

Amanda Whillans

June 13, 2019, Ground Zero Interviewer Jo-Ann Kolmes, Camera Don Bouzek

AW: I'm a member of the AUPE. I'm a member of local 47, chapter 10, and I'm a healthcare aide.

Q: Where do you work now?

AW: I work at Points West Living in Cold Lake.

Q: Tell us about your early years.

AW: I was born in Cold Lake and I grew up in Cold Lake, and I've lived all my life in Cold Lake.

Q: Was that true for your family as well?

AW: My parents were not. My dad came from Ontario in his mid-20s, and my mom came from all over Canada but mainly from B.C., probably in her mid-20s too.

Q: Were you brought up in any specific cultural tradition?

AW: No.

Q: Tell us about your education.

AW: I went through high school, and then I started working. I worked for eight years of nights at the Cold Lake Seniors Lodge. They were all independent residents of just a seniors housing facility there. I didn't pursue any post-secondary education until I started working at the hospital, and I took a course in sterilizing surgical equipment, something sterilization technician, medical device sterilization technician. So I took that course; that must've been around 2009, maybe around then.

Q: What year did you graduate from high school?

AW: I graduated high school in 1999.

Q: Was your work with the Cold Lake centre after high school, or also during high school?

AW: Right after graduation, up until I had my son in 2007.

Q: So the hospital was a job afterwards?

AW: I started working for the lodge in 1999 after I graduated. I kept working there and I was working fulltime nights there up until I had my son in 2007. That was my out for that job. At that point in time I didn't want to work nights anymore, I didn't want to work for that employer anymore. I went on maternity leave for the year to stay home with my son, and then after that I started looking for part-time jobs. I went and started doing housekeeping. First I started with housekeeping in the hospital and then I was in laundry services in the hospital. Then there was an opening in CSR in the hospital, so I took the medical device reprocessing technician course and then took that position for a little while. But that didn't, I don't know, it didn't suit me to sit inside a box with no windows all day long. Some of the coworkers weren't exactly the best environment to be around, either. Then I started looking elsewhere outside, and at first initially I was looking for jobs where the medical device reprocessing would be a part of it. I was applying at places where I thought maybe they would have that option. I applied at Points West, and they weren't doing that, but they were looking for healthcare aides. They said, we do have an opportunity where we'll hire you as a caregiver, and then within three months we'd like to see every employee be enrolled in the HCA course.

Q: What's HCA?

AW: Healthcare Aide.

Q: What's CSR?

AW: It's where you do the processing of the medical devices, where all the sterilization occurs. I'm not exactly sure what the acronym stands for, but it's basically surgical storage for all the surgical equipment.

Q: What was the job like at the lodge?

AW: A lot of the work there was either kitchen work, housekeeping, or cleaning. Then on the nightshift we would do hourly rounds on the residents and just make sure they're okay. A lot of cooking and cleaning.

Q: What was your experience like in the evening rounds, working with the residents?

AW: We didn't really work with them. If they were awake for some reason and came out and wanted some food, we could give them food. But if they were having a medical emergency or anything was wrong, we just could call 911. They were all independent residents, and even if they were receiving any medical attention or medical care, that was all done by home care. Home care would come from the community during the day and take care of them.

Q: What was your schedule like?

AW: I worked ten on and four off.

Q: Was that location unionized?

AW: That location was unionized; that was unionized by CUPE. Eventually, through the eight years of me working there, I was the shop steward for the group.

Q: What was that like?

AW: That was weird, because I was 17 when I started working there. I was going to the office and talking to my 70-year-old boss about the rights of my 50-year-old coworkers.

Q: Were there grievances?

AW: There was one instance where a woman felt that she was entitled to a position that was posted. She'd had seniority and she had the experience, but she worked the nightshift and she felt like she wasn't given the position just because they didn't want to try and have to fill the nightshift if she was given the other available shift.

Q: What was your work like at the hospital?

AW: A typical day, well when you're housekeeping, depending on the shift you were working, you'd just go in and prepare your housekeeping cart. Then you would go on your tour of the building, picking up garbages and cleaning bathrooms and checking out the floors and stuff, or at the end of the day making sure all the floors were cleaned. Depending on what floor you were assigned to, you could either be working in the long-term care section of the hospital or just the main floor of the hospital, which would cover lab and emerg along with all the other little areas. Or you could be working on the third floor of the hospital, which was acute care, doing all the resident rooms, and labour and delivery was up there too.

Q: Did you face any issues when you were in that job?

AW: No, none in particular. There was pretty steady advisory from whatever group it was to ensure quality control to make sure that everybody was using the right chemicals, everybody was using the right procedures, everybody was making sure that everything was done in the cleanest way possible to avoid any sort of spread of anything within the healthcare facility.

Q: What kind of training did you get in terms of working with chemicals?

AW: Everybody had WHMIS all the time. I remember when the new mop pails came in, there would be a separate reservoir. Your whole mop pail would be the whole reservoir, and then the rinse where you would rinse your dirty mop had a separate reservoir so the dirty mop water stayed separate from the clean mop water all the time. At first we thought, this is pretty overboard, guys. But looking back at some of the things you were cleaning up, ya I'm glad I didn't mop blood all over the place and then go and use that mop somewhere else. That could've been really bad for transmission of some sort of infectious disease.

Q: How did you feel in terms of your own personal safety, in that environment working with chemicals?

AW: I always felt really safe. They would always walk you through in every course, like proper PPE and what you should be wearing when you're dealing with any various situation, be it bodily fluids or just your chemicals or the possibility of spray-back or a cleanup for a spill kit or something.

Q: Were you in a union then?

AW: AUPE was the union for the hospital there too.

