Barbara Joan Campbell

BC: I was born and raised in Winnipeg, Manitoba and I've lived in Calgary since 1992.

Q: Did you go to school in Manitoba?

BC: My extended family remains in Winnipeg. My husband and I are in Calgary with our four children. I did attend elementary, junior, senior, and my hospital and university was on in Winnipeg, Manitoba.

Q: So you came to Calgary later on.

BC: I came later on.

Q: Tell me about your formative years in Winnipeg.

BC: I am a product of immigrant grandparents; they were from Russia. My grandfather was a physician in Russia, and came to Canada and went through that whole process of getting his credentials here, which was quite arduous. My aunt, his daughter, is a nurse. He has a son who was a physician. Then on the other side of my family I have also family members, another aunt, my mother's sister, who was a grad at the St. Boniface General Hospital in Winnipeg. So I had role models in what was then considered the caregiving industry, I suppose. I also had a lot of influence in terms of a lot of my family members and extended family were in the teaching profession. I graduated high school in 1981 and pretty much even then I would say that opportunities for women were greater but still we were very much funneled into the nurturing and teaching types of professions. When I graduated it was very apparent to me that I needed to figure out what I was going to do when I grew up. I just looked around me and thought, okay, I'll either be a doctor or a nurse. Then I thought, well I don't really want to be a doctor, because that's just going to take way too much time and effort. So I'll just go into nursing school. So that's how that decision was birthed. I also have cousins who are still nursing as well.

Q: Here in Alberta or in Manitoba?

BC: Global. And another generation beneath me, global.

Q: Growing up in Winnipeg, did the industrial actions have an impact on you?

BC: I was very aware of the general strike. I grew up in a home where we very much modeled the behaviour of caring for others, for helping others, for offering a leg up. But where I noticed a big disconnect between me and many of my family members was when it came to the Manitoba nurses' strike. As I earlier mentioned, one of my aunts who was still practising at the time, she was a casual nurse her entire career. She worked in ICU at the hospital that I also worked at, St. Boniface General. I was in the room. We were taking the strike vote. She was there. Her daughter-in-law, my cousin-in-law, also a nurse, was there; we were sitting together. I knew I was voting for the strike. I also knew they were not voting for the strike, and I knew it was a religious belief. The sense of angst I had, as the youngest of them – I was 22 at the time – thinking, how am I going to do this? It was a standing vote. Long story short is I voted for it and my aunt was so generous to me. She just gave me a hug and said, you have to do what you have to do, which was wonderful and so affirming for me. But I was making the choice not from a religious standpoint; I was making the choice to strike for my patients. But I was also making that decision – I had two babies – for them. I wasn't necessarily making it for myself. I was making it for the future.

Q: You came to Alberta in the '90s. How did you get involved in the nursing profession here?

BC: The Manitoba nurses' strike was in 1991, and it was the longest nurses' strike in Canadian history. I was an essential worker and I walked. I remember my dad dropping me off and saying, Barbara, what are you doing? I'm like, I'm doing this for myself, and I'm doing this for my babies, dad. It was a terrible time. It was rife with nurses against nurses and families against families. It was January in Winnipeg – if you can imagine, not great. Then we moved to Calgary the next year and I entered thinking, oh I'll just get a job anywhere; I'm a nurse. That was not reality. I worked in oncology in Winnipeg. I came to Calgary thinking I would find a job easily. That didn't

