

Constance Thomas

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Interviewer: Donna

Camera: Don Bouzek

Q: Tell me about yourself.

CT: I was born in Dominica, and Marigot is the village, to be specific. That's the

Commonwealth of Dominica situated in the Caribbean Islands in the West Indies.

Q: Did you come to Canada directly from Dominica, or did you have any stops in between?

CT: Yes, there was an in-between stop. I attended nursing school in Jamaica, the University Hospital of the West Indies, in Mona, Jamaica.

Q: When was that?

CT: I started in January of 1971 and finished April of 1974.

Q: What did you obtain there?

CT: A diploma in nursing. We were given a diploma. I remember we were trying to get a basic degree. It was easy for us to say, but it wasn't so easy. There was one college that's the Adventists that had a bachelor's, but that was a private university in Jamaica. But we were diploma.

Q: So this was a Caribbean-wide credential?

CT: Yes, well it's worldwide. That's your basic entry to be a registered nurse.

Q: Was it accepted wherever you went?

CT: After Jamaica I came here. But the culture of nursing was developed in a slightly different way. They were specializing more; we were more generalists. We were doing general work, and now it's become totally special in every way now. I worked in Coronation when I first came, that's on the eastern border, November of 1974.

Q: So that was your first entry to Canada?

CT: Yes. I came from Jamaica to Coronation.

Q: What made you decide to come to Canada?

CT: I wanted to move on. I wanted to do more. I knew there was a lot more to learn. In the Caribbean parents push for education and moving ahead. But also in Dominica they were very restrictive about giving you jobs. You couldn't get work as a nurse like here where you can go in, have your credentials verified, and then you can pretty much get a job that's available. That's the way it was. We were getting magazines. The nursing magazine is a worldwide magazine, and they were advertising in Alberta. They were calling for nurses, begging for nurses. A friend and I decided, why not? I went from Dominica after I graduated, because I had fully intended to work there. But the difficulty I experienced getting a job was not worth it. I had been out and I knew there were other things. So why bother yourself over a year or two years waiting for a job? So I went back to Jamaica and back to a job. They called me and said, you can come back, you have a job. So I went back to Mona and worked there. But they were getting a little bit more specialized too. You had your midwives, you had your ICU nurses – it wasn't so much being a general nurse anymore. There was a lot to learn. So I figured out I would do midwifery and I would go to England to do midwifery. But in the meantime, my friend said, she was reading the nursing magazine and they were asking for nurses, headhunting they call it, for nurses for Alberta. We phoned; it was difficult in those days to get a phone call, but we did get through. I was hired right away. So I came; why not?

Q: To Alberta?

CT: To Alberta. Landed in Toronto, then Edmonton, the two of us, my friend and I, Yvonne Morris.

Q: Is she still here?

CT: No, she passed away. She died a few years ago here; she died here in Edmonton.

Q: Was there a stream of nurses coming from Jamaica to Edmonton?

CT: Not to Edmonton. There were not a lot of black people in Edmonton. Edmonton was really small compared to Kingston. You wouldn't believe it, would you? It wasn't only small in size, it was small in the way people thought. People didn't travel in Alberta a lot. When I lived in Coronation there was nobody who had gone out of Coronation even. There was one lady, I think she was Polish, and as a result of the war she was a displaced person. That's what I heard. She had never left where she landed, where she came to. It was a struggle even to go to the mountains. Dominica is mountainous, Jamaica has a lot of mountains. There's a sea. I would look out and see the horizon almost and think, that's a sea. No, it's not the sea, it's just flat. So we wanted to go to the mountains. It was hard to even drive or get anybody to go anywhere. So it was a total 360 that happened in Canada. When I went to the embassy to get my traveling papers, passport, not passport but the permit to come, the guy who was interviewing me, the officer, he was a white guy in Jamaica. He said, why are you going to Alberta? Do you know where that is? I said, no, but I'm going. He said, do you know how cold it is, how hot it is? It meant nothing to me at my age – hey, I can breach the world. The papers were stamped really quickly, that was a process that was extremely fast, and we both came out. There's a family met us here, a lady,.. I think it's Butterwick. She owned a farm and a ranch out in Coronation. She picked us up at the airport. We stopped in Stettler to buy coats, because it was getting cold already; it was November. And we went on and went there.

Q: Where is Coronation?

CT: It's the east border. I didn't know that. I was just in Coronation, who cares? It's off Highway 2a or 2b, one of them. When you reach Red Deer, no even before Red Deer, you veer off in Lacombe and you go east. That's the way we'd go. You'd go south and then veer to the east, because Coronation is on the eastern border of Alberta [near Saskatchewan].

Q: So this was your first introduction to Canada.

CT: Yes, and eating Brussel sprouts on the plane.

Q: So you were arriving as a nurse?

CT: Yes, I was a registered nurse.

Q: Why was a woman from a farm picking you up? Was that the protocol at the time?

CT: I think it's much like, she was more like a mayor. She's kind of somebody like a reception person. She entertained us a lot, taking us to her farm and have tea and so on. She looked after us.

Q: Did you start at the hospital right away?

CT: Yes, Coronation Municipal Hospital. We lived in the residence; they had a residence there.

Q: What was the staff composition there? Were there any people of colour?

CT: There was somebody from the Philippines, but not a nurse. She was an x-ray tech. The doctor was Dr. Khullah; he was Indian from India. There was another girl from India too. But the other doctor was white, from England; he was British. There were a few other staff from around the area. I'm trying to think of the name of the towns around. But there were no other black people; we were the only two. Now they say black and brown, okay so we were the two black. There were some brown ones.

Q: Did you immediately join a union?

CT: No, there was no union. When we came in '74, it wasn't Alberta Health, but it was a municipality. The town, I think they got their funding, not that I cared about it then, but they got their funding from the general government. You remember at that time Alberta was Social Credit, was it Manning at the time? It was a little bit of a different setup with healthcare. But the municipalities got funding from the government, from Alberta.

Q: So you came in under Manning?

CT: I'm pretty sure it's Manning, Social Credit.

Q: How was the work environment?

CT: It was good but it was almost prehistoric in a way. Because we were educated in a hospital that was forward thinking, university, they had a lot of things that were very advanced. In Coronation there's no way, no there wasn't. You did everything. You help the tech, you help everywhere. It was a good experience to know how the rest of the world lives. At least there's variety in life.

Q: How long did you stay there?

CT: Six months. As soon as we got there I think we were not as needed as we were when they requested the staff. You know how you want something, it's like being hungry, and after a while you're not hungry anymore. Well I think that's what happened in a lot of places. But further to that, I was looking to get a BSN – BSCN or BSN or whatever they call it now – to go to university to get a degree. My intention was to get a PhD eventually, so I had to think where from. There was no long distance education, there was nothing like that. I may have stayed there longer if it that was available. I started applying to places like New Brunswick, Newfoundland, everywhere, Nova Scotia, in all the universities. It was always a university I was looking for.