Q: Were you shop steward there?

AW: No, I was a member there but I wasn't a shop steward.

Q: From early on, you had a lot of exposure to the benefits of being in a union.

AW: Yes, most of my working life has been for a union. It just worked out that way – healthcare, I guess.

Q: And that hospital was a public hospital.

AW: Yes, it's an AHS hospital.

Q: Did you experience any safety issues?

AW: Everybody was so well informed about what you should be wearing and how you should be handling every chemical. When you're working in a hospital, and especially in the laundry, there's a whole tub, and you have different tubs of laundry, and there's different things that go in the different tubs. One whole tub is just red bags, and that's the bloody laundry. You have to dress all up if you're even going to touch all the bloody laundry, and wash it separately and do separate things for it. But everybody knew very well, and everybody always made sure that if anybody looked like they were doing something incorrect, they were informed that it was for their safety to do it properly. But the girls in the laundry too, at the same time, were the ones and still are the ones very heavily involved in the union, so they make it their business to make sure that everybody is very well aware.

Q: Did you have any role models or mentors in health and safety?

AW: We were all friends in there, so I wouldn't say mentors so much a good role models for sure, and the type of friends that you'll keep when you leave a job. It was a really friendly environment to work in.

Q: What kind of work did you do in the laundry section?

AW: I could do either side of the laundry, because I was casual in the laundry. I would work, you call it the dirty side when you're washing the laundry, and then the clean side when you're folding the laundry. You would be doing everything from the bloody maternity stuff to the surgery stuff or the residents' clothes from the long-term care that's in the hospital.

Q: You mentioned that you were glad to leave one of the workplaces when you went on maternity leave. Which workplace was that?

AW: That was the lodge. I had been there for eight years, and part of it was that I had been there for eight years working nights. I was ready to come off of nights, and it seemed like the only way to get off of nights there. There's not a whole lot of people willing to work all night and sleep all day.

Q: What years did you work at the lodge, and what did the job involve?

AW: I worked there from 1999 until 2007. The work there was a lot of cleaning, so just making sure that everything was vacuumed, the public washrooms were clean, shampooing carpets, shampooing furniture, dusting, sweeping, mopping, laundry, checking on the residents hourly.

Q: What was the training like at the lodge compared to the hospital?

AW: The lodge was definitely lower on the training scale, because it was more a home environment. When you were working there at night, you were. . . There was spare time. The workload wasn't intense. It would just be your coworker telling you, this is how you work the shampooer, and you pour about this much in of the cleaner into the reservoir and then you fill it up with water, and then off you go. Then off you would go. If you do that for eight years, it just becomes routine to not think about even what's in the chemicals that you're pouring into the carpet shampooer. But fortunately, there were no incidents that anybody was aware of. I don't think at that point in time there was any kind of OH&S committee or any kind of meetings, just maybe semi-annual or annual WHMIS training. But that would be the top of what kind of education we got. I think the entire time I worked there, we might've taken a first aid course, maybe once or twice. But then we were never qualified to actually care for the residents. The likelihood of there being an incident where somebody required you to have that sort of training would probably have been a little bit higher than the ordinary worker would encounter every day, but the employer didn't really deem it necessary. The same is true of Points West now.

Q: What did you do in the WHMIS training?

AW: How to read a label, how to read whether or not something is corrosive or flammable or shouldn't be inhaled or shouldn't be ingested.

Q: How long did the training go?

AW: It would be like a part of a day course, half a day tops.

Q: Where did you start working with seniors more directly?

AW: At Points West.

Q: Not at the lodge?

AW: No, that was a lot of food service and cleaning. We would check on them at night but we would generally make a pretty good effort never to wake anybody up.

Q: When did you start at Points West? Talk about your job as healthcare aide and your interactions with the seniors.

AW: I think I started working for Points West in November of 2013. What interested me in the place to start with was I think reading an advertisement in the paper about the Eden philosophy, which was this wonderful idea that the residents have a choice, they should be living in a home-like environment, and it should be relaxing. They should be able to have home-cooked meals and have a very homestyle environment, nothing clinical, where you don't wear scrubs, you just wear your clothes so you don't seem like an authority figure. They can choose their outfits for the day and they have a variety of activities to do throughout the day, all the while being very close to a hospital and having access to medical care. All of that stuff sounded really good to me at the time, so I applied for the job.

Q: What does the job involve?

AW: For a healthcare aide in Points West, we do the residents' laundries, we do the residents' room cleans; we help them with their daily acts of living, which could include anything from showering to toileting, to their dental hygiene. Along with that comes their medication; we're giving their medications, too. A lot of healthcare aides in different places don't do that. I don't have any experience with any other employer, being a healthcare aide, so I figured that was normal. But the more I'm working there, the more I'm hearing stories that's it's not exactly the norm for healthcare aides to be administering medications. While we're doing housekeeping services, laundry services, their personal care services, and medication services, we're serving food – all not in scrubs and stuff. You wash your hands and take your gloves on and off, and you do all those things and keep clean. But it really is a horrible thing to know that you're being funded for something that sounds like it's four jobs. They're telling the family that all these wonderful services are provided, but what they're actually providing is one staff with all these labels and very little time to complete all these tasks. So things get left behind.

Q: That must be stressful for staff.

AW: Oh, very.

Q: Could you talk about how you felt about that?