happen. I worked at the Holy Cross Hospital as a casual, and I was very willing to pick up any shift I could. Then the cuts started. Then we started blowing everything up. So it was at that time of this tumultuous time in my life. Coming from Manitoba, I was already getting involved with the union. Then coming here I was part of Staff Nurses Association at the time; we hadn't joined yet with UNA. I saw so many things that weren't right. I saw so much discord and disengagement and disillusionment with my colleagues. But I also saw there were things that weren't right that weren't being heard from the patient perspective. We were a voice that needed to be reckoned with to advocate for our patients, and it wasn't happening. It wasn't that I thought I was going to be the one to make the difference. But I thought we needed more people involved to be the voice to make the difference. So I got involved then. I still had little children with their future in front of me and I thought, we need to make a better world for them. That's how I got involved with things here in Alberta. I then did get a job eventually--I believe it was 1996. Alberta Cancer Board was hiring, and my experience from back home was oncology. So they hired me and, naively, I offered my help. There was a chapter chair at the time, they were called, which UNA would refer to as a president now. But then the Cancer Board was set up different. But there was a chapter chair and I helped her. Then, when she retired, as is so often the case, I just kind of swung into that position. Then regions became super-regions and super-regions were now one big happy family provincially. The Alberta Cancer Board was dismantled and became part of Alberta Health Services. Also SNA became part of UNA. There were so many moving parts. Then I just stayed on in that capacity with UNA, with Tom Baker Cancer Centre, which became then local 302 South and was completely separated from the Cross up here in Edmonton.

Q: Where do you think the cuts were coming from, or who was orchestrating them?

BC: I always found it very interesting that the cuts come from people at the very top of the heap. What I mean by that is the people who have the perceived power: the government, the CEO, whoever those people are. They look at budgets and they don't attach people or patients to those things, and they make the decisions. Their decisions always are, we need to cut – we need to reduce wages; we need to reduce patient stay; we need to reduce the number of bandages. I remember getting called into the nurse manager's office because there had been a

memo that came out that said we were no longer to put ice in patients' water. At the time, we were still putting jugs of water on our patients' bedside; it was part of what we did in terms of patient care. You'd fill it with ice, then you'd put the water in so it would say cool until it got changed next shift. They decided one of these cost-saving efforts would be to reduce the amount of ice that the ice machine went through. I was punished for that, and I thought at that moment: I am a professional nurse caring for my patient, and who are you to tell me I can't put ice in water for my patient? I was so angry, and yet I had no say in the matter. That was it. My wings got clipped; there was no more water. If I could go back to that day, I would tell my manager to her face, you are wrong and you know it, and I will continue on. I wish I'd had that fortitude then, but I didn't.

Q: What were you forced to do?

BC: No more ice. Now we don't even put those water jugs out. If somebody wants water, we go and get a plastic cup and give it to them. It's a very seemingly small example, but it does demonstrate the erosion of all the things that we were able to do for patients. When I started my nursing career, we actually charted HS care; HS is evening care. We actually gave patients backrubs with the yellow bottle Vaseline hand lotion. We did that. We touched them, we connected with them, we talked to them; we assessed them. We had a relationship with them. That can't happen now, because we don't have the time to do it. But those things were also taken away with the budget cuts – the cream, all those things were taken. The provincial government at the time, those were the Ralph Klein days. The General Hospital was blown up. I worked at the Holy Cross. My unit was closed. I moved up as a casual to the 7th floor from the 4th floor. Then that unit became a big huge unit that used to be 7 East to 7 West, two separate units, two completely separate focuses. It then became one entire unit and it was just a mishmash. I don't mean that disrespectfully--of different types of patients, so that our expertise wasn't used in the appropriate way. We lost our assistant nursing unit managers during those years. Then, all of a sudden, the Holy Cross shut down altogether, and I went to the Rocky View General Hospital. I was working days, evenings, nights, four hours, six hours, eight hours, whatever I could get. The bumping was happening, and the people who had the actual jobs – I was still casual at the time – were literally receiving phone calls the day they were to go to a

