelines but we're out of those parameters all the time. You have to be.

Q: Are you noticing a squeeze these days?

BH: Probably not. But a few years ago, because I've been at this role a long time, I've worked in both education as well as health. I've worked in school divisions and I've worked in health, so I'm coming from two standpoints. From the school standpoint, I'm sorry I'm going on tangents here, but from the school standpoint I think they would see the speech pathologist as a vital service within their educational system. However, to some degree, they're not willing to pay for it.

Back in the '80s what happened with me specifically is I was working in a school division. I'd been there for eight years and all of a sudden in Alberta the mandate changed. Health all of a sudden decided to take over speech language pathology. So all the people that were in school divisions had this mass migration to health. Say whatever you want, there has to be money there, right? As a consequence for me particular, I walked across the street and lost \$12,000. You wonder, gosh, how am I ever going to make that up? But times are getting better and things have improved tremendously in our field. They're finally recognizing that we are a vital service, especially in the rehab area. If you're not servicing your stroke patients in hospitals or your cerebral palsy adults, children, those that have significant communication problems, they're going to have some major issues when they leave. I've seen that aspect. So the funding is done in silence but you know there's a squeeze of some type there.

Q: With the change that took place, weren't your pay levels being governed by a contract?

BH: No, because anyone who worked in the school divisions... Yes, they were, but government mandated it in Alberta so we had to go or we'd be without work. There were many of us in the field at that time just going, we're in mid-life, so away you go.

Q: You didn't change what you were doing; you just changed organizations.

BH: All I did was change buildings. I still serviced the same clientele, everything in the job description was the same. The only thing that was different was the money.

Q: Explain how you could suddenly lose \$12,000; I don't understand it.

BH: I don't either. The reason I don't understand it is because I'm assuming what happened, I think what happened is that the Department of Health and the Department of Education got together and said, we have so few speech language pathologists in our province anyway, what difference is it going to make if we take them all... I really don't know the answer to that. All I knew is it was a very unhappy time for a lot of us because it was a lot to make up. There's 450 or so of us in Alberta; that's tremendous money. Our profession is such that, at least since I've been in it over 30 years, there's never a time that I would be without work if I wanted work.

Q: Talk a bit about your background.

BH: You're going to find that my background is way different than most. I was raised in Alaska, my dad is from a mining family. My dad came from the Dakotas. He was actually born in Lincoln, Nebraska, moved to the Dakotas. His whole family were gold miners. My own father only had a grade 8 education. My mother had a high school education. One of the things in my family that my dad always stressed is, get out there and make a good living for your family, and don't get on the end of a pick like I did. So I guess what led me to becoming a speech pathologist is I have three other siblings in my home, and my sister at the time had a cleft palate. She was being serviced by Easter Seal, which was one of the organizations at that time. I have to say that I wasn't a great student.

My whole aim in life was to be a good wrestler and a good football player, the typical high school stuff. I was very good at it. But I decided later on in my life, how am I ever going to support a family if I did my dad's profession? What really got me going is I started realizing in my life that I have to start putting some time into these books. So I went to university. The first year wasn't great but the second year started to get quite good. I realized that when I studied I got pretty decent grades. I said, you know what, I'm going to be a dentist, that's what I'm going to be. In speech pathology the whole undergrad is sciences. A lot of the courses that you take, the pre-dent and pre-med kids are taking the same courses: anatomy, physiology, physics, microbiology. As time went on and I was doing better and better, I finally decided that I couldn't handle the higher

math, the calculus. I just couldn't handle it, so I decided to switch. I thought, I'm going to check out this area of speech pathology. I heard about it and I've seen my sister get treatment. And so I did. That's really what inspired me to go on. In between I painted on the side for 27 years. I was a commercial and residential house painter. I drove truck from the time I was 18 years old. So I've done a lot of different things in my life to support my schooling, because my parents couldn't always afford that kind of thing. So you're talking to a person that's been from the ground up. I wasn't given the money, I had to earn the money.

Q: Did your father come from a union family?

BH: They lived in South Dakota. There was eight kids – four boys and four girls. The boys did working type jobs. After the mining, my dad, when he moved to Alaska, started working for the Alaska Railroad for a number of years. My grandfather went prior to that. My dad was a dispatcher, hauled stuff all over the state. Then later on he went into the carpet business. My dad was a carpet salesman for 26 years. My mom worked at Penny's and retired from Penny's department store. That's the background. Neither had a great education but they wanted their kids to get one. As a consequence, I have a brother that is a chiropractor, my sister works for a school division, I'm a speech language pathologist, my other brother is a programmer. Everyone did it on their own, and it's been good.