AW: The staff come into work every day and there's a list of things you have to do. There's always going to be at least three or four room cleans and three or four showers, on top of medications that are scheduled generally every two hours. Then all the laundry gets backed up, and people are using their call bells. If you're working the evening shift with me, upstairs with 30 residents there are two staff; there are two of us and 30 residents. We start at 3:30 and supper is at 5, so we're going to try and get them all toileted, all their medications given to them, have them in the dining room, and the dining room set up and prepared by the time supper comes up, and then serve them all supper by 5 o'clock. Then we're going to go and try and get their laundries done and their showers done and get them medicated again and get them toileted again. Sometimes the residents are calling for different things – they need a sit-to-stand to go to the washroom. That takes two people, so you're taking your partner away from

their side of the cottage and their tasks and their residents to help you get one person on the toilet. But there are five residents who use that sit-to-stand, and we only have one. If one person wants to use the toilet at the same time another person wants to use the toilet, someone has to wait. If someone has to wait too long, they're going to have an accident. If they have an accident, then we should immediately be doing their laundry, because it's soiled and that shouldn't sit in their room; it's unhygienic. If a resident has an accident and we have to do their laundry right away, Points West has told us that we are to make sure that we do the appropriate paperwork so that the families can be charged an extra \$10 for the extra load of laundry, which was initially our fault because they had called to go to the washroom but we couldn't get there in time.

Q: So this is what you're facing every day.

AW: Ya, and we're just working it; the residents are living it.

Q: How do bonds develop with the residents?

AW: It's almost completely necessary. If you're going to be asking somebody to get naked in front of you on a regular basis so you can wash their most intimate and private body parts, then you're going to want to be friends with them. If you're not friends with them, it's not going to go well for anybody. Their lives are very small. Their lives consist of their meals, and because there's very little recreation and bingo doesn't thrill everybody in the world, despite popular belief, a lot of their worlds are very small. Their worlds either revolve around the people that they're going to see every day or the meals that they're going to have. They're bored and they're lonely and they're helpless and they're hopeless, so they want to talk.

Q: What led the staff to organize?

AW: Initially the staff were frustrated at being short-staffed. We had asked for years, and in staff meetings it would mostly come up, especially when people felt more comfortable with all their coworkers, like my coworkers are going to have my back when I say we need to have either a

housekeeper or we need to have either somebody working in the kitchen or something so that we can actually get all of the work with the residents done before mealtime rolls around. Or just to take some of the load off – the workload is really intense. Oh, we'll look into it and we'll look into it and we'll look into it. You can be told that someone's going to look into something for maybe a year, and then you're like, no that's not working. So we're going to have a private meeting with the manager and talk to her like this is what's going on and people are getting really upset, you're starting to have staff retention issues. We'd really like to keep the staff that have been here for years who know the residents and know the routines instead of training new people, because training new people takes so long and we're never given enough time and we can never do it adequately. So please, please give us more staff. At the same time, we're hearing stories of other healthcare aides in the hospital in long term care, and their shift differentials that are \$5 an hour different than ours, and their wages that are way higher than ours. People of course always get a little bit irritated. We're doing the same work and possibly more work, because we're less staffed for more residents than they are over there, so what's the deal? Then we started putting two and two together about like, oh that's a publicly funded building and this private for profit, and all this money they're making. Then we started learning about how much money the residents are paying in rent and how much extra they're having to pay for all the things that aren't covered, like toilet paper and garbage bags, that they have to pay for themselves because that's for some reason a frivolous expenditure and Points West couldn't be bothered to pay for that. Then we started just talking about it after work and stuff. One of the girls decided, ya I'm going to call somebody and see what happens.

Q: Before that when you met with management, how did those meetings go?

AW: At first it would be kind of like you'd just walk down to the manager's office yourself and be like, listen, we were short again today, it was hell, and this didn't get done and this didn't get done. All we need is somebody to help out in the kitchen or all we need is somebody to help out with the housekeeping. Why can't we get that one more position? Or you told us you were looking into it; where are you getting with those conversations with your bosses? Then, oh ya, I forgot to tell you, they said no. Those were the kind of conversations that went on. It didn't all happen in an instant. Points West was around for four years before it was ever unionized. This

was going on for a long time before anybody ever decided that we had to take it to the next level. Nobody was ever going to get back to us in due course, and it was time to make a move.

Q: How did that unfold?

AW: One of the girls phoned AUPE and ended up talking to an organizer. He came out to Cold Lake and spoke with her and gave her, I don't remember what colour they were, maybe little green slips of paper – see how many people you can get to sign on and say they're interested in joining a union. If you can get 80 percent of your staff to say they're interested in joining a union, then we'll have a vote and unionize the building. I think we had nearly 100 percent of the people signed up within two weeks, and we joined the union.

Q: That sounds like it was pretty smooth.

AW: It was pretty smooth, in my experience. I'm working evenings, so management doesn't have any access to me. I don't really hear what's going on during the day too much unless someone decides it's important and lets me know. But at that time I could go into work in an evening or I could walk in, and management was hands off. They would sit in their offices all day and they wouldn't even notice if a person walked in, walked all around their building with little pieces of green paper and said, hey sign this, hey do you want a raise, hey are you tired of being alone all day? Are you stressed out, are you a little bit angry, are you feeling like your workload is incredible? Sign this, and let's all sit down and talk. It was easy, but apparently the manager did hear something was going on. She would talk to one of the staff who was friendly with her and say, could you tell me who's doing this, could you tell me who's going around and doing this? That girl, fortunately, didn't say anything. But she very well could've. My employment could've been significantly shorter.

Q: What were the issues that led employees to want a union?

AW: Short staffing is always a major concern; it was then, it still is now. Lack of training and orientation. Orientation for new people, we definitely need more of; we did then, and we still

do now. Training in just various things, like even first aid courses, or musculoskeletal injury prevention courses is a big one now that we're trying to get everybody to have. All those little in-service one-day courses could be so easy for the employer to do. Every single one of them is a bit of a struggle to get to roll out.