shift to say, you're not going to that hospital; you've just been bumped; you're going to this hospital. So, casuals were filling in all of the pieces of the shift that these people were expected to show up for. It was a crazy time, when I look back. It was very stressful. Going back to your original question, we have a voice. I could've said, no you're wrong, I'm using that ice; I don't care what you say; I'm doing what's right for my patient and for my profession. But my wings were clipped and her wings were clipped too. She was not in charge; she was not the one who made the decision to cut the ice from the hospital. That decision came way above her. Now I'm older and perhaps a little wiser and I have more experience. All the decisions that are made in healthcare are made by people who are not healthcare advocates, in my humble opinion. They're looking to balance a budget that could be balanced in many other ways. It's not just harming the healthcare worker; it's harming the entire system. You see it played out, not in healthcare alone, but you see it played out with the teachers, with whomever else. I have a daughter who's a nurse. I have a daughter-in-law who's a teacher. I hear their plight, I hear their frustration, and it sounds like a broken record. Unless we change our dialogue, that record will continue to sound like a broken record. We have more power than we recognize. Unified, if we use it in appropriate ways, I believe we can change things.

Q: What has happened that has led to reduced services (water, backrubs, etc)? Has your workload increased, or what has happened to cause that?

BC: For sure nurse-patient ratios have changed over time. The acuity of our patients has changed. What I mean by that is we shift a lot of patients into community homecare that we used to keep in the hospital for a little bit longer. We had a different mix of patients. We might have had an acute surgery, for instance, but we might have had a post-surgical patient in our assignment too who was three or four days out. That doesn't happen anymore. You have your surgery, you're in for 24 hours, and if we can shuffle you out the door, we're shuffling you out. Our assignment is much busier all the time; we don't have a balance. There's no balance of care anymore. And the numbers have increased, because if one nurse can look after more patients, well that should save us some money, yes? But ultimately it saves no money, because you don't give the appropriate or best care, and often you have that loop happening too. People don't get

well. They come back through emergency. I'm not saying everyone does, but for sure we've seen that increase too.

Q: So the shuffling of patients out the door is not the nurses' decision, it's coming from somewhere else?

BC: Absolutely. We deliver care and we obey orders. If we are to discharge a patient, we are to discharge a patient. I don't know that that actually happened overnight. If I look back, it was a gradual erosion of how things were done. It was a gradual increase of patient-staff ratios. United Nurses of Alberta, Manitoba Nurses Union – you talk to any nursing union across this country right now, we are fighting for patients' safety. Part of patients' safety is having appropriate staff-to-patient ratios. They're different, depending on where you work. If you work in an ICU, you're not going to have five patients; that's completely unsafe. If you're working on a medical unit, depending on the diagnoses of those five medical patients, you could probably manage five. But there doesn't seem to be any more balances and checks in the system; it's just a numbers game – one nurse, however many patients, we'll put them together and save the public purse somehow.

Q: Is this causing more strain on nurses?

BC: I do believe it's insidious. When it slowly happens to you, you're not quite sure why you've burnt yourself out. I mentioned earlier that my daughter is a nurse. She graduated in 2010, I believe. If she ever hears this, I hope she forgives me that I don't know. But I have four kids; she's the youngest. But I recall her graduation and her going, mom, I don't know how you've done what you've done for how long you've done it. I'm like, what are you talking about? She wasn't going to put up with it. She's like, this isn't right, mom. I think you don't know how difficult it is because you keep trying to give more and more and more. Now we're in a situation where COVID is the blame for what's happening amongst nurses. I don't believe at all COVID is the reason why we have a staffing shortage. We have a staffing shortage because it was predicted ten years ago, based on models. The governments were told even prior to that, during the Klein days, you do these cuts and we're going to be in trouble. And we were in trouble in the

