

ALHI Road Show 2005

Mike Mearns

[UNA, Calgary]

MM: My name is Mike Mearns.

Q: How did you become involved in the union?

MM: Wherever I had worked, I'd always been a unionist and involved in unions whenever I could. After a lot of travelling around the world, I ended up in Calgary. Having got married, I decided that working out of town wasn't the most wonderful thing in the world, and decided that I needed a steady job in town. As a consequence, I went to Mount Royal College into the nursing program, and was there '73 to '75, graduating in June of '75. I found myself a job at the Holy Cross Hospital. Once I was there, I looked around for the union and discovered that there was one. It was a staff nurse division of the Alberta Association of Registered Nurses which, as well as being the professional body for nurses, conducted collective bargaining on behalf of those nurses who were eligible to engage in collective bargaining. There was a collective agreement, and we were earning \$6.60 an hour in 1975. That was the starting wage for a nurse. It seems a bit ridiculous now, but that's what it was. I used to laugh at my mother when she told me she went to work for 10 shillings a week, which is probably about 50 cents right now.

Q: Can you think of a story from that first decade when you were nursing that sums up what the atmosphere was like in the workplace at that time?

MM: I sort of got the feeling that nurses were receiving what I called a psychic salary, which wasn't much use when you went to Safeway or to any grocery store, that feeling good about what you were doing was quite sufficient. I suppose it stems from the two roots of nursing, one of which is the religious life, where you don't get a lot of pay but you get a lot of satisfaction. The other one was the military route, where nursing was a military occupation because you were looking after soldiers who had been wounded, the lady with the lamp business. Psychic salary is the thing that jumps to mind. The majority of nurses were women in those days. I was a rather strange looking nurse when I came along and introduced myself to people. Male nurses were more familiar in Britain, but in North America they were the rarity. Being 6'4" and 220 pounds and having a red beard sort of took the biscuit with some people. I recall one person coming to just as I was standing over her, and she thought she'd died, because in those days in the '70s, having red hair and a beard, she thought it was Jesus that appeared to her. I soon disabused her of that.

Q: Was the job seen as being subservient to doctors?

MM: It was, and doctors having tantrums with nurses was not uncommon in those days. One time the chief medical officer in the hospital where I worked was also an anesthetist, and he was summoned to the intensive care unit because of a crisis in the middle of the night. He was grumping around and moaning about incompetent nurses, and moving to do the procedure that he had to do. He hadn't realized that there was a basin full of water, and nobody warned him when he put his foot directly into the basin of water and filled his shoe. That's the sort of quiet response that these things promoted, whereas I think now days you'd find that people would say, oh be quiet, just get on with what you have to do. But subservience and definitely second place to many people was what nursing was when I started. I didn't like that, of course, and did my best to deal with it.

Q: Did you ever have to wear the hat?

MM: Funny you should say that, because when I was in the nursing program, the females in the program, and most of them were youngsters – I was in my 30s when I went into the program—we were having a conference just off the dining room of one of the hospitals. One of the nursing students said, Mike, why don't you wear a hat? I think you'd look cute in it. So she pinned her hat on me and somebody said, I bet you wouldn't walk out into the dining room with that on. I said, okay, give me your money, because I'm going. Needless to say, the hat came off pretty quickly at that point.

Q: Can you describe how the move from AARN to UNA began to take place?

MM: When I started nursing in 1975, I was involved with the staff nurse division, as it was in those days. The association was the main body of which the staff nurses divisions were the subordinates. There was a feeling gradually growing among nurses that this body was not doing its job for nurses. Its job was to negotiate collective agreements that one would expect would improve as time went on. The individuals who were involved with that at the higher levels of collective bargaining seemed to think that talking about money and nursing and putting the two together was something of a dirty prospect, and declined to push forward. At the same time in Ontario, salaries and working conditions for nurses were improving enormously. Nurses travelled across the country at those times with jobs coming to Alberta. The word got out that this organization that's meant to be representing us isn't doing it very well – what are we going to do about it? One of the key figures in all of this questioning was an individual by the name of Bob Donahue, who was assistant to the director of collective bargaining. Bob was a Metis. It's one person's opinion, and I endorse it, that Bob saw in nurses in Alberta a group of people who were being oppressed in the same way as his own people had been oppressed, and felt at one with that. So Bob travelled around the province quite a bit visiting the various staff nurse divisions. He implanted in people the idea that maybe we should be questioning what was happening. And when we asked the question of ourselves, we got the answer, well, we're not being represented very well, and perhaps what we need to do is seize control of the operation and ensure that it fulfills the goal for which it was established. That's in fact what happened. In 1977 United Nurses was born out of refusal by the board of the