Q: What happened in negotiations toward a collective agreement?

AW: We got certified and we sat down in the two-hour first negotiations. I think within hours there was already screaming. We were in Points West's conference room, and I think that was the one and only bargaining meeting we ever had there. They were trying to sell us three pieces of paper that looked significantly cheaper than labour standard.

Q: Were you on the bargaining committee?

AW: I was.

Q: How many were on the bargaining committee?

AW: There were three of us on the bargaining committee with our negotiator.

Q: What happened after that first meeting?

AW: We scheduled another one. It seemed like there was always a couple of months in between meetings, and things would slowly move along. We could agree to some language here and there, but it was always tough to get any language around things like vacation entitlements or just the way they wanted to word things sometimes. There was a lot of fighting over little words. They own other sites all over Alberta, but they never wanted to use any of those pre-existing contracts as comparators, especially one of their contracts, which was not a bad contract; we of course wanted to model ours after theirs. Then they decided to sell that site, and the contract with it, so we could not use it as a comparator, nor could any of the other Points Wests Livings.

Q: How long did this go on?

AW: I think we were in bargaining for at least two years, then one Valentine's Day they told us they were starting to look into other options. They were already talking about contracting out options, like contracting out the healthcare side of the services.

Q: How did you respond to that?

AW: I think that day they had given us a proposal. We had given them our proposal and they gave us their proposal, and we were returning with it. We brought it back to our group to read their proposal – this is their most recent proposal, what do you think? At that time, I got everybody to write across the front of the proposals exactly what they thought of them. They brought the bag of proposals into the bargaining and dumped them on the table at the end after it had gone to shit and after they'd told us that they weren't going to listen to us anymore. I dumped their bag of proposals on the table and said, this is what they think. We took it back to our people and they're all aware of what you're offering us. We're not sitting here and not telling the people what you're offering. They know what you're offering, and this is what they think. I dumped it on the table and we walked out of the room. We didn't sit down to another meeting with them for a few more months after that. Then then next one we had was only a half-day meeting where they took a proposal for us and said, we'll have to bring it back to our principals, and then they left.

Q: Is that when you took the strike vote?

AW: I think the strike vote must've been after all of that. That's basically when bargaining went straight downhill, and then we took the strike vote, and the next time we met with the employer wasn't until we wrapped up the lockout, and the next time we sat down at the table with them was in the Labour Relations building.

Q: What events followed the strike vote?

AW: I can't remember which order they happened in, to be honest.

Q: According to the transcripts, the strike vote was taken and then the disputes inquiry board was appointed.

AW: Yes. We were going to go on strike and we were prepared to go on strike, and then they told us Points West Living had applied for a second time after being told no, and was now told yes, that we were going to be going to a disputes inquiry board. We had all made schedules, these are the days we're going to come, these are the times we're going to come, this is how the line is going to operate. Everything was organized, everything was ready to go. Then no, back into bargaining with the disputes inquiry board.

Q: What happened with the disputes inquiry board?

AW: The process itself is kind of fuzzy to me. I just remember it being a lot like bargaining but we're just sitting down and telling this guy, this is our opinion, this is why it's our opinion, this is what we want, and this is why we want it. Then I think he would go and talk to the employer and they would tell him, this is what we can afford and this is why we can afford it, because heaven forbid you touch our \$250,000 a year bonuses, but the residents can sit in shit. Then they came back with an agreement or his proposal, he came back with his proposal, which we sat and read over and formed our own opinions on, and then took it to our members and asked them to form their own opinions before we told them what our opinions were. Then we would vote on what we thought of the disputes inquiry recommendations. It turns out that we chose not to go with them. The employer had decided that they would accept them, but we decided we didn't not want to accept those terms.

Q: What issues did you take to the disputes inquiry?

AW: At that point our organizers basically said, you need to decide what is your main objective here. What are the main things you need to be able to go back in there and be happier workers?

We need more people. We need more people on the floor all the time, whether it's a housekeeper, whether it's somebody in the kitchen, whether it's another healthcare aid providing care with us on the floor – just something, just more people. We need training for our orientees, better training more than one shift here and one shift there and one shift in this cottage just so you can say you've been on every floor. You're not even going to remember any of the residents' names like that, never mind get into a routine. Then we need to be able to have something on paper where if we're short you're going to call someone, if someone's sick you're going to fill that shift. There has to be some sort of accountability. For the very minimal staffing that we have, you have to make sure that those shifts are filled every day.

Q: They weren't doing that?

AW: Oh no, if somebody would call in sick, they'd sometimes just not even try – oh, somebody called in sick. So we're paying them for their sick day, we're not also going to pay them for their sick day and somebody else to come and work. So we'll skip baths and we'll skip laundry and we'll skip room cleans, because those are the lowest priorities on the totem pole. But we definitely can't offer overtime for somebody to come in.

Q: Was pay an issue as well, or was staffing the main issue?

AW: Yes, it was all about staffing for us.

Q: Was it a unanimous rejection of the inquiry recommendations?

AW: I wouldn't say it was unanimous, but it was pretty close. I can't remember the exact percentages, but it's always been pretty close.

Q: So then what happened?

AW: So then we sat down and decided to pick dates again for what date we're going to officially go on strike, what date and what time, and what the shifts will be. We'll have people here in the

morning for when they bus people in that will be replacing us, and then for the evening when they leave and the nightshift comes in to replace us. What the hours were going to look like, how people were going to arrange their lives.

Q: What time of year was it?

AW: When the preparation was happening? Late fall.

Q: What year?

AW: I should know this.

Q: Don't worry, we have that.

AW: I want to say 2017, it should've been just before the winter of 2017.