Q: A university teaching hospital?

CT: Yes, to get further education.

Q: British Columbia?

CT: I never thought of British Columbia, because I didn't want to go further west, like going further from home. Remember, Jamaica is still home. When I worked in the hospital in Mayerthorpe, no it wasn't Mayerthorpe, I felt that I was doing everything. [Correction from interviewee: it was Lacombe.] In Jamaica they were getting more specialized, so you couldn't go into a delivery room if you had no experience with delivering babies. You couldn't go into an ICU if you did not have ICU training. So I thought, all these things they're asking me to do, I'm not prepared for that. In a country hospital, you do everything – chief cook and bottle washer. So I thought, I don't want to be responsible for anything happening. But we moved on.

Q: Where did you move on to?

CT: We moved to Lacombe, so worked in Lacombe. It became tight in Lacombe because the doctors lived far away, so they depended on the nurses to do a lot of their catch work. If a woman was ready to deliver, you'd better be able to do it. That concerned me, in particular with deliveries, because that was one specialty in Jamaica. You did not touch a woman if you did not have the training. So from Lacombe I moved further looking for something, and went to Red Deer.

Q: How long did you stay in Lacombe?

CT: Six months, it was about six months, and we moved to Red Deer. Red Deer was a horse of a different colour. It had a lot more going for it as a town, but it was a very hick town still. You could feel a little bit more tension. But also I did not work in a hospital in Red Deer, I worked at Ash/Deerhome. Have you heard of that? It was a place for ones who couldn't look after

themselves. It was the elderly, it was people with challenges, serious malformations, mental illness – it was all one hodgepodge. It was a big place. I don't know what they did with that place now, because I don't think it exists anymore. It was Ash/Deerhome. I thought, no. Well to begin with, there was more terrain to cover, because we're living outside of the hospital so we had to find transportation to Ash/Deerhome. That became a little bit of a challenge. My friend Yvonne worked at the hospital in Red Deer, but I wasn't interested in that. I didn't want to, because I was moving on. So I did some courses in Red Deer, some basic courses which would help with the BSN and so on. After that I went to England; I went to England to do midwifery.

Q: Did you go on a scholarship?

CT: No. Well kind of a scholarship, because they give you somewhere to stay and there's no fees for your education. Yea maybe. They didn't say it's a scholarship, but. . . And they paid you a stipend, you got a stipend in England. And you got uniforms. In Walsgrave Maternity Hospital. I think that was closed down too.

Q: So you stayed in England six months?

CT: About a year, a year and a little bit. I did a little bit of traveling around to Netherlands, Germany, and places. It was so easy to travel. Then I decided to come back, mainly because I felt Canada was paying better. That's why I came back.

Q: What was the pay like?

CT: The pay in England was kind of colonial. They look after you and give you a few pounds. They give you shoes, they give you uniforms, they give you somewhere to stay. So what do you need? I wanted to be paid. I wanted to be able to direct my own future, so I came back to Alberta.

Q: Did you go back to Lacombe?

CT: No, I came to Edmonton.

Q: And you started job hunting?

CT: I didn't need to hunt, I got something right away. But the problem was somewhere to stay. There was a lot of – well I don't want to call it what it is – but you could not... I was on the west end and I lived just a little bit over from where the Mall is. The mall wasn't there yet, it was a big pasture there. The last place you could get a bus from was, what's the name of the mall there? Just off 87th Avenue.

Q: Meadowlark?

CT: Yea, Meadowlark Mall. That's where the bus stopped, regular routes. There was nothing on the weekend and nothing after 6, so I had to get a car. It was no problem getting a job. I worked at the Misericordia.

Q: When was that?

CT: Let me see, 1977. I got a job there fairly easily.

Q: What position did you have?

CT: I worked in labour and delivery, because I was then trained. I was then an educated midwife.

Q: Were you an RN?

CT: Yes.

Q: Is that when you joined UNA?

CT: No, UNA joined me. Remember all of this time there was no UNA, there was just an association. Actually, when I came to Canada there was no labour union for the nurses. We had a loose organization but there was nobody to represent you. I don't think it really came that way until, what happened is I think the University of Alberta Hospital and one other joined and made a nurses association. I don't think, anyway, it must've been the Alex. No, the first UNA president was from the Misericordia, Heather Smith. They had an association and there was another association for the University. But eventually when they had the big strike, that's when they kind of solidified and came together.

Q: Did you know Heather Smith at the Mis?

CT: I knew her as a young lady at the Mis. We were both at the Misericordia together.

Q: Did she involved you in activism?

CT: No, it was something you could choose. But remember, you're working, and I did not have the privilege of being able to go to meetings and those things. I have attended a few of their AGMs but not as any involvement.

Q: What were your barriers?

CT: One, I had a child. I was studying, I was going to school. I was working two jobs.

Q: What was your other job?

CT: I worked at Canterbury Court.

Q: While you were nursing at the Misericordia?

CT: Yes.

Q: Did you need two jobs to survive?

CT: Yes, I needed the money from both of them because I had to have a car, I had to buy something. And that's what the problem was. Because you can't rent, you have to buy. Nobody would rent you a house if you had a child. Double jeopardy – you have a child, you're a woman, and you're black. So you walk up and down 87th Avenue at all the apartments that were there then. They would advertise it in the paper, in the Journal or wherever. You would call, okay come and see it. When they saw you, the apartment was taken. I didn't realize how prevalent that was at the time, because I'm not concentrating on prejudice or anything like that. I didn't think I was different to that extent, because I had never been treated that way until Edmonton; never. When I came to Edmonton and couldn't find a place, I had to buy a condo. So now you're committed. All the time I have been in Canada I always walk with my passport. I think any time I don't like it, I will go home. That was my MO. So it didn't bother me, but after I got into school, I'm working, I have a car, you have commitments, I have a daughter.

Q: Did you find Edmonton to be more backward than Coronation?

CT: Oh yes. In Coronation I did not need to worry about housing. Not in Coronation, not in Red Deer, not in Lacombe I did not need to worry about accommodation.

Q: Was it attached to the job?

CT: Some of it was the job, but even in Red Deer we rented a place. But in Edmonton it was a no-go, a lot of barriers of that. When I was at the Mis too, I think there was a little bit of a, what they did to the nurses in particular was that at the Mis[ericordia Hospital] they would send you to clean. You would go, and I don't mind cleaning, but you're not going to assign me to clean when there's work to do as a nurse. I'm not going to do it. Not only that, I had another job and I did not need to go there to clean. We'd converted into 12-hour shifts, and I didn't live far, and I think I worked the dayshift or nightshift or whatever, I worked my shift. Then they called me to come in to help out, because they were swamped. When I got there, my assignment was to go and clean the rooms. I said, no. I'll go home, and when you need a nurse, call me. All hell broke

loose after that. First, I decided not to go back. Well it's maybe pretentious to say that it didn't really hurt me, but I was upset. It didn't hurt me financially, because in that year I was ready to go back to school fulltime. Mentally I could leave that job because I had already kind of quit it in a way. So I went home and there was an action, what do you call it, a job action. The hospital kind of sued me, for want of a better word, for abandoning my post.