association to endorse Bob Donahue as the executive director for collective bargaining. That was the spark which lit the fire whereby the staff nurse division said, okay, we're finished with this, we're going to start a new organization. It's going to be called United Nurses of Alberta. Bob Donahue was the first executive director of that organization. That was in 1977, and here we are in 2005 with UNA being one of the highly respected unions across the country.

Q: How did your local transform from being part of the association and part of the union?

MM: I remember it distinctly, because Bob Donahue was at a meeting of the staff nurse division, and produced a charter for United Nurses of Alberta Local number 14. He said, this is available to you if you want to become part of the new organization, at which point the chair of the meeting said, do we have a motion to that purpose? Somebody moved and seconded, and it was unanimous. We received the charter and we were the new organization. It was as simple as that. All the groundwork had been done and the preparation. So it was just a very simple transition. This is in about May of '77.

Q: Almost simultaneous with this you're moving into a strike position.

MM: That's right. The collective bargaining process was going ahead, and, from the perspective of the nurses, was not going ahead very well. In fact, the group of nurses

under the staff nurse division and then under the new United Nurses of Alberta local, that group, the executive of which I was a member, we decided in about September of '76 that there was no way there was going to be an easy settlement, and that we'd better get started in preparing for a strike. Strikes for nurses were perfectly legal in those days. We did the preparation. Sure enough, the strike at the Holy Cross and the Calgary General, and in five other major hospitals across the province, the strike began at 7:30 on July 4th, 1977. I had handed the 48 hour notice of strike that was required to the CEO of the hospital two days before. ? but I think he got over it. I wasn't on duty when the strike began. I was standing outside on the sidewalk with a number of other nurses. We arrived at about 7:15 and had all the picket signs and banners. The television cameras and other media were there. At 7:30 the front doors of the hospital opened and this flood of white came down the steps, across the parking lot, onto the sidewalk where we passed out the picket signs. There were, I would say, about 150 to 200 nurses on the picket lines at that point, and picketed for about two hours. It was euphoric; everybody was running on adrenalin at that point. Eventually the leadership said, okay, now we'll go to the picketing schedule, where there were just about 20 people on the line. But people didn't want to leave. It was such an expression of independence and defiance. One of the TV people said, I've never seen anything like this before; it's just so exciting. It was for all of us. The adrenalin drained away after a bit, and the strike only lasted for about four days because the government moved in with legislation forbidding the strike, and putting out a tribunal to deal with the problems.

Q: Do you remember what the key issues were?

MM: The key issues were salaries and what's known as PRC, the Professional Responsibility Committee. The Professional Responsibility Committee was very high on the agenda, because nurses believed that they knew what was good nursing, and they wanted to use their collective bargaining capital to ensure they had a say on how the patients were nursed. An opportunity to say, we don't believe that in this situation or that situation the administration dealt with the difficulties that they had appropriately. That was right up there. It was not obtained in the tribunal. The judge who was appointed as the tribunal said that sailors didn't run the ship, and dismissed it out of hand. That directly led to a massive nurses' strike in 1980, which achieved through the collective bargaining process, a professional responsibility committee where nurses could bring to the attention of their management concerns of employees, that is nurses, relative to patient care, where they would be discussed and attempt to resolve them. Those were the two major items.

Q: Had you ever been involved in a strike before?