Q: So you're preparing the shifts, and then what happened?

AW: This was the second time around after the disputes inquiry, and we've got everything ready and we're going to go again. We get all our paperwork ready, these are the dates on our paperwork we're going to go on strike. Give those to management, management gives their papers – we're going to lock you out. It was all simultaneous. Their dates predate ours. They were upset like, oh shit, we're going to lock you out, you're not just going on a strike. We can't bend this in the media, you guys are the bad guys for walking out on the seniors. They're like, give us those back, let us change the dates please. No, this is the date you said you were locking out your staff – the 16th of December. So this is the date we'll be leaving. Come the 16th of December people are at work, and I think they had to be out at 9 or 9:30 in the morning. There was extra management there for that day, and they were physically removing people from the building. People were trying to put on their winter boots because it was minus 40. People are trying to put on their winter boots and snow pants and jackets so they don't get frostbite the instant they walk out the door. There's management physically touching people like, out you go,

out you go. So that was a great memory – there's your caring employer. Then when you go back to work of course 189 days later – we value you and we value your hard work. Ya, we know you do, we know how much you value us.

Q: How were you feeling in terms of your relationship with the seniors?

AW: Everybody at first felt really good about what we were doing – we're doing the right thing, we're doing it for the right reasons.

Q: What was the picket line experience like for you?

AW: I liked the picket line experience. It was definitely empowering for a lot of people. There were a lot of very quiet people when we first went out there, who wouldn't want to speak too much. Even when the bus full of scabs came, they wouldn't want... Nobody ever wanted to hold the megaphone, nobody ever wanted to be the person with the speaker. But by the end of those days there were some really quiet, shy women that were able to go on whole ten-minute rants about exactly why this was the right thing to do. I think for a lot of people, it made them realize that just because you never thought you could do this doesn't mean you can't do this. You can flex that muscle, and the more you use it the stronger it's going to get.

Q: Were you one of the role models for the others, based on your experience on the bargaining committee?

AW: I don't think I would ever paint myself into being a role model for anybody. I don't think of myself as a terribly good person. I think of myself as a very strong-willed and opinionated person, and I think that impacts people a little bit and maybe helps them develop their opinions if they can see somebody being like, okay I'm just going to say it. If it's bullshit it's bullshit, and then you can recognize it too. If you recognize it too, you don't just have to stand there and take it – you can say it too; it's okay. People I think would find strength in seeing a group of other people being strong so they felt they could join in on that instead of if they had been alone and then they'd be, oh no, I think I'll just walk away from this one because that's not a fight I want to

get into. But this one was definitely worth it. I think it's easier to fight for other people sometimes than it is to fight for yourself.

Q: How did the community and families react?

AW: We had some families that were behind us all the way and still are, and we have families that are cluing in more and more. The longer your parent or loved one is in there, the more you're going to see things that are like, oh. At first it's super easy to blame the staff that they're not doing this and this isn't getting done, and how come the laundry is backed up and my mom didn't get a shower today? And oh, my mom didn't get a shower last week, either; what's going on? But then eventually they come to realize, oh my god, are there just two of you here? How are you doing this? Then we start slowly hinting to them, we get it, it's uncool that your mom hasn't had a shower, and I'm really sorry that she hasn't. Unfortunately, I haven't been getting around to it. They are supposed to call in an extra person to get those reduced services fixed for the next shift, but they haven't done it. They haven't done it in months. They promised they're going to do it, they wrote it into their policies and made it sound beautiful, but it's not happening. What you could do as a family member is say that you're aware of that policy and that you'd like to see them start enforcing it. So we've got some families now that are really receptive to that sort of conversation, because they like to be part of what's going on. They want to know what kind of place mom or dad is living in. So that's been working out a little bit to our advantage lately, because it's always so much better when you have the support of the families. As far as the community goes, I'm not sure that there's still a whole lot of community awareness. Until it affects you, until it touches your life, you're not really going to care too much about seniors and senior care.

Q: It was 189 days. How did the agreement get reached and how was it resolved?

AW: Just before Bill 17 was passed, which changed some legislation; I can't remember all the exact wording of it now. Points West had given us all letters of dismissal on the picket line, so they fired us all while we were locked out. We took that to the labour board to fight that. Then Bill 17 came in. They'd fired us all the day before Bill 17 was going to be passed. It was

something to do with Bill 17 that I can't quite remember, but at the time of course it was memorized inside my tiny little brain. It was very transparent that they'd let us all go at that time and for that reason, so we were just going to take them to the labour board to fight that. That's when they decided they would meet with us while we were there and see if couldn't come to an agreement before the labour board interjected themselves.

Q: What came from that?

AW: All day long in and out of that room talking with the employer and talking with the union and talking with my coworkers. We were able to reach an agreement that did not look dissimilar from what was proposed by the disputes inquiry board.

Q: Was that somewhat of a setback?

AW: It wasn't a setback. Some people felt deflated and some people also felt very elated. Some people were super happy just that they weren't going to be fired anymore. There were people very upset – all I want is my job back.

Q: So you all went back. There must have been a transition period.