Q: Who was the employer?

CT: The Misericordia Hospital.

Q: And who owned the hospital?

CT: Well remember it's the nuns. It wasn't Covenant then. What did they call it? They had another name, but it's the same thing; they just changed names.

Q: So it wasn't Alberta Health Services?

CT: No. Alberta Health Services is relatively new, from my point of view.

Q: So we're in the '70s and you're in the Misericordia Hospital.

CT: Yea, 1980.

Q: And they're trying to force you to do the cleaning job as well as nursing?

CT: Well they were trying to set a precedent with me, because I was maybe say bold enough to walk out. They were trying to send a message to the other nurses that you cannot do that, so the action was to fire me. But it was kind of a useless firing, because it was to send a message to the other nurses.

Q: Who were the other nurses?

CT: On the unit. All mixed up, it was all mixed up.

Q: Were there other nurses of colour?

CT: Yes, there were. I think Zeta was working there at the time.

Q: Was Colleen working there?

CT: No, Colleen is very recent. Who else was working there? Mainly white nurses.

Q: Did Beryl work there?

CT: Not with me. I think she was down at the General, or maybe some other part of the hospital. But I knew Beryl, Beryl Scott. So they had an action and they went to a trial or whatever.

Q: Who took action?

CT: The hospital.

Q: Who defended you?

CT: It was the union. It was a grievance, that's the word. It's a grievance, yea.

Q: Because you took individual action?

CT: Yes. They said that...

Q: How did your coworkers respond?

CT: They were sympathetic but it's a typical thing you hear – everybody's afraid. You didn't get any calls or such unless it was somebody you knew. I really didn't want to hear from them, to be honest. I did not like the hospital, I didn't want to see it.

Q: Why did you not like it?

CT: Because of what they were doing, because of the way they were treating the nurses. Of course the glitch that they used, that's not the word, but to fire me permanently was to say that I had abandoned my post. The argument was that I should have worked and then grieved it. It didn't matter to me. But the comment that was made by Olga Conlon, who was the manager of labour and deliveries, now that Constance lost her case, you now can all go and clean. That's what she told the other nurses, that's what she told them. That's what they told me she told them.

Q: How did she say you lost your case?

CT: Well the decision was made that I was wrong to have walked off.

Q: So you never went back?

CT: I never went back to the Mis for years. I didn't even want to see the hospital.

Q: Did you feel discriminated against?

CT: Not really.

Q: Because they expected everybody to clean?

CT: Yes. It wasn't only me. They were doing that to all the other girls, white or brown or whatever. Everybody was getting the same problem and everybody was just backing out. But I may not have backed out too, I may have left and just said, oh. But I felt it was continuing too

long, it was going on too long and they were not making any efforts to fix the problem. What had happened was the cleaner, the housekeeping people, had phoned in. They thought she was sick, but nobody believed she was sick. She was just tired, fed up, and the same thing, so she did not come to work. So why do they have to deal with her if we're there to do it?

Q: Was the cleaning staff under a different organization?

CT: Yes, they still are.

Q: So they tried to get you to substitute for the cleaners?

CT: Yes. I don't think they were organized either, the cleaning staff. But UNA was in the beginning throes of being organized.

Q: Did they privatize that service at the time?

CT: You mean the cleaning? No. It was part of like the food and everything else.

Q: Why was the manager mad at you?

CT: I don't think she was mad at me personally. But she was just saying, hey she's lost now, so you just jump in and do the cleaning, do the work.

Q: How did people respond?

CT: Well they told me, as far as I know. But my attitude is if they want to stay and stick it out, then they stay and stick it out. People stay in jobs for different reasons. I did not have their reasons, so I made my options.

Q: What did you do next?

CT: Well I was already registered at University of Alberta, so I continued on to my BSN.

Q: When were you fired?

CT: It would've been 1980.

Q: What was the working climate like for nurses in the '70s?

CT: As I look back, maybe I wasn't as woken. The doctors would touch your hair. I had an afro. I didn't like it but I didn't feel abused or used or discriminated against. It was a discrimination because why is my hair so different, why are you going to touch anybody else's hair, really when you think about it. That kind of thing. And they'd call me Brown Sugar.

Q: The doctors?

CT: Yea. But I didn't take it to be anything.

Q: Did that happen to you in Jamaica?

CT: Oh no. Oh no, everybody is brown sugar I guess. I didn't have any of those things in Jamaica.

Q: What about in Lacombe and Coronation?

CT: Not so much Coronation, but definitely Lacombe.

Q: That you were called names?

CT: In retrospect, yes, it was inappropriate. But I think in a way it gave us... Because I was not alone, my friend was there, Yvonne was there like a backup sounding board. You laugh about it and you give back as much as you can. We did our share too, in the sense of we would talk

Patois. Somebody would come and say, what are you talking? We'd say, oh we're speaking Finnish or something like that. So there were ways that we were able to break down those things. But it is a continuing way and I think they're feeling it more directly now in the workplace. I had my own things; these are olden times. So as we come more, it got worse. I got a Masters in Health Services Administration and I was working at the Alec. My direct opinion and feeling was that as long as I was working as a midwife and helping them with their proper diagnoses and helping, it was fine. But then a job came up on one of the antepartum units where they needed a manager. Everybody said, Constance you should apply, you're ready for it. I had Health Services Administration, I mean what more can you get?

Q: Were you certified at U of A as well?

CT: Yes. I started at U of A because we did classes there, but the classes were near impossible working fulltime to attend, because there was no flexibility. So we did it through Central Michigan University. They would come down and do the teaching for a week, weekends and so on. You had to pay for it yourself, but it was okay. I felt I was fully qualified. I worked in a maternity unit, you have administration, and I had worked as a nurse manager at the Mewburn Veterans Centre. So I had enough experience, I felt, to do the job. I was the only applicant. They said, no we didn't have enough applicants, we're going to repost the job. They asked me to come back to an interview and I said, no I'm not coming back. Why am I coming back? You found another white person who's more suitable, so then it makes you look good? I said, no. I did not go back for the interview, I did not return.

Q: When was this?

CT: This was, let me see, the Alec. I went to school, then I worked at the Mewburn. But at the Mewburn, Mewburn was more like a lot of the stuff I could do with the back of my hand. With my back turned, I could do, because I worked there for six years in administration with the management thing. It was time to move on. I was still young. What's the big deal? It's from the Mewburn that I started going to do the Masters. They had jobs in the hospital. They said, Constance, you're too qualified, you're overqualified for it. I said, I just want to get back into

active nursing. At the Mewburn it was all the veterans and you did a lot with them. But for me personally...