early 2000s because we lost a generation of nurses to other places. There were no jobs here; they left. Some of them never came back. Now we're in the same predicament in 2021, and it was a predicted shortage and we didn't predict the pandemic. The government wants to make it sound like COVID is the reason now that nurses are struggling and burnt out, and yes they pay lip service to it. They don't know what to do with it, though. If you have a workforce that is stressed out, burnt out, at the end of their tether, and you don't know what to do about that but you need them, what's the answer? Most humans who have the power will ignore the issue and just keep asking you to keep on going. This is pervasive. It's repeated itself. It's another broken record. I think back to your original question: it's always happened. But if you don't know how to address the problem and you don't have resources to offer your nurses and you don't have the human skills necessary to connect well with your staff, how do you solve the problem? You ignore it – that's the problem solve. How do nurses solve the problem for themselves? Well, we find ways to solve our problem. We drink too much; we eat too much; some of us use drugs. We do a lot of things to solve the anguish and the burnout and the stress, and then that becomes a problem. It becomes a bigger problem, and now here we are in COVID. All of a sudden people are talking about mental stress and anguish and burnout, and how to fix it. Well maybe if you'd been willing to humble yourself and be vulnerable and look for solutions when we were in the early '90s and recognize nurses were people too. . .

Q: That's the government, you're referring to?

BC: Yes. Maybe if you were willing to spend some dollars way back in the day to recognize that we need help – it's not that we don't want to do our job, but we have a very unique job – maybe we wouldn't be where we are today.

Q: Why are they attacking the healthcare profession and rolling back the services you've traditionally provided?

BC: That's a great question, and if I had the answer I'd run for office. I believe that all humans are deserving of dignity, respect, and kindness. I would like to think that I, as an individual, would help anyone. I also believe that the people who hold the power and are elected don't go

in there thinking they're going to destroy and rape and pillage general society; I don't believe that. I believe that once they get into power and they see the state of the budget or whatever, they have difficult decisions to make. I do believe that. I don't know that politicians are always well equipped to understand the landscape of what we all do. I'm a nurse, but there are bus drivers and restaurant workers and just name an industry – we're all being attacked. We're all being disrespected for what we provide to society. That's what I truly believe. But I'm not entirely sure why the government who's been elected by the people is doing what they're doing to the people. That is the big question. I think at the end of the day it comes down to dollars and cents, and they can't think their way out of the paper bag. That's what I think. Why are they telling me how to nurse? Possibly because they've never been in the system and experienced healthcare from a patient perspective, and they don't understand it. But I do believe that they've made all the cuts they have because they lack understanding. When you lack understanding, you lack wisdom. They don't have good advisors, and they're just trying to balance the budget. They're tripping over dollars to save pennies. If you keep your workforce happy, if you keep them feeling respected and deserving to work in and out of work with their head held high, you will get a lot out of those workers. If you continue to pound them into the ground and blame them for everything, they'll eventually walk away.

Q: What cuts have you observed?

BC: It's so long.

Q: Say just in the current period.

BC: If I could just talk about even Alberta, at the Holy Cross they had a cafeteria and they actually made food there. It was nutritious food. You could get a chicken breast; you could get salad; you could get a cooked vegetable that was fresh. That was 1992. I don't know of a cafeteria that actually makes actual food anymore. I work at South Health Campus in Calgary. We get our food brought in now for our patients on these trays, and they get heated up there, because it's supposed to save money.

Q: So the service has been privatized?