AW: Definitely. Before we went back, we all had to do a four-day orientation in I want to say it was some old church basement, but it wasn't; it was just like some old public building. It was super hot, so we had to sit in there for four days and do this orientation about how we do things now. So that was fine, we all got paid for this four-day orientation. Then we went back to work and there were still some replacement workers in the building. But all of a sudden, like wow we were replaced, we were replaced with a hell of a lot more people that we ever had when we were on shift. They had doubled the amount of staff in there, and they had somebody working in the kitchen during supertime to help serve the meal. It was like, wow this is cool; is this going to last? Management is coming into the building watching us on our first couple of days there, management shadows making sure there's no kind of retaliation, like who knows what they were expecting. But they were watching us to make sure we're doing our jobs properly,

now that we're like these crazy union thugs who are just going to come and wreck the seniors in their building. The first night I came to work, I was working upstairs and there was this girl working in the kitchen. I don't know what she was doing. She decided she was going to start picking a fight with me about something. I can't even remember what, maybe the temperatures of the food. She was telling me that I was barking up the wrong tree. Manager people are watching from behind plate glass in the piano room, and they came right over and were like, what's going on? Actually, she was removed and kicked out and never came back. So that was cool, but it was definitely tense. For all their talk about we want you to have a shadow when you come back to work and they're making people all stressed out, I'm going to have this upper management person following me around while I'm doing my shift. But they're so hands off and they couldn't do the work if they tried, so they'd follow you around for an hour and go, oh ya you've got this, you know what you're doing. Ya, I've been doing it for a few years; I've been trying to tell you that you're doing it wrong. Then that was it, we just kind of all slid back into work.

Q: Was the staffing issue resolved?

AW: It remains the same.

Q: That's a health and safety issue.

AW: It is, and it gets brought up at every OH&S meeting and it gets brought up at every labour management meeting. The management is starting to get frustrated like, we're advertising, we're hiring new people, we can't keep them. They're not training them properly, they're overwhelmed; it's toxic, stressful work environment. Everybody's angry all the time, because they're short all the time and they're frustrated all the time, and management listens never. And management is new, too. We've gone through the second manager since we've come back into the building.

Q: How are the staffing issues being addressed?

AW: In a small town with a limited number of HCAs, and honestly if they have better opportunities they'll come and work for us. But they'll also be working for AHS and they'll also be working. . . So if we can employ an HCA, and say she starts off as casual but she's also working maybe casual at the hospital in long term care or maybe casual in the community for home care, she's going to be able to compare her work environments and be like, this place is always short. The manager is never around, he's taken off from work to drive his wife to a hair appointment again. And he's new, he doesn't know what he's talking about, he can't answer any of my questions. The secretary is new, she doesn't have any answers, she's still asking everybody a lot of questions. Then I go to my other job and they're always fully staffed, everybody knows what they're doing, they've been there for years. I go to my other job and everybody's happy and their friends. Their workload isn't so intense, they can sit down when they do their charting and have a conversation without somebody being like, don't you have better things you could be doing? They're going to choose these other workplaces. So our staff retention is garbage because our work environment is garbage.

Q: How does the short-staffing affect workers and residents?

AW: The staff are affected by short-staffing when you come in and find out who's sitting in the staff room. Ok we're short, somebody's missing. So now how are we going to reorganize ourselves so there are enough people working with the residents with dementia and with the residents who have DSL 3 and 4 care needs, which just means they have varying levels of care? Then there's one wing that's independent residents, so they don't require a whole lot of care; there's some cleaning and kitchen service duties there. So lots of times we'll pull our staff from independent and they will go upstairs and help people do all their baths and stuff, if necessary. But then the residents in independent are obviously missing out. If they were going to ask somebody a question or if they needed help with something, they can't find that now because they may or may not find it at the front desk. The receptionist may not be there, on the weekend for sure not. If she's there, she has no skills to help them. The manager is an LPN but everything seems quite beneath him now, so he would more than likely just call another staff member to try and attend to a resident. People are just running around, running around, and

there's no organization to the day. Then the residents are suffering. If you're stressed, the residents are going to notice it as well.

Q: Why is this a health and safety issue?

AW: When we're short-staffed, and if we're going to go and give a resident a shower, but we have this impression all day that we're short and we're behind and we have to catch up, and we have walk-in showers and maybe the resident isn't very good on their feet, you may not even be aware of it, so it's very likely you could be rushing a person. Things like a slip or a fall or any kind of injury are definitely more likely to occur, because you're rushing. Same thing with anything to do with needles or with cleaning or with chemicals or with any kitchen work, the dishes that come out of the dishwasher. That dishwasher heats up to 186 degrees, and when you take anything out of it it's like getting a steam bath. They just tell you, don't rush, don't rush, never rush. But at the same time, if you don't get your stuff done at the end of the day, how come this person didn't get a shower? How come this is sitting here, why isn't this garbage taken out, why isn't this laundry done? Family is getting very upset; what are you going to do about this? I'm going to rush.

Q: The residents must pick up on it also.

AW: They absolutely do. We have some residents who will wake up in the morning and the first thing they'll ask you will be, are you short-staffed today? Or if you take more than five minutes to answer a call bell they'll ask you, oh you must be short today. Or there are some residents that will do things that they should not do and they know they should not do, that they have been advised against doing. We have a resident that should not be transferring herself, she should be using a mechanical lift. But if she knows that we are short that day, she will feel so bad for us that she will try and transfer herself from her wheelchair to her toilet, and she has. We were aware that she was doing this, we advised her against doing it. So they make her sign a danger assessment thing – you've been advised not to do this, we know you're going to do it, blah blah blah – make her sign the paper so that their asses are legally covered. So she continues to transfer herself because we're short all the time and she feels bad for us, she didn't

want to call us. She goes, I didn't want to bother you. She fell and broke her hip. Fortunately, even though she's 93 years old, she was okay and she's back, and she's sometimes still occasionally transferring herself.

Q: How can these safety issues be addressed?

AW: I'm not even sure how to address it through health and safety. It seems to me for what I know, and I don't know everything and I will never claim to know everything, is that the occupational health and safety is for the worker, not for the resident. I can't say that although the residents are at risk because we are short-staff that it's an occupational health and safety issue. I can bring that to a labour management meeting and maybe take that route, or I could tell the woman who I know sits on the residents council group that this is an issue that maybe they should be addressing.