MM: Oh yes, I'd been involved in strikes elsewhere. I remember I was working in New Zealand on a huge underground hydroelectric project where we had a couple of wildcat strikes. One wildcat strike was that the people who were going onto evening shift should have breakfast at 2:30 in the afternoon, because at that point the kitchen was just serving lunches. That's a funny sort of thing, but New Zealand in those days was a very strong

unionist country, and it was a fully unionized project. There were matters that were dealt with through wildcat strikes. Obviously, wildcat strikes are forbidden under the legislation here in North America, but that wasn't uncommon in New Zealand. So yes, I'd been involved in strikes previously.

Q: Usually when nurses go on strike there's a significant amount of media hysteria, which neglects the fact that usually what you do is negotiate some form of patient protection into the walkout. Talk a bit about how you did that in '77.

MM: In '77 when a strike was clearly at the door, a columnist in the now-defunct newspaper *The Albertan*, wrote a controversial column that said that nurses were abandoning patients and people were going to die, the usual hysteria. I was working night shift at the time, and I was asleep in the basement of our house. My wife woke me up and said, there's been a development. Groggily I said, what do you mean? She said, there's an article in *The Albertan*, and the president of the staff nurse division, a good friend of mine, said, can we do something about it? I said, well we have to hold a news conference. So we booked a room at a downtown hotel, phoned the news outlet. This was 11 o'clock when my wife woke me. At 3 o'clock in the afternoon I was at a table flanked by other nurses, indicating that this woman who wrote the article was provoking hysteria, and that nurses would very easily take care of any emergencies that erupted. There were management nurses on hand, and all they had to do was call the strike headquarters, which was manned 24 hours a day, and nurses would be sent in. As it developed, the

decision was that two nurses would be on duty in the intensive care unit in case of cardiac arrests in the rest of the hospital, at all times. And the operating room nurses would be available on call from the strike headquarters. What happened was that the Holy Cross Hospital was the center for cardiac surgery in Calgary at that point, and lo and behold there was a patient who needed emergency cardiac surgery. Sure enough the management contacted the strike headquarters, and we detailed off the cardiac surgical nursing team to go in at the appointed hour. They phoned us the moment the patient went into surgery, at which point we then phoned the news media with a release indicating that nurses had left the picket line to deal with a particular cardiac case. We garnered a lot of accolades on that particular point. We knew the game.

Q: You mentioned the feeling of euphoria when you first went out. A strike among a group of workers who had never struck before often has a significant impact on the sense of people's identity in the union. Do you want to talk about that?

MM: Yes. Just a couple of months ago I was at the annual general meeting of United Nurses of Alberta, and ran into one of the nurses who was standing on the sidewalk with me when the flood of white took place. I hadn't seen her in 20 years. As I passed her she said, hi Mike. I realized who it was. I said, Cecile. The hug was a heck of a lot stronger because we shared that particular experience. There are people that I run into now that still say, do you remember in '77 when that happened? There are people from the Calgary General Hospital that I encounter as well. Having graduated in 1975, a lot of the young

women who were graduates along with me were working in the city at the Calgary General or at the Holy Cross, and at reunions we remember that very fondly. It was an expression of independence.

Q: Let's talk about the government response. It's at that moment that it becomes clear that you are negotiating with the government and not with your immediate board of directors. How did the government respond, and how did that change the way people thought about their situation?

MM: I think it was a shock that the government would step in after four or five days, and just shut the whole thing down. People were offended. What really caused the government to step in, because on day six of the strike there were about 25 more hospitals that were due to go out on strike. So the government realized they had to deal with it. The resulting decision from the dispute resolution tribunal gave nurses a salary increase. But people were still offended that the other item, the professional responsibility clause, was dismissed out of hand. It was only a one year collective agreement; so it ran for 1977. There were negotiations again in January of 1978. I was the chair of the negotiating committee at that time. The idea at that point was to consolidate the union. It was on a bit of shaky ground financially at the time, and what UNA had in mind was a salary increase and the Rand formula. The Rand formula says that everybody who is covered by the collective agreement must pay the union dues whether they're a member of the union or not, because the union has to represent them. That consolidated UNA

