

Tim Bouwsema

TB: I work in Local 301, the University of Alberta Hospital, in the emergency department on the emergency mental health team. I'm an RPN and proud to be one.

Q: I assumed you were an RN.

TB: A lot of people do, but I'm following in David's footsteps, the DLR.

Q: How did you become involved in the union?

TB: I am a second generation nurse. My mother is a nurse and is still practising now at the ripe old age of 67; oh actually, she may be upset, but she is what she is. She's been nursing for over 40 years. She came from Europe where the labour laws are a little bit different, and came here. She instilled in me that the union is a very important thing. When I graduated from MacEwan, actually in the building where I'm being interviewed right now, I graduated in 2005 as a registered psych nurse. I started out at the Misericordia, Local 11, but didn't stay there for too terribly long because I went over to Local 183, Alberta Hospital Edmonton. That's where I had my first real contact with the union. I met the president; he came and said, sign a union card. I knew I was supposed to. I didn't know a whole lot about what UNA was or what they did. I of course had heard of Heather Smith, because my mother had mentioned her several times. But beyond that, I just went to work, and that was all I knew about UNA.

Q: Did you have a sense of the role UNA had played in your collective agreement, or were you even aware of the collective agreement at that time?

TB: I honestly wasn't aware. I understood that the union helped with the contract, but what that actually meant or entailed I had no idea. I knew I needed to be a union member, but other than that I didn't really understand what the union really did. I know my mother, who is a very proud woman, said she wouldn't be a part of many unions, but UNA was different; so it was a good thing to be part of UNA. So that was good for me.

Q: Was there a point at which you became aware of the history of UNA?

TB: Yes. As time went on, I started to ask some questions and become more involved. I wondered, once you get past all the extra stress of being in school and just trying to survive on a day-to-day basis, you start to ask questions: Why are my dues going to this organization? Sure I've signed up for them, but what is it that they actually do? I started to learn and became really impressed. It was very clear right from the get go, once I started looking into it, that is, that UNA does so much more than just advocate for nurses. We advocate for the patients, we advocate for the healthcare system, and we advocate for the people of Alberta. The whole province benefits from the work that UNA does, and of course nurses benefit too. I'm really proud that we spend so much time advocating for all Albertans.

Q: Was there a point at which you became aware of the strikes of the 1980s?

TB: I was four years old when the '88 strike happened. So I don't really remember anything, to be completely honest.

Q: But in the context of your career as a younger person who came after that, was there ever a time when people talked about those events? Did you get a sense of its historical importance?

TB: Oh, fair enough, sorry. While I didn't experience the strikes personally, because I was too young, I did hear from, especially the local president, about the real gains that were made through the strike. There was a lot of mention about we don't want to do this again; we don't want to be in this position again. The nurses talked about how they bonded and came together during this time of really extreme hardship. But it has benefited the nurses down the road; until today we have benefited from the work that those nurses have done.

Q: How did you become aware of that?

TB: The local president, Laurie Lang, who unfortunately has passed away, was an educator. He liked to talk; he liked to share. We had education days, and one of the educations that was organized talked a bit about the history, specifically about the site that I worked at, which was Alberta Hospital Edmonton at the time. But they talked about the history of the union, because it was a union-organized course. It was quite interesting; a bit short--there was a lot of ground to cover. They talked about the history of psychiatric nursing and psychiatry in the province of Alberta. So there was a lot of ground to cover in that, but it was a really good education and good primer for where things started.

Q: What year did you start?

TB: I graduated in 2005. I started at Alberta Hospital, with the Misericordia in 2005, and left the Miz not too long afterwards, just because Alberta Hospital offered me shifts and the Misericordia didn't.

Q: Were you around when Mr. Duckett tried to shut down Alberta Hospital Edmonton?

TB: I was indeed. I attended a lot of the rallies and events associated with that. There was some fear that attending those rallies would get us in trouble with the employer and things like that. That was another thing where we were told, as a citizen, you can go. You might not be able to say or might get in trouble for saying, I'm a Capital Health employee and I work at Alberta Hospital. But as a citizen, you're able to attend. The union and the local president gave us a lot of information and helped with a lot of things. That was seeing collective action across several unions come together and groups. Physicians were involved; there were a lot of people involved in saving Alberta Hospital Edmonton. I'm proud that I was part of that group.