Q: What's the pathway to become a speech language pathologist? What sort of credentials do you need?

BH: First of all you have to decide which type of age groups you want to work with. I think that's essential to our profession. If you love people, then like teaching, it possibly could be a profession for anyone who's interested. If you don't have a decent personality and you can't work with kids and adults, forget it. As far as the actual credentials that you have to have, as I said prior to this you're required to have a Masters Degree. Some of our people are coming out with Arts backgrounds. Then later when you get into your Masters program it's all sciences. During your time you go through a training part. It's a minimum of six years because you have four years of undergrad, two years of a Masters. A lot of us are at least seven years, just because you have to specifically clock hours with every age group and work with them under supervision: preschool, school age, adult, in all facets of speech pathology. Articulation from the mere sound work, cleft palate, all those types of kids, fluency, stuttering types of kids, up to your strokes and that. You have to be trained in each area of speech pathology before you obtain that Masters Degree.

Q: Do the people that hire you have the awareness and proper regard for your credentials?

BH: That's been an issue with a lot of us. Our pay grids are decent now but they haven't always been that way.

Q: You weren't raised in a union family and you are a professional. Why did you decide to become active in an association such as this?

BH: Health Sciences has always been plugging for involvement. I've seen unions throughout my life in other aspects, not just speech pathology. As I mentioned before, I was a truck driver. I was with the Teamsters union. Had I not been in the union – at 18 I was probably making \$10 an hour – we'd have probably been making \$3 an hour. I'm a firm believer in unions, the reason being protection of family, salary, all those things that any working person deserves - not requires, deserves! I'm a firm believer in unions. I sometimes think that the way the union has gone is a little different than I'd like to see it. Years ago when I worked as one of the negotiators, it seemed like you had more personal involvement. Now we've gone from that personal involvement, in other words everybody around the table with all the disciplines representing themselves, to now where it's provincially one big board. In some ways it's good, in some ways it's not.

Q: Now that you are a credentialed and respected professional, why are you active in the union?

BH: Why do I think it's important that we belong to a union? In working with the people in health sciences - like Dennis, like Kerry - these people are out to help you as an employee. How could you not want to be involved in something that helps you and your family? That's basically it for me. How did I get involved? When I worked in the health system in High River a number of years ago back in the '70s, the medical officer of health asked me if I would like to be involved in representing the staff on issues. I said, well ya sure. So from the '70s up to now I've really been involved in union business. I like to represent the staff, because staff have legitimate concerns and issues. If nobody represents them, that's the reason you have a union. I think unions are great because the regular bosses out there can't run over the employees. There always has to be somebody in between that represents and helps those people. I'm a firm believer, I'm one that helps my staff.

Q: What are some of the issues you've encountered on behalf of your fellow members?

BH: One just happened recently. Health Sciences is throughout our city. A concrete issue is parking issues. Prior to Health Sciences involvement, the employer, who we'll keep nameless, decided that parking was on the employee. They're going, no, if we're part of this union, if we're working in this building, we should be compensated for this. That's one concrete example.

Q: So you won that example?

BH: We won it, of course.

Q: It's amazing how many employees have to pay for their parking.

BH: You're talking city, it's not cheap. We're in Lethbridge, but when you go to Edmonton and you're paying \$10 a day, that can get pretty pricey. That's one issue. Another issue that hasn't been rectified quite yet, within the Health Sciences we have a

number of people that we represent. As I mentioned before, speech language pathologists, health inspectors, occupational therapists, physiotherapists, early intervention specialists, educational specialists, lab and x-ray people. A number and variety of people that are in our services. Where was I going with this? One of our current employees right now obtained a doctorate degree. Our Health Sciences is trying to help us through this. Her stand is on the pay grid it only goes to a Masters level. As a Health Sciences representative, which I am, I've taken that responsibility on my own shoulders and gone to bat for her. My feeling is, if you go to school for another two or three years, then you should be compensated for that. These are the kind of issues that come up all the time. Parking, education, equal pay for equal jobs.

Q: You've served on the bargaining team – what's your view of how bargaining works in our current industrial relations system.