BC: Absolutely. It comes in; it gets stuck in these; it's called Burlodge. One side of the tray is hot and one side is cold, and it's got a little divider. What I do know as a nurse is that nutrition is extremely important to the healing and wellbeing of people. That's been interesting, to see that all the cafeterias now are kind of like short-order delis. It used to be that as a worker you could actually get a really healthy meal, and it was discounted to what the public paid. It was the hospital's way of saying, you've got to be here, we want you to have a good meal; you don't want you to pay through the nose. That's all gone. In the course of the time I've been at South Health Campus, which is the newest hospital in the province, since 2013, we've had three instances where we've been told, we're removing the food out of the patient's fridge; we're not offering it. We're not offering muffins, we're not offering juices; we're not offering this kind of stuff. Now we're not offering it now because of COVID, right? COVID has just become a great excuse not to offer anything. But three times, and now this will be fourth in ten years, we've stripped that away and put it back in when the budget has been better. We have been told over the years to be careful how much linen we use. When you're caring for a sick patient who maybe has a messy dressing, nobody's going to tell me how much linen I can or cannot use. But we've been told those things. They've actually privatized the laundry services, most of it. It's interesting, because I live close to the hospital I work in, and K-Bro Linens takes the linen from the deep south of Calgary and they trek it all the way to Edmonton to wash it, and then it all comes back. It doesn't make sense to me. I have a household. It would cost me more money to take my laundry somewhere else and pay someone to do it and bring it back; it would cost more money and it would cost more time. But K-Bro, I believe, was done in the Klein days. So those types of things you see all over the place. We actually are very practical on my unit budget. Takeaway was pens. We used to be able to grab a pen from the unit clerk's office; she used to order them from us. They don't do that anymore; we have to bring our own pens. That's what I mean about tripping over dollars to save pennies. When you're told to bring your own pen to work, it's like such a big part of my job is charting and recording, and really, a pen? We've had emails come out that have said very kindly, they don't want to point fingers, but they're like, you know, we noticed that perhaps some of you have inadvertently had things in your pockets that have gone home – tape, scissors, things like that, that you carry around to do your job. We're

not going to ask any questions, we're not going to say anything, but we would like those things to be returned to the hospital. Things like that. I'm not joking. When you are already wanting to discount a profession's wages, you're trying to discount what they do in their workplace, and then you discount them as humans, because that's how it starts to feel. It is no wonder that you have an entire workforce that's completely burnt out and exhausted. My heart and my concern are for people who've never been down this path before. My daughter, for instance, who graduated in 2010, was making a pretty decent wage when she started. She was doing pretty good. She went overseas for two years and came back. But she now has chosen to work in the private sector. But her age group and her friends who graduated along with her have no idea. When they talk to me, they're like, Barb, what exactly might happen? It breaks my heart. It's like a cycle.

Q: Are they worried about job security?

BC: They're worried about their jobs; they're worried about their finances. Now COVID is a completely different conversation, because we're so short-staffed and they're working a lot, more than they want to be. So there's erosion also of relationships in their personal lives. And stress. It's a perfect storm for an individual to really struggle. I think that's what makes me the most sad and angry, is we are a group of people who are struggling. We're trying to do our very best for the citizens of Alberta. Of course we are. We're citizens and we're passionate about what we do, and we care deeply. But when you have a government who pays you lip service and pays quite frankly citizens of Alberta lip service, the only word I have to describe that is disheartened and disappointment. I don't know how else you can feel.

Q: Has it forced more industrial action, more advocacy? How is the community reacting?

BC: Unfortunately, this is the first time that I've seen polarization. I'm a graduate from 1986. Every other monumental issue – rollbacks, strike action, collective agreement, bargaining – in all of these things we've been solid together. COVID in itself, as you are likely aware, has pitted people against one another because they've politicized a healthcare issue – vaccines, COVID. They've made it a political platform. Yes, UNA for sure recognizes that we need to stand and

support one another. We have had two mental wellness days, one we did in January and one we did in May. We did them specifically because we recognized we have a workforce who's not coping. They don't understand what's happening to them. We did these two symposiums and we actually got them funded. We have in our contract professional education days. So Alberta Health Services and Covenant Health actually paid for nurses to attend. It was very well received. We were the first union in Canada to do that with the nurses. That pulled us together. But the longer that this issue continues – and it is a healthcare issue. I remember when HIV/AIDS came out. We were petrified, but we hung onto each other. We didn't know what was happening, but we hung onto one another. Now we're in a context where we have such poor leadership and guidance from our government about what to do about what is a healthcare crisis, not a budget crisis or a political agenda to be used as a platform, and they're using it, I believe, to pit us against one another to weaken us. For United Nurses of Alberta to stand, we are becoming more and more aware of this. So we had a political action day in August. AUPE, HSAA, the boilermakers – they all came to support us. I think with the unity from other brothers and sisters across this province showing up to render their support to us will demonstrate to those who work in the context of United Nurses of Alberta who are fracturing because their beliefs or whatever, it's drawing them in to at least questioning what's going on, and is there going to be more support and unity here or is there going to be more support and unity where I'm choosing to go. So I do see a drift of people coming, but it's very polarizing right now. We've never been here before.