Q: Tell us a bit more about your realization of how effective unions can be. Did you go to town halls?

TB: Yes, we went to. . . When you're facing this huge battle, we all knew if you worked at Alberta Hospital, you knew it was a terrible idea to shut the hospital down. There were not

enough beds. We did specialized care in so many areas and provided support to under-resourced and underserved populations. The mental health system, while it's getting some attention now that it sorely needs, was always and has always been a bit of an afterthought in the healthcare system. We were kind of used to getting hand-me-down equipment, outdated stuff from the Royal Alec or from the U of A, semi-broken things that we made work. There was a level of pride on site that we would take this stuff that didn't quite work right and make it work for our environment, for our patients, and provide them with excellent care. We were kind of of the mentality that there's always going to be a little bit of a fight. We're always going to have to be a little bit louder, because there's not that many of us, to get our points across, to make sure that our patients are served and that we have the resources that we need. When it came down the pipe that they were going to shut down Alberta Hospital, we were almost prepared. We'd been doing this for a long time. When we were advocating for improvements to the site and things like this, we had been doing that for a long time. Now it was a bigger scale and it was initially overwhelming, but there was definitely a sense of camaraderie amongst the staff. We said, well, where would these patients go? What would happen to our patients? We all kind of thought that if it did happen we would find something. All the staff would find something to do. But we knew that this was terrible for our patients, the worst possible thing that could happen. It was amazing how a little conversation in the nursing station or in the parking lot before and after work kind of grew and grew, and snowballed so quickly. Everyone had the same mindset. We didn't agree on all things: some people wanted more in column A and some wanted more in column B. Some people said they should rebuild the whole site, which was a bit much in my personal opinion. But we worked hard and we came together around a core belief, and that was Alberta Hospital served and serves its patients very well and we need to protect it. So that's what we did. It was honestly amazing to see how when you start off with just a small group, because the first meetings were pretty small, and then it grew and grew. We had to have these town hall meetings in, I don't remember the name of the place, a big hall off St. Albert Trail there. Yes, in the Italian Centre off St. Albert Trail. There had been a growing swell of support leading up to this but there was a moment when we were going: is this going to be a large, empty hall? What message does that send, if we have this hall mostly empty with a few people angrily saying, save Alberta Hospital? We didn't know for sure. We had hoped but we didn't know for sure if it would turn out. And it did. People came out. We had support

from all sorts of people. We had support from the seniors' community; we had support from inner-city groups. Collectively everyone came together to advocate for Alberta Hospital, and it's still here today. It's still serving patients and they provide a unique and fantastic service. The province is better off for Alberta Hospital being here.

Q: Was the union a major help to your organizing efforts?

TB: Yes, although I don't know if this is going to be a good answer or not. While this groundswell of support was coming from everywhere, it was the union that organized it, that sort of focused it and made things happen. It was the unions – and I have to include AUPE in this as well – that had the communication structures to send things out, that used their resources to book the halls and things like that. The unions took a general unrest and a general feeling and were able to funnel it and distill it into something that. . . It took a general feeling – we need to save Alberta Hospital – and distilled it into actions that ended up saving Alberta Hospital. If it wasn't for the unions' work, then all that good feeling, all that energy, all that will to save Alberta Hospital, would've been so unfocused and so dispersed over so many areas that I don't know that we would've been successful. But the union took all that energy, focused it at a point, and made it effective. Not everyone agreed on everything. That's something that is true of many groups, but it's true of all the groups that came together to save Alberta Hospital. Not everyone was in agreement about everything. But what we did agree on and what the union helped bring everyone back to is we can disagree about some of these other things later, but we need to save Alberta Hospital now, then advocate for the other things that we need to or want to change after the hospital has been saved.

Q: Do you have a sense from people you've talked to that a similar process had gone on in the '80s?

TB: It really feels like that solidarity, that community aspect comes together during a strike. Just from hearing things and watching old interviews and things like that, you hear stories about how people set up childcare and organized childcare. People would bring money and food and stuff like that from the people that had enough to the people that didn't, just so we could

collectively get through this. While the Alberta Hospital Edmonton, saving Alberta Hospital, crossed a lot of boundaries and there were a lot of groups that wouldn't necessarily be involved in the '88 strike or anything like that, that sort of mentality, I know saving Alberta Hospital drew us closer together. It helped build relationships within the unions, within the members, within the staff at Alberta Hospital. There was a feeling afterwards that we did this-- we worked together and accomplished this. From hearing some of the stuff that's gone on with the strike of '88 and things like that, there's a similar "we came together and we did this" mentality.