BH: Sometimes horrible, sometimes great. It depends on the dynamic of the groups, the demographics of the groups. If you have two head senior negotiators that don't click right off, you're going to have issues. If you have two people that respect each other's opinions and try to settle it, things are going to be way different. I've been in both scenarios and I'd have to say now it's . . . if you've had anything to do with labor unions, we've got into some quite severe yelling matches at times.

Q: The government is looking over your shoulder. How much latitude does the guy on the other side have? How do you handle that?

BH: Initially, the way you're always told on a bargaining committee is that there's a main person. The other people that are around that table representing you, for example the way it was done in the past was we have a head negotiator who might be someone like Denis, in Health Sciences, that's their full time job. On this side of the table with him might be myself, representing speech and audiology. There might be somebody representing the secretaries. This is how it used to be; now secretaries are with another union. But every part of our union was represented at that table. A long time ago when it first started it seemed like everyone around the table had equal time on issues. In other words, the person that was assigned to do the negotiating, like Denis or somebody who was in charge of Health Sciences, you'd always funnel back through him. Everybody had the right on the table to discuss. I thought that was really good but you could really get into some fiery stuff too. So I think it's improved a bit that way, but there are still a lot of issues.

Q: What I was talking about is the government looking over the other guy across the table from you.

BH: My feeling is they already have an agenda.

Q: They really can't move unless they go back for approval.

BH: Oh absolutely.

Q: What sort of authority did the person on the other side of the table have to conclude a collective agreement?

BH: Zero. I think before they come to the table, the employer's side, there's certain specific things that they can offer. They'll come, they know what kind of salary they're going to give you, they know what kind of benefits. They know areas of that contract that they can negotiate, areas that they can't negotiate. In some ways it's already a done deal. The problem is that you have to work within the budgets. The government, the big guys, work within the parameters of money controls everything.

Q: What sort of authority have you experienced the other side having, to make compromises.

BH: Usually it's long term, because they have to always go back. They're always going back to the board in the region or the upper echelon. It's seldom done, yes that's fine today. It's usually always coming back. You'll go six, seven, eight times. One time we went until 2 in the morning. It's wild, that stuff.

Q: Do you remember times when cutbacks were imposed?

BH: I think where it really affected our employees, because I worked prior to that even, is how are you going to support your family? When you cut back 20% it comes down the line. I believe it was in the '70s for a time period of three or four years, to get 1% pay raise, forget it. But yet gas goes up, commodities go up, all the other factors that take an employee's day to day living kept increasing. It's the same old stuff. I don't think that's changed.

Q: What's the need for what you and your fellow professionals provide? I'm talking about social change. What's happening in our society that you observe?

BH: I think that there's a greater need than ever. I don't know a lot of the reasons. I know for one thing, if I can be specific, autism spectrum disorder. I've been through the ranks over 30 years. I remember when the prevalence of autism would be one in 100,000. Now prevalence with autistic kids is one in 166. Something's going on. We're seeing more severe, more types of problems. Fragile X, angel face, all these odd syndromes that you've never seen before. All of us as the disciplines are working with them. In our training, some of these things you never see, so you're training yourself. Sometimes it works fine and sometimes it doesn't. The other thing with cutbacks that we're seeing is the amount of money that's going into professional training. To upgrade skills in these areas when you're a professional already, they're cutting back on those things that you really need help with. It's getting better but there's still holdback, because it's very expensive.

Q: What does a quick overview of the professional journals tell you? What are some of the speculations as to why there's such a greater prevalence of, say, autism?

BH: I hesitate to say. I've given some presentations over the last couple of years on autism. One of the things that they talk about, and I've actually confronted our public health nurses on it, is, and some of the big guys will tell you no. But one of the things that I'm discovering in my research as well as some of our local psychologists, is thimerosal in vaccines, mercury. A few years ago, I don't know when they finally started taking it out, but in the early stages of when the kids come in in their early life, I think it's two months is their first shot, a few years back they injected this thimerosal or mercury with MMRs, like the early shots. Even though it can't be directly linked they say that people with autism have a certain gene or certain linkup. Usually when they are injected with this mercury they're saying that's one of the reasons we're seeing more autistic kids. So I don't know. That's one of the scientific research things that we're discovering.

Q: Let's go back to the union again. How would you characterize the Health Sciences Association, and what's been happening to it in the last couple of years?