financially. That was a two year collective agreement, '78 to '80. But still there was this rankling that other matters of importance hadn't been dealt with. As a labour relations officer at that time, part of my job was to go around to the various locals and say, negotiations in 1980 are going to be as tough as they've ever been. What you have to think about, and you'd better start thinking about it right now, is if negotiations go bad and if there's a strike and if the government intervenes as they did previously, what are you going to do about it? Are you going to go meekly back to work and get tribunalled, or are you going to do something else? You'd better start thinking about it now. If you're on the edge of that and haven't made a decision, your decision will not be a good one. So we did that. What we used as an educational tool was a movie that had been made by Bob Donahue which was called "A Union for Nurses," and basically explained unionism to nurses and what it was really about. So we did all that preparation. Sure enough, as predicted, the negotiations went bad. In 1980 around about the 20th of April, there was a strike and it was universal among the United Nurses of Alberta locals across the province. All went out at the same time. Sure enough, the government stepped in within three days and ordered nurses back to work by 6 o'clock on a particular day. The response was nothing short of fantastic. I recall going to the picket line at the Calgary General where nurses had assembled on the picket line at 6 p.m. deliberately, and were standing there in groups shouting, hell no, we won't go. Again, the adrenalin was coursing through people's veins. There was a deliberate act of defiance again. People had asked the question, had answered the question, and the decision had been made that they weren't going to be tribunalled again in this easy way. There was no messing about; they were going to tell

the government what they thought. That was interesting because the order of the government was then subjected to determination by the court. The court case began on a Friday, ran through Saturday. The judge had heard everything by Saturday afternoon and said, I will render my opinion by Monday at 10 o'clock; be there. Nobody knew what his decision was going to be. At approximately 1 o'clock on Monday morning a settlement was signed. Neither the union nor the employers' group knew what the result was going to be, and obviously the employer wasn't absolutely certain that they were going to be endorsed by the judge, which eventually they were. But they signed. Right up there with a huge salary increase in the region of about 35% over two years was the professional responsibility clause. That was the beginning of it, that nurses had a say in what patient care constituted, in their opinion. Along with enormous increases in benefits and overtime rates. It was a huge push forward on every article in the collective agreement, and very very satisfying to nurses.

Q: I think people underestimate the professional responsibility clause. It's fundamental in the shift to nurses beginning to challenge the authority of the hospital system and demanding their rights.

MM: I see it completely as that. Neither the religious life nor the military life endorse the underling saying, just a minute Mother Superior or Sergeant Major, don't you think you're doing that incorrectly? We know what happens to those people. This was nurses breaking out of a shell and saying, we are the professionals that know what nursing is, and our

interest is good patient care. So we should have a say in it and the Professional Responsibility Committee and all the improvements on that clause of the collective agreement were beneficial for patients and nurses as well satisfaction, that they are able to have a say, and not just being sergeant majored into doing what they're told.

Q: What things were achieved in the '80s that were important in the growth and change of nurses?

MM: In the '80s the salaries and other terms and conditions of nurses improved enormously, particularly in the early '80s. Because there was another strike in 1982 which went to a tribunal. But the tribunal was composed of lay people led by a judge. They heard the evidence from both parties, and what it appeared was that they were convinced that, why wouldn't nurses have that in their collective agreement? That was again another huge push forward on a broad front in the collective agreement. The government intervened at that point. They'd been embarrassed enough times by nurses, and they then brought down the draconian legislation which banned strikes in all hospitals. Not only for nurses, but for everybody. Everybody in a hospital was deemed to be of an essential service. The government move in 1983 to ban strikes was condemned roundly by the International Labor Organization as being draconian and way too broad in its application. But the government didn't take any notice of that. Then things were relative quiet for a while until 1988, when nurses went out on an illegal strike. That takes a lot of intestinal fortitude to actually say, we don't care what the consequences are; we have to do this for