Q: Can the same kind of dynamic work again in the future?

TB: I think that in the future the goal is always to avoid being in these positions. But the reality is we will be put in these positions. That's why it's so important that we hold onto the feelings and the information that comes from the past. We don't need to reinvent the wheel all the time. We have people that have done this; we have people that have been there. If we just listen to them, if we build off of what they know to be true, then we as a group will be stronger. We can come together as nurses to advocate for safe patient ratios, to advocate for better funding for the mental health system, to advocate for whatever it is we need at that time. Right now we're just trying to keep our healthcare system running; that's our current stressor. We're in the middle of a pandemic. So we're just trying to keep the system running. But there will come a time when, I gotta believe there will come a time, that this pandemic will be over and we will go back to trying to improve our system. Part of that will be future-proofing as much as you can for the next pandemic that comes down the road. Another part of that will be, okay, so what did we push off the table, push to the back burner, that we haven't been dealing with, that we now need to redirect our focus to? Is that helping our Indigenous populations? Is that helping those with addictions and mental health issues? Is that helping surgery wait times? Is it emergency room acuity or capacity? There are a lot of questions out there about what the next thing will be. Right now I think a lot of people are just focused on surviving the now, but it's important for us to cast our eyes to the future. This stress that we're under, this extreme stress test, will either bring us together or pull us apart. I think we are leaning towards coming together. I see it every day – nurses leaning on each other, supporting each other, being there for each other because of this extreme time that we're in right now. But there's also a risk that it

may galvanize us and split us apart. If we've learned anything it's that we're stronger when we are together. When we are united, we are a force to be reckoned with. If we're fighting each other, then we won't be able to move forward and hopefully remember that when this is all done.

Q: How has COVID affected your work?

TB: Covid has really--in the beginning we didn't know what to expect. There were a lot of unknowns coming into work every day, and there'd be new protocols and new rules. Sometimes we were wearing PPE at the beginning. Then they were saying only in certain situations, then for a while it was the entire shift. Now we've settled on you're wearing masks and goggles at all points but you're not wearing the gowns and stuff at all times, which as a larger person is kind of nice, because they get very sweaty underneath. I can tell you that much. When we first started this, there was just so much fear of the unknown. That's no one's fault, because no one knew what we were getting ourselves into. We didn't know how bad it was going to get. We didn't know where it would end up, if this was going to be the worst thing that's ever happened in the history of healthcare in Alberta, or something that in a few months will be a passing memory. So there was a lot of unknown in the beginning, and a lot of willingness to help and a willingness to forego things that in the past we might not have let up so easily on, because we didn't know what was going to happen. In the beginning, I worked in the Emergency Department, and in the beginning there was actually a drop-off in the number of patients that were presented to the hospital, because people were afraid. They didn't want to come to the hospital because they'd heard that this disease is there. So they would stay at home. That did mean that when people did arrive, they were so incredibly sick and we did lose people because they waited too long. They were having symptoms of a heart attack, and people don't come in for that on a normal day. But with a pandemic they say, no I'm not going to. Maybe their spouse or loved one or whoever said, okay, well it's a pandemic; let's just wait, I'm sure it's just reflux like it always is. Then we lost people that way. It's a shame. I worry that the COVID numbers will never fully encapsulate all the people that we lost because of these sorts of things. So in the beginning there was a high degree of anxiety because we were waiting for that shoe to drop. We were waiting for this deluge of people. It eventually did come, but there was this delay