Q: Could you discuss the issue of the cytotoxic medications?

AW: As an HCA at Points West, we're giving residents their medications. Some medications, only the LPNs can give. Something that's given internally, like I can give a suppository, I can give an anal suppository but not a vaginal suppository. Somewhere there's a line of what an HCA can and cannot do, but it's a pretty thin line apparently. Cytotoxic medications are apparently safe for HCAs to give. When we went back in after the lockout, there were a few residents taking cytotoxic medications. It might be labeled on their medication administration record, this is the name of the medication, and it might just say cytotoxic.

Q: What is a cytotoxic medication?

AW: It was later explained to us as just some kind of very dangerous medication. It can cause serious birth defects if you're pregnant, it could cause all sorts of health problems if you handle it directly or even if you handle the urine or feces or body fluids of a person who is taking the medication. If I were taking the medication and I sneezed into my Kleenex and then you touched

my Kleenex and you had a cut on your finger, potentially you could become ill. Or if you were pregnant, your child could be damaged.

Q: What is the purpose of those medications?

AW: I don't even know, we're not even told that. We're not given the residents' diagnoses, we're just given the medication. We don't even know sometimes what the medications are, because we don't need to, we're just giving them. You know the name of it, the dose of it, the route it's to go in.

Q: How were you trained to deal with medications?

AW: Somebody from the company that we do our medications through, Pharmicare, came in and gave us a little rundown on toxic medications, saying basically, always wear gloves when you're handling them. If somebody's incontinence product or whatever has been used, they must go in a red biohazardous garbage bag and disposed of as a biohazardous waste. If they soil their bed and they've been taking these cytotoxic medications, then you've got to put all the linens and stuff in these red biohazardous bags and the clothes must be washed twice on a heavy-duty cycle with bleach, and then the machine disinfected. Then you can dry it and bring it back to the resident. But just wear gloves when you're handling the medication.

Q: How did you realize this was an issue?

AW: I'm not even sure how the topic came up. It may have been one of the LPNs who said, listen, this is cytotoxic medication, we need to have the whole staff understand instead of just the LPNs being read in. The LPNs aren't even giving the medications, the HCAs are giving the medications. The HCAs need to know. The HCAs are in the rooms doing the laundry, the HCAs are in the rooms changing their briefs. The HCAs need to know how to handle all their soiled linens and all their soiled products and all their garbage, and how to deal with these situations. We were given maybe a little two-hour course on how to deal with cytotoxic medications and anything that had come into contact with cytotoxic bodily fluids.

Q: So before the LPNs raised the issue, there was no training?

AW: None. We just didn't even know about cytotoxic medication. There's not much to say. If you didn't know about it, you didn't know what you didn't know about it. You don't know how much you don't know.

Q: Can you tell the incident regarding cytotoxins?

AW: I can't even put a time frame to how long we would've been giving that medication before we were told. It probably would've been a fairly new thing, because that woman doesn't take a lot of medication. It wouldn't been a new medication. But still, part of the protocol for dealing with cytotoxic residents is to have a sign on your door the same as anybody with the flu or anything – take the precautions, wear all your appropriate PPE. But we're not allowed to put a sign on her door even so that new staff can be fully aware, because that's her home and we can't put a sign on her home that calls attention to her medical situation. I'm not sure if that's a violation somewhere, but the AHS staff who work inside Points West Living are not doing anything about it. The garbage is supposed to be disposed of as biohazardous garbage, and it's going in the regular garbage. That has been brought up at the last OH&S meeting, and the management said something about AHS having to be responsible for our biohazardous waste. I'm not sure how that works out, so we're still going to have to look into that before the next OH&S meeting comes about, to find out how true that is. He's been known for speaking mistruths when he just doesn't know the answers.

Q: What happened when you first became aware of this issue?

AW: I didn't become aware of it until the LPNs were saying, this resident is going to start taking this cytotoxic medication, it could be dangerous to you. There are other residents with other dangerous medications, and always wear gloves, but this one's a little different because it's going to also affect her laundry and linens and garbage. We went and sat down and took the course, and a few people expressed that maybe this little less than two-hour talk was

insufficient for the severity of what could happen with the side effects of this drug. There's also been a ton of new staff since then, and as far as I know, they have not received any sort of training regarding the cytotoxic medications.

Q: Did you take the issue to the union?

AW: No. I think the union was maybe made aware of it through a different avenue or through a different resource. I don't have anything to do with AUPE's campaign on information for the site on toxic information. I'm not part of AUPE's OH&S committee, just part of my chapter's OH&S committee.

Q: Do you know how AUPE developed its site?

AW: They have access to a lot of medical professionals, for sure.

Q: Did that arise out of Points West?

AW: I don't think so. I think it was just made a public issue fairly recently, so a great big awareness thing kind of went out. I don't know if the drug is being used more often or if it's a new drug or if people are just suddenly offended by all the side effects, or employers' lack of sharing information about the dangers of coming in contact with this medication.

Q: Were you involved in the bargaining committee on taking things to management regarding further training, etc.? Are you a shop steward now?

AW: I'm not a shop steward now. I'm just part of the OH&S committee, the bargaining committee, the labour management committee, and the vice chair for the chapter.

Q: How would you describe your experience in taking these issues to management?