Q: What was the Mewburn?

CT: It's a veterans centre, before they moved to Griesbach or wherever they are now. So I wanted to move to the active treatment, and I couldn't break the barrier so I left.

Q: Did you feel there were barriers?

CT: Oh yes. Why do you tell a person they're overqualified? I'm a nurse, I'm applying for a registered nurse position. I'm not asking to be the president of the university or anything. I wanted to go back into active treatment. But I think that maybe the units I applied for, the managers may have been a little bit prejudiced. I knew them, because we all had meetings in the same group of managers together. That was my feeling, it doesn't mean that it was right or true. So I went to the Alec, and that's where that job had the second interview and I said no and didn't go. That's where I retired.

Q: You retired from the Alec?

CT: Yes, in labour and delivery.

Q: It sounds like we've jumped a bunch of years.

CT: From the university... The Mewburn Veterans Centre. That was about 1990. I worked six years at the Veterans Centre. I worked three or four years at the Misericordia. Concurrently I was also working everywhere else. I did some shifts at Sturgeon, I worked downtown at the Edmonton General. I was all over the place doing everything I can.

Q: Were you a registered nurse working casual?

CT: Yes. I had a fulltime job. But remember in those days you could not bounce around that much. There was a lot of policing went on.

Q: Did you experience bumping?

CT: No. You mean from the Charles Camsell over?

Q: When people wanted your position, would they move you to somewhere else?

CT: No, I did not.

Q: Some nurses experienced that.

CT: Oh yes, they got pushed around a lot. I think what happened, maybe it's just kind of self absorbed, but I felt I was an accomplished nurse. I was a hard worker and I helped any unit that I was on. I did not bring it down at any hospital I worked. The only worst one was at the Misericordia. They were preying on it because we were doing it. Once I decided not to do it, I was persona non grata.

Q: Did they suspend the cleaning staff?

CT: No, that never came up as an issue. It was never addressed. But we know why they wanted somebody to come in; it was because the cleaning staff did not show.

Q: In that particular case, but what about in general?

CT: It was never addressed, I don't think.

Q: There were other times when it was expected?

CT: It was natural. You come in and they want to pay you to clean, okay fine I'll clean.

Q: So it was a separate job?

CT: It wasn't separate, but it was under the same umbrella because it's the same people coming from the same pocket. If you come in, okay he comes in here and he's going to be, but he's deciding to interview me and he wants to do it. Fine, if he can do it. It's the same thing with nursing. They can clean, they told us to clean. That's part of your education, your training, is to clean too to keep your environment clean and keep your patients clean and everything and yourself clean. So you have it in you, but it is not your job. Remember all your job descriptions say, any other.

Q: You could be called from any unit to go clean?

CT: You just did it, and didn't leave until it was clean. If we had a c-section, in the c-section there's at least three nurses. One is with the patient, one is helping out the doctor, and one is doing whatever, paperwork. So you have to stay if somebody doesn't come, because they need that room. We just fell in line and got the room ready. The whole of the community now expects nurses, I hear it all the time: oh I'll never go back to the Alec because of this, that and the other, because they gave me tea instead of coffee or coffee instead of tea. Nobody's thinking that there's a person behind doing that job to get you the tea or coffee. You don't take your vaccine, and you come to the hospital, and you still want the nurse to come to you without a mask. I'm dealing what that now with [a good friend—in the interview the friend's name is mentioned but it is removed here at the request of the interviewee]. It is a different climate now I think. People are saying, no we're not doing it.

Q: But it was different in the '70s?

CT: I think in the '70s what happened was that's when we were making the increase in salary.

Q: What was the salary like when you started?

CT: When I started, we were getting a little under \$20 an hour, maybe about \$15. By the time they got organized and I was registered here, because although I came here as a registered nurse, I still had to meet the Canadian standards. So the January after I came, I came in November, and in January we did the exams, we did the nursing exams. So right away, but what they did is they gave us retro pay, backpay they call it. So we got that, so by then we were getting about \$20 something if I remember rightly. It was a significant increase in your pay. With that increase in pay you can do more. You can get your own place, you can do more education, you can travel. Things change. Alberta is not the same place that we came to, it is not.

Q: Did you find that the pay was low when you started?

CT: I may have. But also, where we came they wanted us. This is also the advantage of location. If you come and you want to be living in Edmonton, you're going to have to pay to live in Edmonton, which is what happened with us and the problems we encountered. If you live in Coronation, they love you. They want you to be there, you're there when they come to have their babies. They see you in the street, they talk, it's okay. But if you come to the city, you live a city life. That's a fact. If I say were in Coronation and the job for the supervisor or whatever came up, they would just tell me, you have the job. That's how it would be at that time. But you come to Edmonton and we have a broader mix of people, people of different views: more prejudiced people, more people who may not like you. That's the way it was and that's what happened at the Alec.

Q: Did you find that discrimination was more rampant at the Alec?

CT: It was more obvious. That was my biggest experience in that, was the 'let's have a second interview'.

Q: How did you get along with your coworkers?

CT: I think sometimes they described me as being reserved. You wouldn't think so, would you? But that was one of the ways that you learned to put up barriers around you. A lot of times

what you find with women when you work with women – a few men I've worked with are like that, but not very many – women are more into your business. They want to know where you come from, what your husband is doing, and where you live. They want to come to your home. That's not our style in the Caribbean. You don't go to a person's home unless you live in the village or they invite you. They just meet you outside and talk to you outside. That's how they do it. But they'll catch you here and work. I say catch you, because you get cornered, at coffee time. They want to ask you questions, picking at you.

Q: They're trying to figure out if you really fit here?

CT: Yes. Who are you, what do you want, how long are you going to stay? Or how do you live at your home? Do you have children, are they going to school? Can they speak English? What is your accent? Things like that, those kinds of questions. I find them very invasive because I was never exposed to that. We speak Patois and we're very proud of our English because we're colonial, we were taught English, and we think we speak the Queen's English.

Q: Your friend who came with you died several years ago?

CT: Just six or seven months, not that long. I thought she got a PhD but her daughter was telling me she was missing to do her dissertation or something. But I thought she had done her PhD in nursing, because that was our goal. We were going to the top, man, we were heading for the top. We did not lose touch. She stayed here and did the advanced labour program. They had an advanced program where it kind of mimicked midwifery but it wasn't the same. She did that and then she did education to become a nurse educator, so that was her field, was education.

Q: How did you find working under the Klein government?

CT: The things that affected the system generally and people generally was they built the Sturgeon Hospital and it was never fully occupied. I worked there. There was a whole wing and beds never opened. How does that compute, how does it make sense? Then they offered every Albertan \$400 as a deal, because people were complaining that the premiums were so high.