because people were not coming into the hospital, and the ones that were coming were so sick and a lot of them didn't make it, unfortunately. Then as time went on, people sort of returned to normal. So the Emergency Department returned to its baseline except we had all these barriers between us and the patients. You spend your day behind the plastic sheet in front of your face, with a mask on that covers most of your face, and wearing gowns and gloves and booties to interact with the patient. It's harder to get a read on someone and to show that empathy that nurses do. We provide that care for people, but it's harder to do that with all those barriers in place. There are already barriers in place beforehand, but you throw this all on, and all they can see is your eyes, and even then with the glare of the lights, they might not be able to see them. It also was harder for us, because the patients themselves, some of them, if they were cooperative, were wearing the gowns. Most of them were wearing the masks. There are some notable exceptions to that, but generally speaking you're having less of that connection. It was more like two people in two bubbles trying to communicate to each other, and communicate life-threatening situations across these impaired communication channels. I think I've gotten pretty good at my eyebrow raises and communicating a lot with my eyes and my eyebrows. As time went on, we sort of settled into this new uneasy normal. We're used to terrible numbers coming down the pipe all the time, this sort of perpetual gloom and worse things are going to come, we're going to face another wave, we're going to be overwhelmed, and getting close, seeing some of my coworkers and even myself get really close to that breaking point. I've said before, in the Emergency Department there's always a time when some really bad things happen in the Emergency Department, and it's really hard on the staff. So it wasn't unheard of that you'd encounter someone crying in a corner, in a supply room, tears running down their face, or going to the break room and just sitting there silently with some tears for a few minutes until they can gather themselves back up and head back to work. But I never saw more of that than since this past summer of 2021 when people are reaching their breaking point. People are reaching their breaking point everywhere, but we're facing this every day and it's incredibly hard. It's incredibly draining. My nursing coworkers have given a lot to the province. We gave up our vacation; we moved our schedules around. We put ourselves at risk, knowing that they didn't know how to keep us safe. When they change the rules every week or so and say, no, those were completely wrong, last week's rules were completely wrong, that tells you that, okay, so for the last week was I just being exposed? Did I put everyone that I know



and care about at risk because the direction that we had was not actually good direction? There was a lot of stress for everybody. We're at a point now where people are just done. Nurses, there's a finite number of us, and we all are generally very passionate about what we do. We didn't get into nursing to become rich or famous or anything like that. We got into nursing because we wanted to care for people, because that's what we're passionate about. If you didn't love to actually make a difference in people's lives, dealing with all the nonsense that we deal with, there's no paycheque that would be worth it; there's not a number that would be worth it. We do this because we're passionate about people. But there's an element of people saying, you know, I can't keep doing that level, exerting myself that much and pushing myself that far without some form of relief. There's moral distress. Knowing what we know now, did we make mistakes? There's worry about if this person gets this treatment: do we have enough for the next person? Are we running out of ventilators? Are we running out of medication? We've had weird supply chain issues and those were all factored into, okay, so if I do this for this person, will I have enough supplies to do this for the next person? And that next person might need it more. So there's a lot of distress around that, a lot of anxiety. It's been really hard. I'm worried about what the future will look like. I think we have a bruised and battered nursing force in Alberta. We're holding on and we're holding it together, and I can't think of a group of people that could keep this going as well and as long as we have except for the nurses that I know and work with. But I'm really worried about what the future is going to look like. People are reaching their breaking points. I'm worried that it won't be the Klein cuts that see us lose the next round of nurses – it will be in the aftermath of COVID that people say, I just can't do this anymore. It's incredibly hard.

Q: Has the union been able to help?

TB: Yes. Sadly, the union can't fix COVID, but the union has been advocating from day one. The messaging from CFNU, from UNA has been clear from day one. In the beginning we didn't know if COVID was airborne or not, and the CFNU and UNA put out a statement saying, until we know, everyone should be wearing a N95s. There were some people who scoffed at that. But looking back, that's the best advice that could've been out there. There are a lot of factors in play. You can see that the employer did not care about that; the government didn't care about that. But

our unions, and our union specifically, cared about the members and the people of Alberta, and advocated for that from the word go. And supports: UNA has put on, what are they called, days of wellness? No, I can't remember, but we had Zoom education days surrounding wellness across the province, very well attended. If your regular coping mechanism used to be that you'd work for that vacation, well nobody's going on vacations right now or not so many people. If your coping mechanism was going out and being with friends and family and things like that, these were also things that for a large chunk of the pandemic were just not feasible. So people's coping strategies were severely affected, and we put on education to support that. I think that UNA has been very responsive and is trying to be as proactive as possible – none of us predicted this happening – to meet the needs of our members and advocate for them. I know there's a lot of advocacy with the employer regarding PTSD in the workplace, and keeping the workplaces as safe as possible. I think the trauma of COVID and the distress that's resulted because of COVID is just going to be all the more important.