ourselves and for our patients. Because again, improvements in the professional responsibility clause loomed large in the proposals. So there was an illegal strike, and it was most embarrassing for the Alberta government and Calgary city particularly, because it was immediately prior to the Winter Olympics of 1988. It was designed that way. What happened then is nurses were being hauled into court individually for criminal contempt. The union was fined for criminal contempt as a body, \$250,000 for the first go-around, and \$150,000 for the second go-around. But there were individual nurses, approximately 23 of them, that were hauled into court here in Calgary and were convicted of contempt. Interestingly, one of the nurses who was the president of Local 95 at the Children's Hospital happened to be a major in the armed forces. She was fined and convicted. She went immediately from the courthouse to the CBC studio, where she gave an interview where she said that she was appalled that anybody would think that she was un-Canadian, which is what the judge had described her as, when she was out there fighting for the benefit of others, not only her fellow nurses, but for the benefit of patients. I think that was admirable of somebody of Jean's quality.

Q: You mentioned professional responsibility. What were some of the other key issues?

MM: Salaries as well. The '70s and '80s were times when the cost of living had accelerated so hugely as a result of inflation. As always, the government seemed to want that nurses worked for minor wages as a result of them receiving their psychic salary, which didn't buy them anything at Safeway or the grocery store. It was largely that, and

then increase in benefits and improvements in the professional responsibility committee. Because by that time there'd been quite a bit of experience with the professional responsibility committee. While it gave the nurses the opportunity to voice their concerns and provide solutions to their concerns and they could take their concerns to the board of governors of any hospital at that point, should the board of governors say, thank you very much for your input, now go away, we're not going to do anything, that was frustrating for nurses. Nurses then and still want to have the opportunity to present their concerns to a neutral third party and have them adjudicated upon. Because right now the process just tails off.

Q: I think it's important that we emphasize that you were playing a huge game of catch-up at this point; 35% sounds great, but it has to acknowledge where you started from.

MM: Absolutely. The nurses were starting from a long way behind when they became "militant," As the president of UNA, Margaret Ethier, said at one time, it's really strange when soldiers are called peacekeepers and nurses are called militants. It's quite an irony.

Q: I heard of a story of where the actual act of getting a strike vote was illegal; so people had to come with inventive ways.

MM: That was 1988. The labour relations board at that time ruled that actually voting to strike was contrary to the legislation. It wasn't striking; it was even threatening to strike.

That dictate was issued at about 1 o'clock in the morning when the strike vote was to begin at about 6 o'clock in the morning. It was broadcast on various news distribution centres. If there's one thing that a group of women hold dearly, it's the franchise. You can't really say to women, you can't vote; they thought that battle was won some considerable time ago. The strike votes usually took place at the institution. The nurses went inventive and had things like votes being conducted in motor homes parked outside the hospitals, and other sorts of inventive ways of doing it. Or a circulating ballot box outside the hospital that people could just come along and cast their ballot. It was bitterly cold at that time, and the ones who were in the motor homes were the ones that were a little happier rather than carrying a ballot box around. But there were a lot of inventive answers to that dictate from the labour relations board.

Q: With the heavy fines that were imposed at that time, I understand there were other unions that helped.

MM: Yes, enormous contributions. Isn't that what unionism is all about? You never know when you're going to need the help of other individual locals and unions. United Nurses is part of a much bigger movement, which is the labour movement. The fact that United Nurses at that time wasn't part of the house of labour by being in the federation didn't make any difference to other unions. They could see that there was a struggle going on with the authorities, whether it was the company or an outfit fronting for the government. It was all the same struggle. So the help to deal with those fines came through in a flood.

Q: So what was the outcome in '88?

MM: Not enormously successful from nurses' point of view. Some progress in the salaries and benefits, nothing in the professional responsibility committee. But the benefits came in the next round of negotiations. Nobody in authority wanted a repeat of that embarrassment, which to a certain extent became a worldwide embarrassment because of the Olympics. The negotiations for the next collective agreement were relatively easy, achieved at the table in a pretty quick set of negotiations. You don't always see the benefits of a strike in the year that the strike takes place. The benefits can come in other ways later on.