BH: First of all, the Health Sciences is made up of professionals. These aren't your typical everyday people, they're people that are well trained, most university trained, they have high technical type jobs, their jobs are tedious and require a lot of specific training. You have to go through all the curriculum as well as all the supervision to be able to carry out your responsibilities.

Q: So what kind of union does this membership yield?

BH: It yields a union of solid professionals that their only goal really in life is to service clients, to help them and their families, to not always think about the dollar. Some of them don't pay as well as they should, in my opinion. These are people that are service people, they're charitable people. Our people want to give service to others; I can't think of any that don't. There's the odd few that are there for the paycheck, but not very many. They want to help.

Q: Have you seen your union responding to this desire?

BH: Absolutely. I've noticed over the last little while, I just find that the senior negotiators, the senior people in Health Sciences are highly respectable of our professional people. They always give us time to talk about our issues if we do have issues. They always think of us at the table when it comes to the benefits. What would make life easier for our employees? Would it be more vacation time? We're talking contract things but this is what it's all about. Are they getting a reasonable salary for the time they've spent in university or their specialized training? Are they carrying out their responsibility? If we pay them well, if we give them good benefits, does that make an effect on the lives of those that they serve? You're goddam right it does. Happy people, happy job. That is the fact. That's what I've noticed. Health Sciences as an organization are awesome in respect to us as professionals. They take it to the extra mile.

Q: Have you seen them respond actively to threats to your ability to service? When threats arise provincially or nationally, do you have examples of where they have spoken on your behalf?

BH: Yes. In the '80s about 10 years ago we went to the table. At that time, this is the old style of bargaining where we had everybody represented around the table on our side as the employer's side. There were issues floating around the table that we're going to make it hard on our employees. They brought their negotiating team down along with us and told the employer that, no, this isn't the way it's going to be. If it is, we're walking out of the hospitals, we're walking out of our community health sites, and we're going to make it tough on you people because we're not taking the bunk that you're throwing at us. As a result we did have a strike. Not that we're all in favor of that, because people are scared. No cheques, etc. But it was the best thing that ever happened, for the reason that the people actually started respecting the professions more in saying that there's more out there than just the doctors and nurses. That is probably the biggest headache for people in Health Sciences. The people that really run the hospitals aren't just the doctors and nurses. There are so many other professionals. There are over 200 professions within our Health Sciences alone that contribute to that. When you talk to a Health Science person and the main focus that you hear in newspapers is always the doctors and nurses. Great, if you believe it, but that isn't where it's at. It's the other people that make things move, it's the other professions.

Q: Has your union taken on the provincial government on the large political issues? How has it been effective?

BH: I don't know exactly what they do on a higher level. I guess just working with them as a Health Sciences representative, where they give respect to all our professions, I know on a federal basis they're doing the same thing, representing us as far as benefits, salary, all those things. I hate talking about salary and benefits all the time, but it is important to these families. I know that they've done a great job for us that way.

Q: Who are some of the people you admire in this union?

BH: I totally respect Kerry Woollard. Kerry is the senior negotiating officer for Health Sciences. I met Kerry years ago. Kay Willikus was the first negotiating senior and then after that it was Kerry and then Denis. I high respect Dennis too, he's awesome. But these fellows can work at the table really well. What I like about them, they're not contentious but yet they drive it home when it needs to be drove home. I so respect Kerry. He was probably one of the best negotiators I've ever seen. He could make people, he could say it nicely and they knew exactly where he stood. There's a real technique to that. He's totally awesome. He's one of the big guys now in Edmonton, and he should be.

Q: Do you know Elizabeth?

BH: Yes I do. I don't know her very well but we always say hi. On that aspect, ya. But I've known Kerry for a long time. And of course I know Denis very well too.

Q: Do you know anything about your union's involvement with the Alberta Federation of Labor?

BH: I know that they are involved, but to what extent, I can't give you an answer on that.

Q: Do you support that kind of involvement?

BH: Yes absolutely. Unions have to support unions if unions are going to be strong. We all want the same thing – protection for our families, decent pay, decent benefits. There isn't a union in this province, there isn't a union in United States. I worked for the Teamsters union for a year. I had an experience one time, I drove truck for four years. They came in and said, that's it, you're not getting a pay raise. We said, that's it, you're not getting your food. Two hours later we had our \$2 an hour raise. Sometimes you have to draw the line, you absolutely do. I totally agree with unions, I support them. Without them we wouldn't have the living that we do now.

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