Premiums used to be quarterly. If you're working to pay quarterly premiums, it sounds good. But it is high, so people were fighting to reduce the premium payment. That was like throwing a carrot. I found it very demeaning to the Alberta community as a whole. What is \$400 going to do for you in 1994, really '91, '92, '93? That was absolutely rude and crazy. It's just as bad as now.

Q: Was that money intended to pay the premiums?

CT: I have no idea what it was going to do, because it couldn't even pay one term of university for anybody. It couldn't buy books. It was in the Klein period. He's giving everybody \$400 but they're not opening the hospitals.

Q: What happened with the services?

CT: What happened with the services, and the thing that hit me more, okay I use that because I was in a specialized area so you do get special privileges. You get things that other units don't, just because of being in labour and delivery. But what was bothering me a lot is why do you not open the hospitals? Why did you build the hospital in the first place? What was the point? Why do you try to make decisions about health when you're not a health person? Why? That is what bothers me about it. Even though our present system, they're asking us to follow what they say, and they don't know what they're saying. When they're talking about masks, I always had a mask on my face for almost 40 years. You want to tell me those little masks, the surgical mask? We put on a mask in the hospital, and as soon as you're finished with it you throw it away. You don't go around the unit all day long with a mask on your face, because water comes through it. The same mask, they're telling you to use. So they're making decisions about things they have no idea about, none. That's what bothers me the most. Maybe I'm all fired up now because yesterday I was watching the outbreak of Covid where they're talking about that city in China. I find generally the community has a lack of trust, because they know Mr. Kenny doesn't know what he's talking about. They know his man under him doesn't know. Trudeau tends to plain out say, I don't know. Okay he tells you, because he's not up there telling you what to do. But Kenny wants to tell you what to do and his other man wants to tell you what to do. They don't know.

Why don't they just admit that they don't know? That's my biggest beef with them right now. Until 3 o'clock this morning I was watching this China thing, how they use healthcare and people's lives to promote themselves. That's just plain out wrong. But with my thing with the Misericordia, it's kind of the same idea. They don't care what is happening to you on the floor, how you're feeling. I have worked 12 hours. I've given you what I said; this is our bargain. You're calling me to help you, and you're demeaning me by telling me that I have to go and pick up the blood that what's-his-name spilled all over the place because he couldn't care to be careful about what he's doing. The doctor, he doesn't care. Who are you? You're nobody.

Q: That's how doctors treated nurses in those days?

CT: Oh yea, they did. They were smoking at the desks. They were really, really, really rude. I shouldn't say that, that's not fair. But it's what they were allowed to do. That was the norm at the time, their privilege.

Q: Were the nurses at that point united in UNA?

CT: No, UNA came a little bit later. I think '76 was still, they were kind of loose still. I think it tightened up after we had the demonstrations at the Mis.

Q: What were those demonstrations for?

CT: It was for working conditions, hours of work, pay.

Q: When was this?

CT: In '76, I'm pretty sure; '76 strikes me as being the year we were tramping out there at the Mis.

Q: Were you involved in that?

CT: Oh yes. I picketed during the day and I worked at night. Isn't that terrible? A real scab. I couldn't afford, well the union couldn't support you. They'd give you \$25 a day.

Q: So during the day you'd be with the strikers and at night you'd work. Did you sneak in another door?

CT: Not at the Mis. Maybe Canterbury Court. There was a group that looked after home visiting, and I worked at them. It wasn't the Victoria Order of Nurses, but that kind of thing, Edmonton Nurses something.

Q: You didn't cross the picket line?

CT: Oh no, I didn't cross their picket line.

Q: How long was the Mis on strike?

CT: It was weeks. They couldn't manage the hospital after, they could not. It wasn't just the Mis, I think all the hospitals were just coming together and they were all on strike. But I remember myself being up there.

Q: Do you have any pictures of that?

CT: I think I do. I'll look and see. Somewhere in those albums I think I May. 29, 22

Q: What happened after this period?

CT: In between, when the Klein thing came around and the bumping was about to happen, that was when they closed the Charles Camsell and all those kinds of things, so in about '94.

Q: Did you ever work at Charles Camsell?

CT: Yes, just casual. I used to go there and work with them on the 6th floor.

Q: I want to come back to that.

CT: So we went to Texas because Desmond, my husband, was having trouble with getting work here because everything had slowed down, the interest rates were rocketing at 19 percent, and all of that. He wasn't getting enough work and I thought, why are we staying here? I picked up the phone and called San Antonio and got a job. I went to San Antonio and worked there for four years, and he came down and worked. Texas is a different kettle of fish.

Q: When did you work at the Camsell?

CT: It would've been in my years when I was going to school. It would be between '80 and I think I graduated in '83, because I had one course left over. So between there.

Q: Was the Camsell still open?

CT: Yes, I'm pretty sure.

Q: What did you do at the Camsell?

CT: I went in mainly on the nightshift and more as a relief worker. I started in the case room, in the labour and delivery. But I didn't stay there very long, because they had a peculiar culture at the Camsell. I can't really explain it. I just didn't seem to like...

Q: Who were the patients?

CT: The patients, a lot of them were regular people from Edmonton but a lot of them came from up north. They were transported in. Just like the Alec gets a lot of the people from around now, Athabasca and blah blah blah. The towns around Edmonton, like further out, Lac La Biche and places like that.

Q: Was it a specialized hospital?

CT: No, but they did, like any other hospital, like the Alec, but the Camsell was federally funded. That's what I remember. I could be wrong, but that's what I remember them saying. So that's why the indigenous people came down.

Q: Because it was federally funded?

CT: Yes.

Q: Not because it specialized in indigenous care?

CT: No, not really. That's where they would go to. There's also a culture around the healthcare system in Edmonton. The culture that I see or that I felt was that if you worked at the Mis or downtown – downtown Edmonton changed to the Grey Nuns – or the Sturgeon or the U of A, it's as if you're in a different category to the people who are downtown and at the Alec. It's different because their patients are different.

Q: What is the difference?

CT: Economically, education wise, lifestyle. When I went to the Misericordia they were maybe having about 50 deliveries a month. By the time I left there they were just bordering on 180 maybe 200. All the patients were at the Alec and the University, and the University did not want maternity patients anymore. They wanted to specialize in heart transplants, and I know that because I heard it from their mouths. They wanted to do heart transplants, brain surgeries, stuff like that. So they got rid of mental health and obstetrics; psychiatry and obstetrics was gone, the beds were gone from the University. They also covered the Aberhart, which was the place where they look after...

Q: Is that how the Royal Alex got its reputation for being a delivery hospital?

CT: Yes. I think what happened is that – I think we did do some stuff on that one – was that the U of A, UH, University Hospital, would do surgeries and Mazankowski and all that, because all that money got poured in there. The Alec would take the obstetrics and general medicine and a spattering of oncology and a spattering of that.

Q: Did the Camsell specialize in any area?

CT: No, I didn't know that it was concentrated in any one area.