Q: Let's move into the '90s. In my mind, the '90s are the time when we start to see the increasing pressure for privatization: the blowing up of the hospital, the selling off of the hospitals. Talk about your experience of that.

MM: Extremely painful. With the advent of the Klein government and the idea of we're all terribly guilty of squandering everybody's money, isn't it terrible, and we should beat ourselves and punish ourselves, which seemed to be endorsed by the majority of the population. I think at the time the Liberal leader and Klein were talking about who could make the biggest cuts. In the election campaign, everybody was running on cuts. It seems a bit masochistic, but the population obviously believed that they had been much too

profligate and all deserved to be punished. At that time layoffs of nurses, which had happened before but nowhere near the extent as they were happening in the mid '90s, it was extremely painful. Working for UNA, we dealt with lots of distraught nurses. Fortunately, the employer didn't have a completely free hand in the layoffs, because there were at that point layoff and recall articles in the collective agreement, which fortuitously had been negotiated years before with people not realizing that they would ever be used to such an enormous extent. The idea of seniority being a prevailing factor in who got laid off and who didn't, it was difficult for nurses to bump. If your job was eliminated, you were entitled to bump somebody who was junior to you. Very very difficult, cause of a lot of heartache in the bumper and the bumpee. The bumpee might very easily be a bumper the day after. So it was not something that nurses were familiar with and was counterculture to them. Where unity seemed to be so strong and the next thing you were bumping someone you might have been working alongside with for a number of years. It was traumatic; traumatic is the word I would use about those times. The silly thing is that there are now many many more nurses working in the healthcare system now than in the mid-nineties. It was really all for naught because when you lay off experienced people and highly educated and trained people, then what you're going to have in the health care system is a deterioration of the health care system. Not only were people traumatized by the layoffs but they were also traumatized by what I call the "speeding up of the belt" which is an industrial term where people were expected to work harder with less resources and that's traumatic as well. As I say it's been proved it wasn't a valuable

experience, but the government we have in this province is intent on implementing a business plan and the destruction of medicare as we know it.

I - Lets talk about the Holy Cross Hospital

MM -The Holy Cross Hospital which had been around for umpteen years, I think 1890 it was established by the nuns coming from the east--I don't recall which order it was. That had been there and gradually built up and it was the cardiac centre for Calgary. Much coveted by the Foothills Hospital which was a provincial hospital, provincially operated hospital. Actually over the years things began to slip away and the programs out of that particular hospital were moved to other hospitals. Foothill actually got the cardiac surgery much to their delight, and the building remains. In fact the building had an addition built onto it that was some many many millions in cost, which was never used. The building was shut down as the additions were completed and the building stood empty for a while, not for long, but then it was eventually sold to a private company and is now operated. There is a surgical suite there where surgery is performed that was contracted out from the hospital region to the private company. There is now a nursing home, a for profit nursing home being operated in the building as it existed and there are probably four more floors that can be filled with all sorts of things, sold for a pittance, less than the addition that was put on to a group of people who I believe were great financiers of the Conservative Party of Alberta.

I - How does that impact on you as someone who started their nursing career in that building?

MM - It was painful, painful. I had left nursing when I went to work for United Nurses of Alberta. I never nursed again. However friends from my nursing days worked there until the actual closure of the hospital. And many of them still talk about the wrench that there was when they left that historic site, and from being this, I hate to say, family operation, but there was a certain feeling about working at the Holy Cross Hospital that is completely lost now in the commercial type of operation that is a health region with all its efficiencies and cost cuttings and such. Where patient care is only being preserved by the Registered Nurses and the other healthcare professions. Because what has happened is that managers have become bean counters and the care of patients is left to the nursing staff.

I - Is there a major area or topic that we need to know about before we finish?

MM - Gracious, there are so many you're right. I think that the development of UNA is just to have been part of that. The founding of that organization is for me a very important part of my life. Human organizations arise and they operate and they change, but the actual foundation of UNA the first few years where so much was accomplished is something that I believe has to be preserved. And there are plenty of people around to talk about it from those days.

[End of tape]