Q: When you started work in 2005, were you aware of what lay behind the terms and conditions of your workplace?

TB: When I first started, the contract made sense. It seemed reasonable; it seemed pretty good as far as that goes. It didn't really cross my mind that there was an employer or employers in the past that would have advocated for things that were not reasonable in the contract, like you have work every weekend, vacation is sort of a dog's breakfast kind of thing, that wages didn't correlate to the level of skill, knowledge, and experience that nurses bring to a treatment team. It only made sense. So initially, when you're starting, this stuff makes sense. So you didn't question it a lot. But you come to realize that, while it makes sense to us maybe, it didn't make sense to the employers back in the day. Those were hard-fought wins. The fact that we have a PRC committee that is a way for nurses to advocate for their patients, that was a huge win. It just makes so much sense. Who better to ask and who better to advocate for the needs of the patients than the nurses who are working at the bedside? Those are the people that know. It seems so common sense now, but that was a hard fought win. Who would've thought? Not me, initially.

Q: Are there things from that Klein period that we can use moving forward?

TB: Really what it boils down to is I'm proud to be a nurse. I'm very proud to be a nurse. I'm proud of the work that UNA has done, the work that the CFNU has done, what we've accomplished over all these years. The union has moved nursing from not making more than Safeway workers to some of the highest paid nurses in the country. We have advocated for the healthcare system; we've advocated for the people of Alberta. I'm really proud of all the things that UNA has done. I'm involved. I care about the union, but we want as many people as possible to know what we've accomplished, because they'll be proud too. They see, wow wait, all these things were because the union put all this work in? Because our predecessors were willing to go out on strike to make sure they got their wages, to make sure the patients were adequately cared for, to make sure that the healthcare system stayed safe? To keep hospitals open? That's the sort of stuff that gives me this swelling of pride that this is amazing. This is why we do what we do today, because of all the work that was done before. We could let it slip, but if we know where we've come and we see all that we've accomplished, we can make things better for Albertans, for nurses, and for the healthcare system in the future.

Q: Is it important to keep fighting for this stuff?

TB: A battle might be won, but the war is not over. The fight continues. We need to keep fighting for the next thing. As a union, we have a lot of female-presenting members. But that doesn't mean that's all that we have. We represent every gender and gender expression. We represent a multitude of ethnic backgrounds and groups. We represent nationalities and experiences and. . . different professions. It's mostly registered psychiatric nurses and registered nurses. UNA represents a wide variety of people. UNA has never discriminated. I shouldn't say that, because I don't know if it's 100 percent true; I want to believe it. But we advocate for equity; we advocate for all those groups that sometimes are small and can't speak up for themselves. We together come together and support them. Some of the fights are won, but there's more fighting to do. There are more things that we can and will encounter in the future that we will need to fight for. We need to stay fit as a fighting force. We need to be ready to

engage and willing to engage to make things better for all nurses, all Albertans. That is what UNA does. We are a labour union. We fight for what's right; we fight for what's fair.

Q: Is there anything else you'd like to say?

TB: I think I covered a lot of things... I'm proud of the fact that UNA has worked so hard in so many areas and continues to work hard. I think our very structure is set up that we are member-driven. Our members, the nurses in Alberta, guide the direction of the United Nurses. But that direction has led us down a path of we have a bunch of different committees. We have a committee that's part of our executive board that its whole purpose is to talk about advocacy and engagement. It speaks to our values as a union; it speaks to what is important to us that we dedicate a chunk of our executive board to focus on that every time we meet. It speaks to where we put our priorities. I'm thankful to the members, I'm thankful to the United Nurses of Alberta because we can focus on these things. We're looking at big picture stuff. We want to advocate for a better healthcare system; we want to advocate for seniors; we want to advocate for marginalized groups. That is part of what we as an organization do. I'm proud to say that I think we do it pretty well. There's always some room for improvement; there's more work to be done. But I think we do very well and I'm very proud of the work that we do, and the work that I've been able to be a part of and the work that's been done in the past. If it wasn't for those who came before laying the groundwork, this organization wouldn't be the organization that it is today.

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