Q: Did the people from up north go to other hospitals the same way they went to Camsell?

CT: Not really, no. It's just the same way even now. You won't find an indigenous person very much at the Misericordia or the Grey Nuns. It's not going to happen. They will go there for specialized, not the Mis, but say the University Hospital, for specialized treatment; their doctors say that they have to go there. They'll go to the Alec. I think they're more comfortable there, and the Alec is more accommodating for that. That's why I liked to work there, because the scope of nursing was wider. I did not mind working with indigenous people. They called them Indians before, I don't know. But I didn't mind, I liked them more than anybody else. I got along very well with them, no problem.

Q: You didn't see any barriers to providing any service that you were required as a nurse, such as patients who express reluctance to deal with you?

CT: Maybe I experienced that one time. The nurse who was in charge said, either you have her or you'll have no nurse. But I have also rejected patients if I found that they were abusive unnecessarily. I didn't feel that I had any more reason to look after them than they had to be decent to me, so I didn't.

Q: What kind of abuse?

CT: They'll ask you to do things that are inappropriate in the sense that they could do it for themselves. That is a definite barrier to the indigenous people, because they are somehow led to believe that they're entitled to more that they're not getting. Not only that they're entitled to it, but they're not getting it. So they're going to impose on you that you have to give it to them, and they will get abusive because of that. Just like a bad child – the less attention you pay a child, the more it makes for you to give it attention. So that's what happens, I think. They'll come and they'll try to raid your fridge, take your meals out of the fridge, things like that. Very juvenile things downtown they do.

Q: So you spent three years at the Camsell on nightshift.

CT: I did not have a position, I was a casual person there, and mainly nightshift. But the work was horrendous because it was always to me very difficult work. Also at the University, when I worked at the University, at the Walter something pavilion, before it was the big glorious building it is. It was an old, old building with wards just like in England and so on. The work there was very, very hard because they would have a lot of patients with lung problems or whatever, because of the smoking and all those things that went along. They were doing aspirations in bottles. The tube would come from wherever it is in the patient's body into a tube, and those things had to be cleaned every so often. If it has to be cleaned on your shift, guess what, you're the lucky one. So I did not particularly like that. There's some people who didn't mind it, but I did.

Q: Did you do a lot of that at the Camsell?

CT: Yes, that was the kind of thing you did.

Q: Were there patients with tuberculosis?

CT: Those patients that had tuberculosis were isolated. I did not do a lot of isolation patients.

Q: What did they mainly have?

CT: They would come for any normal thing that people have: to have a baby, for chest problems, ulcers, broken bones and so on.

Q: Did you meet any other nurses of colour at Camsell?

CT: There were some nurses there. But you know what, I was always so busy I did not... My social life was more outside of work, like with netball and things like that. That's what I did. So all my time was get out of there.

Q: There was another Jamaican nurse at the Camsell.

CT: There were a few of them. I can't say I got to know them that well. They also presented a problem to you too, because this is a culture of us too – we strive for one-upmanship. Whatever they find from you, they go and tell your neighbour or your boss or whatever. I learned that in Jamaica: a still tongue keeps a wise head. You couldn't tell from me blabbering here.

Q: Was it helpful being a member of UNA?

CT: UNA had bigger problems than me, I would say. Especially in its infancy, it had a lot of problems. We were glad...yes, and to gain ground, to actually gain ground over those execs that controlled healthcare – to have some say there, to get time off. When I first came to Alberta we were working seven days a week to get two days off. That was your routine. You do seven days, seven nights, seven evenings. That was it. So they wanted to stop that and limit the hours to more humane hours and things like that, to get better pay for the work you were doing. So they had a lot of problems besides dealing with individual problems. They had a lawyer, which helped, but then he was covering everything else. What was his name? He was a lawyer for the union for ages and ages. Was he the lawyer or the advisor? Anyway, they had somebody who was advising. It helped a bit, but remember UNA also had to deal with the [1:20:07]. She said United Nurses of Alberta, that's Heather Smith. I noticed she stopped calling it UNA. But the also had to deal with the association of nurses, the registered arm of the nurses. So that's

another thing they had to work and compromise with. Maybe in some ways I found the association, the ruling head of nurses in Alberta, what do they call them again? Registered Nurses, RN, yea. They were quite helpful initially. But then they grew bigger, and it was also quite expensive, which is why I'm not registered anymore.

Q: When did you retire?

CT: I retired in 2013, somewhere there. I retired but I didn't retire. I still worked part time. I just wasn't feeling too well and too confident after a while. I think I had a bout of something, so I decided I didn't want to go to work and endanger anybody.

Q: Through the '80s and '90s and into the present, did you find an increase in nurses of colour coming into the profession? Did you find the climate of your working environment changing in any way?

CT: When I worked at the, you know you come upon these things and they kind of surprise you. The real prejudice I saw was when I was working as a nurse manager on Station 95 at the University, the veterans hospital [Mewburn Veterans Centre]. Somebody called me from Stettler. I think I can say it; it's long enough now. She said there was a nurse applying for a job with us, and she was from Jamaica, she was of colour, a black woman. But she had worked in Stettler and she was looking for a job to move to the city. I phoned her reference – okay, this person, do you know them? Yes. But she did not catch my accent or maybe I did not send it, I don't know which one it was. She started to tell me, you know these people, they are lazy. She started to say things about that girl. I just felt like I wanted to barf, it was so awful. I felt very sorry for her. I thought, she's never going to get a job if this person – I'm tearing up even thinking about it – if she has to depend on this person to give her a reference.

Q: So this was an applicant coming from Jamaica?

CT: She was coming from Stettler. She was working. I don't know where she went to school, I don't remember that part. But she'd been working in Stettler and she was moving out, coming

to Edmonton looking for a job. Honestly, I did not even ask her what made her... I felt it would be wrong to investigate what was happening. Then I would not be able to hire the girl. That's my honest feeling. If I maybe had dug into it more I would say, oh my god, I don't want that trouble. But I said, you know what, I'm going to give her a chance. And I hired her. But that woman, I have never heard any reference like that, never, on the phone. I could not believe the prejudice, and telling it to me of all people.

Q: What did she tell you?

CT: She told me, you know these people, they are lazy. They don't come to work on time. Just any expletive you can think about if you want to be prejudice. Just think about it. That was all implied by her. She is the reference in Stettler, she is the nurse manager in the hospital, the person who's giving the reference. Since then, I think even in the States, you cannot give a reference if it is not in the person's file. I couldn't just call and find that out anymore I don't think; that has stopped. You have to go to PR to get that kind of information, the personnel.

Q: Did you feel that the climate was changing?

CT: I knew it was there, I knew it was there. No matter how nice I was, no matter how I got along with everybody, it was there.

Q: Did you have any other experiences?