AW: Through the OH&S committee and the labour management committee, we'll come up with a number of subjects that are on the minds of the staff or even the residents or the families, and bring it up in these meetings and say, this is what people are thinking and this is what people are feeling and this is what people are prepared to do if you don't do something soon. Or reading through legislation, which is always fun and nobody wants to do, but that's where I did find a clause saying that every employer must have all staff trained in musculoskeletal injury prevention. I was telling the boss in OH&S meeting that we need everybody to have this course. Over the past two years, four people have hurt their backs and two people have hurt their shoulders. Even though they may have had these courses before, they're short courses, and it would be good for everybody to have a refresher because they're obviously not using proper body mechanics when they're moving heavy things, or they're rushing and moving heavy things and they're getting hurt.

Q: Do you feel a sense of accomplishment?

AW: Oh for sure. It feels good to finally be able to get things done. Your coworkers see it happen, and you tell them, find out the facts, and then take the facts to the person who needs to know the facts, and then it'll happen instead of, let's all stand in the locker room and bitch about what a fuckin bad day we had. That's not going to do anything. Everything has a process; sometimes the process is slow and sometimes the process is shitty. But it's the process that's necessary, and then you'll get something done eventually if you keep smashing your head against a brick wall.

Q: When you saw that legislation, was that a special moment for you?

AW: It was. It's funny that you would say that. I don't know anybody who would just sit down and say, oh I was sitting down the other day reading some legislation and it just jumped out at me. This is a thing I can use, and this is going to get us some things done. This is what's going to get us the education we've been asking for for three years. But ya, it's a weird thing to say I was sitting down and reading occupational health and safety legislation, and then I got really happy. But ya, it's true. When you find something that works for you, it is exciting.

Q: It's so wonderful to hear you say that, because it's true.

AW: And it's a dry read. You give up so many times before you find anything.

Q: Are there other things you'd like to talk about regarding your continuing fight for health and safety?

AW: In the environment we're in, it is important to be mindful of the staff's occupational health and safety. I wish at the same time we could tie the residents into it. It's not their occupation for sure, but it is their health and safety that is affected all in the same building by our actions and our inactions, and our staffing and our lack of staffing, and our training and lack of training. It affects their lives.

Q: How do you balance your work and family life?

AW: I think we do pretty well adjusting our schedules and work lives to try and make sure that at least one parent is home. There's not a lot of daycare around, and there's nobody going to love my child like I'm going to love my child. I work the evening shift, so I'm home in the mornings and able to get my son up and ready for school. Then I go to work at 3:30, my husband is usually home by 5:30 or 6:30, unless it's the summer when he might be home never if he's on a shutdown or something. But if both I and my husband are working, my son is fortunate enough to be able to go to my dad's house after school, where he can be picked up within a few hours by his dad after his dad gets off work. Then his dad will take care of him through the evening and do all the supper stuff and the homework stuff, which is far heavier than the morning stuff. I'll give him kudos for that, because he probably got the short end of the stick. But that's how we schedule our work just to make it work around our home life, until the little guy is old enough to be trusted to wake up on time for school, which is definitely not yet. He still needs some monitoring and supervision.

Q: How old is he now?

AW: He's 11.

Q: The fact that you have a regular shift makes all this much easier.

AW: Ya, I know exactly what days I'm working.

Q: The hours are always the same?

AW: The hours are always the same. I can plan the whole year in advance for what days I'm going to work and if other people are going to be able to be available for the days when I'm not or the days when my husband's not, then we patch it all together. Also, Points West, one of their Eden philosophies, is that children and plants and animals are welcome. So I can bring my kid to work with me if my dad's not available, and Rider can hang out with the old guys who he likes. There's a cat and there's birds.

Q: That's good for the residents, too.

AW: It is.

Q: I get the impression that since the strike, workers communicate better with each other.

AW: We do. We have a Facebook site that's just for Points West Living employees, if somebody's having a thought or an experience. We wouldn't write anything about the residents or any privacy confidential stuff, but sometimes you'll see a joke that describes our working day today. It'll be like a house burning down or whatever. How was your day? So we'll put things like that up there. Or we'll get together and have a barbeque or take the kids swimming. I have kayaks, so they'll come out and we'll all go for kayak rides. One of the ladies has a boat and she'll take us tubing. One of the girls is going to be leaving, so we're going to have a get-together for her at a restaurant. We've gotten together to play pool, to watch movies, to drink,

to eat wings. So we try and get together outside of work so we can still just be human beings instead of stressed out human beings all the time when we're together.

Q: How many people are on staff?

AW: Around 40.

Q: What are the differences between public and private healthcare.

AW: The marked differences I have experienced in going from working in a public healthcare setting to a private healthcare setting is that the focus became less on the quality of the service you were providing and more on the message that you were providing a quality service, the message that you were providing a wonderful living experience and the message that you were providing a loving and home and caring environment. But those things weren't really happening. There was less awareness about how something should properly be cleaned. There was less awareness about how a worker should safely be doing a job. There was less awareness about anything that some people would think of as common sense. It just kind of all flies out the window because you're too busy, but you'd better damn well make sure you get that paperwork filled out when you did a second load of laundry for somebody, so that we can get that extra \$10. Maybe if we get that extra \$10 from a bunch of people for all that extra laundry, maybe we'll get somebody to be a housekeeper one day. They'll dangle that over your head – we might be able to get more staff, but we've got to find the funding for that. So if somebody soils themselves because you couldn't get to them on time because you were short-staffed, make sure to charge them for that. They just leave letters on the residents' sinks, so if the residents can't read them and understand them, the family might one day come in and find them and they might not, because they're not there very often. But we go in there and read them. It's gone up. The provincial government tells us when rents must go up. If you want to talk to them, contact this number. They don't explain that they tell us the maximums we can raise the rent, so that's what we're doing. They say, the provincial government tells us that the rents can go up, the rents must go up this amount. Okay, great story.

Q: Anything else you'd like to talk about?

AW: No, I don't want to cry.

[END]