CT: There were other little things but I didn't think they were aimed at me in particular. I talk about things that stick out in my brain. We were expected to answer the phone, every phone call. The nursing staff was responsible. You can imagine, you have 60 residents, all men. You have to look after them, you have to get them ready. Everybody is involved. You cannot answer the phone. But for the life of me she would not allow us to hire a receptionist. She'd come in one day, she was a director, and she came in and sat at the desk. The day after, we had somebody to answer the phone, we had a person. Then she would be blaming you for not answering. That thing I thought was very wrong. It's a question of not walking a mile in my

shoes, and that's what sets up prejudice and all those things. I'm telling you now the people in Ukraine will be feeling a different kind of pain, because they be walking in the shoes of the people in the Taliban and Iraq. Once you don't feel it, you don't believe it. If I had not heard her talk that way about that girl, I would never have thought somebody would've done that. Totally inappropriate.

Q: So this was someone who was on the reference list for an applicant that you're thinking of hiring?

CT: No, I don't think she was on the reference list, but it was required that you call the previous employer. She was the one on the other end of the line.

Q: So she was in a position of authority?

CT: Yes, definitely. I think in fact she said who she was and what her position was. So that was one way it was stacked, very obvious. The other experiences I have are kind of scattered, because over 43 years you see it all. But they would always give you the harder patients. I knew I got them and they would tell me so, because they felt you could manage it. That is where I think they trick you. It's like pandering to your selfishness – you're so good, you can do it kind of thing. A lot of BS.

Q: Looking back on your 43-year career, what would you do differently?

CT: Okay, let's start from the end. I may have gone further and pursued further education in nursing; I may have done that. But from the beginning, I think we were not well served and neither was our community in Jamaica by doing a diploma course. It was unnecessary and our education was far beyond what they were giving here.

Q: It was based on the British system.

CT: Yes, very colonial. They limited you, you could only go this far. Then I don't know if I would change anything that much, but I may have moved along faster. All this Coronation, Lacombe, Red Deer, Edmonton thing was unnecessary, all just looking for a BSN, which is basic. We were taught that that is your basic nursing entry. You know how many years nursing tried to get that as a basic requirement? They must have spent about 20 years trying to get it. Here we were, we did four years in Jamaica. In between, I don't know. I had gone to England with an intention to stay there. But it wasn't for me. England is nice, England is a pleasant place for the rich and high, but it's a cruel place for such poor folks as I. Those are the lines they teach us at school. So I don't know that I would have worked maybe more diligently at my studies maybe and not party so much. But we had a good time, we had a good life.

Q: Are you a strong supporter of UNA?

CT: Oh yes, I was a strong supporter. I think UNA did wonders for us. It did a lot for the profession. It did a lot for waking us up to the possibilities. It's telling you that this is not just for a limited few. When you work, you're entitled to your pay and to proper treatment. There were a lot of things that were really bad in the system that they were able to help remedy. What I saw -- maybe I don't know, maybe I would be kind of split on that -- is you should be given the choice to be a specialist or a generalist. I firmly believe that. I did breastfeeding consultant, I did all kinds of things, ICU. It made you feel as if if you didn't do all these things you weren't competent. There's a place for the generalist, I believe there is certainly a place for the generalist at the bedside. Even moving on, and maybe this is one of the distractions where I did not go on, I felt that I would be pulled away from the bedside, and that's where I felt I belonged. I did some teaching, so it helped a bit.

Q: Where did you teach?

CT: U of A. I did clinicals for them. But then again, they had a lot of rules I felt weren't helping education, just getting things built into people for you to work as a robot. They weren't really teaching them how to think. I think what has happened in nursing, the pay has gotten better so it's attracting a wider range of people. That's going to be a big thing for them to sort out. But I

think UNA has helped us. I don't think without the Labour organization that we would be anywhere.

Q: From working four years in San Antonio, did you notice differences between the healthcare system in the States and Canada?

CT: Oh major differences, major differences. Coming from Alberta where everybody gets care as much as you can give, if you approach a hospital you get it, if it is there you get it. But in Texas if you go, I can talk about maternity care, childbearing care. They give it all, but if you're not in the system of the hospital, who pays the money? They check you and if you are less than 4 cm they put you in the ambulance and send you to the place where you belong. They will not keep you. So that was one thing. The other thing they did in Texas was unions are not allowed. We call it the U word; you don't use the U word. So they attempted to treat you in a very patriarchal type of way. They give you something for your birthday, they give you a turkey for Christmas. It was amazing the reaction of the nurses. They'd give the turkeys away. They'd have a big truck come in the parking lot and as we were going home everybody got a turkey. Every Christmas you got a little ornament for your tree. I did not like it. I was too used to this system and Jamaica's system. You come, you do your work, you do a good job, they pay you. But the other thing they did in Texas too, which was good, they paid you for all the hours you worked. Basically they owned you once you came into the hospital, because you have the timeclock thing, so they'd pay you for every penny. That one was good. They also give you extras. They have a word for it that escapes me now. Like I did breastfeeding, so they'd give me 10 cents or more an hour on my pay every day. They provided you with that training. If you were to do breastfeeding here, you would have to go and pay for the training yourself, and it was never recognized here that I was a breastfeeding consultant. They appreciated it and they'd call me when they had problems and so on. I did prenatal classes and all of that. But you would not be getting one cent for that. So those are some differences. People in Texas, I know about incidents of prejudice, but they were never affecting me; I didn't think they affected me. Maybe the reason for that, I should clarify feeling that it did not affect me. I was born into a family where I was the darkest person there, so I'm used to whatever goes. I was never the cream of the crop, so you grow up that way and you adjust and learn to adapt. So it didn't bother me. But I have seen where there was one

registered nurse, an LPN, licensed practical nurse. I wasn't there but the story was that she asked her to go ahead and was bossing her around. The girl stood up and just about fought her, just about kicked her. The girl walked away and never came back to the hospital, the black girl. I'd never seen that.

Q: Where was this?

CT: In Texas, in San Antonio. She just gave it to her. But she was an older woman and she said, damn me if I'm going to take this from you.

Q: How long did you live near Meadowlark?

CT: I never lived in Meadowlark because they wouldn't rent me an apartment in Meadowlark. I lived in Belmead, further on. There was Meadowlark and there was the mall place, but it was just this big morass, like a swamp place next to the Mis. I lived near the side of 178th Street. But it was our stomping ground.

Q: How long did you live there?

CT: Let me see, '77 until '86, about nine years.

Q: What was the area like? Were there other black people in the neighbourhood?

CT: There were a few of them. There was my friend, then my mother came up here when she retired, to help me with my daughter. So I had family. And oh yes, there was a girl from Jamaica who came up here to work with a psychiatrist and a lawyer. They liked her well enough, but on her day off they wanted her out of the house. She had no friends, nobody, no car, she didn't no anybody. But she had to get out of their house on her day off. My mother didn't drive, so she met her on the bus and she took her home, and there she was in the family. In the complex we lived, there was our complex across from that Catholic school, just across 178th Street there. My daughter went there forever. We lived across there and next to us was an Edmonton housing

project. There were people there who had a rough time, they had a rough time. The people who were not educated...

Q: Who had a rough time?

CT: The black people there that I knew. Everybody there had a rough time, because they were all on welfare and had children. The bus was difficult; the bus only ran at high times, rush hour, and nothing on Saturday and Sunday. So those people were limited. If you didn't drive, heck. Gas was cheap but you've got nothing to put the gas in. We talk about that with them. My friend, she's a social worker, she became a social worker after that. She talks a lot about Belmead and living around there. She had a bag the size of, oh god, maybe ten times your size. She had to take her son with her and she had to make sure she had everything in that bag. My mother used to laugh at her. But the one street was 87th Avenue really, because 178th did not come right through. It stopped at Stony Plain, 100th Avenue there by the Sandman Inn. So Edmonton, one thing that was very nice about here was the pool in Jasper Place, Jasper Place pool. It's now a big complex and they've got this high school and everything. But at the beginning it was basically just the pool and Jasper Place High School, JPS. That was it. But the pool was always very welcome. That's where my daughter learned to swim. My mother would take her on the bus whilst I was working.

Q: Were there grocery stores nearby?

CT: No. There was one. If you were to go down 87th Avenue and then turn left at the intersection with the mall, what would that street be? Anyway, you'd go around behind there, and there was a post office there and a Safeway. That's where St. Justin School is, St. Justin and another school. Just on the corner of where they're putting the thing through now, the railway. If you turn left and headed west before you reach 178th, there's a little development there. That's where the Safeway was. When I'm talking about living I'm telling you even if I worked and felt I was doing fairly decent, there were people, it was a big divide. You would go into the supermarket and some people would have two carts of groceries. You'd look at it and say, what

the heck are they doing? You wonder, what's wrong with me? But that was our grocery store, was Safeway. And the post office, I think they still have a post office in the mall there.

Q: Was your daughter around when you were living there, or did she come later?

CT: I had to get a house, the condo, because she was coming.

Q: Where did she go to school?

CT: St. Benedict's. That's the name of the place, she went to St. Benedict's. We were right across the street from St. Benedict's. At that time, St. Benedict's was a church. That's where the Catholic church held their masses. It's not the big thing it is now; that was it. The west end was, Desmond and I when we drive we marvel to see how different it has come, how absolutely different the west end is. We were on the last street.

Q: Did you meet and marry Desmond in Jamaica?

CT: No, here, at a party. That's where I met him. It was a weird thing, because I worked shift. All the girls were always going out, and I could never go out because I had to work the next day or I wasn't home early enough or I couldn't get my hair done on time or whatever. So they pressed me, let's go, let's go.

Q: Where did you go to party?

CT: It's a hall, St. Edmonds, is that the name, on 132 Avenue. Do you remember that? Oh god, you just arrived, girl. I'm an Albertan through and through. Yea, at St. Edmonds. He was working in Ft. McMurray. You can talk to him about that. He has his stories too.

Q: How was the bus service? Was it hard to get downtown?

CT: Yes, and it wasn't just downtown, it was Jasper Avenue you had to go. I took my orientation to orient myself based on Jasper Avenue, so I knew I was going in the right direction depending on how the streets were increasing. So it was always Jasper Avenue I had to go to: immigration concerns, traveling concerns, everything was downtown. But I had to get a car, I had no choice. When you work shift, can you imagine, minus 40 at the Mis?

Q: You're a very community oriented person.

CT: Currently we're transporting stuff that we picked up, second hand stuff to buy.

Q: What has inspired your community spirit?

CT: I think it was my mother was a community kind of volunteer person. She was with the [1:49:47], she was with the women's league, she did all kinds of things at home. So I was used to that, I was used to volunteering. They always insisted that you belong to something, so I belonged to the children's group of the church. You were always doing something. So that's what propelled me into it. In Jamaica I did a lot of netball, that was my outlet. At school at home we did everything, volleyball and everything. But in Jamaica we had netball courts on the premises, so we were always playing. But also I started organizing for our graduation. Once you enter any school, you have to start looking at graduation four or three years down the line. So we had a little group organize to cook food and sell to the other students and so on, and raise some funds. We had a little stove in our room and we did a lot of that. Once I came here, I'll tell you. As we traveled from the airport to Coronation I couldn't believe the expanse of land. I'd never seen so much land, even in Jamaica. Miles and miles of canola and wheat and cows, and I just couldn't believe it. I thought, where are the black people? This is what I was saying to myself. Where are they, what did they ever get? I'm still asking. Did they not want it? I'll never know the answer. I got to Coronation and everybody had a farm, a cow, a horse, and this and that. We were the only two black people. But I think it's us too what we're comfortable with. We're comfortable with the sunshine. When we first came we put on thongs, shoes, and go outside forgetting that it's minus 40 in Coronation. Then you'd run back in so quickly. That always was something in my mind. I always thought there's a place here for everybody, there's

enough here. This is why I never worked on one side or the other. That is my firm belief, there's enough on this earth for everybody that we can share and enjoy. I have always had that. That drive from the airport, Edmonton International Airport, to Coronation, I just couldn't believe it. I'd never seen so much land, never seen so much flat land. We have a lot of mountains in Dominica, we do. Jasper made me feel very comfortable. I would make trips to Jasper just to go and see the mountains. But over the mountains I'm looking for the sea. We had an office at Percy Page Centre but the girls were not willing to take it over. So Calgary took it over. I said, fine, once you keep it going, but they took it over when it had money in it. We had no money and nobody wanted it, but the Australians and New Zealanders took it over. It's still thriving there.

Q: Do you still work casual?

CT: No, I don't anymore. If I work, it would just be to pay taxes. I think I've paid my share; 43 years of it, I've paid my share. That's a long time to work, I did a lot. But I always had the sense that I was educated in the Caribbean, in Jamaica in particular, and they never got anything out of me. I wonder how many others that happened. We used to call it the brain drain; I don't know if they still use that term. But it was like when you got to come out you were pretty much the best – the healthiest, the best, the smartest, the most adaptable. I can only talk for the Caribbean. I don't know if people come for different reasons. But I always think there's enough for everybody to work at it. We bought a house now for the association. God, I've been working on that thing. It's the National Black Coalition of Canada. It's an association. . . .

One thing I think I did, I don't know how I managed it, but Desmond was always, my husband, was always kind of reluctant to give, participate. But I think he's more, he's broken in now. He has no choice. So he's now carrying stuff in his truck from somewhere. You know the Blakes? Their house is sold, so we're getting a whole bunch of stuff from them going to furnish up the place a little bit. We have everything there. We have security, we have motions set up. You won't believe it when you come. Come on Saturday, come and visit us.

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

CT: No, I'm good.

[END]