Q: How is the fracturing manifesting itself? Are people retiring early?

BC: For sure people are retiring. When COVID started, I had friends who were planning to retire who were like, I'm just going to stay and help the cause. I think we can all agree that when COVID started in March of 2020, we all thought the cause was going to be until the end of June possibly. Then they hung on. But they're retiring now. The longer this goes and the more fatigued people get without being recognized and given vacation, or having their vacation clawed back, they're starting to retire and go casual. Because they know there's a shortage, well I may as well retire and then I can at least have some control over my work. But there's also now Alberta Health Services has said we need to be vaccinated by the end of October to keep our

jobs. So here's the fracture. People who've paid union dues, who don't understand everything, they're now coming out of the woodwork – what am I paying my union dues for, if you're not going to protect me here? I have rights too. It is not the job of the union to fight a government mandate like that. We work in the confines of a collective agreement. So that's starting an argument between workers, between colleagues. These people, who for their personal reasons, personal research, personal decision, are not going to be vaccinated. We're not even going to have this conversation about polarization; they're going to be gone. They have no option than to be gone. It's such a unique time in history to even have this conversation. If you'd asked me this conversation without a pandemic, the conversation would go very different. I know that we would all be solid; we would all be fighting for the same thing. We'd be like, there's no damn way they're taking our money; there's no damn way they're going to cut more of nurse-patient ratios. There's no way they're taking away our right to come to the table to talk about safety. There's no way, there's no way, there's no way. But COVID has so stressed the system. I'm sure you've had your own personal issues with relationships and experiences with some people are this, some people are that. I can't see that person. I have a wedding or a funeral. There are so many layers to it, and at the core of us we're human, and it's such a struggle. People are just exhausted; we're all exhausted. We trust a system to look after us, and we're trusting a system that is comprised of nurses and other healthcare workers to look after us. But we're the system and we're also part of the people who are struggling. So it's really difficult to define how people view solidarity and unions and being active in such a unique time. In many ways, people are just trying to keep their head above water.

Q: Is this widespread, or with a small minority?

BC: I've been active in SNA and then UNA my entire career. So I can speak to what I witness. You have two camps. It's an 80-20 rule always – 20 percent of the people do all the work; 80 percent let the 20 percent do all the work. That's always the case when it comes to this type of thing, until you have a big issue. Then we usually rally and everyone's behind their leaders. That's not the case now. It's not a small minority. It's people who don't want to be vaccinated, it's people who want a break, it's people who want a vacation, it's people who want a different job but they're being redeployed. They're being basically mandated to go work in a different place, and

they don't want to be there. It's people who are being mandated to stay overtime when they've got little children at home. Or they're just tired. It's the whole thing, and it's so difficult to explain to people who don't work in the context of it. Those are all bigger issues when they affect you at a personal level than getting involved with the union. People are looking to the activists in the union to become more active and do more – help us more. They don't have it in their tank to help; there's no gas left. Yet the people who are active in the union are also running on fumes. I know I'm not answering the question well. It's very difficult to answer that question. There are fractures all over the place, and it's not a minority. But everyone's reasons are different. If you could peel yourself back and just observe it, which I wish the government would do, please find somebody who has a rational brain and a heart, and just observe what's happening and understand it at its raw human level, maybe we could put some supports in there and we could move forward in a healthy way. I don't know how else to express that. We're defeated. We are not defeated as a UNA activist; we are not defeated. But as a nurse, there is a large group of them who feel defeated. They feel disheartened, disengaged; they're feeling that way.

Q: Do you think this will pass?

BC: I think the government is going to wake up.

Q: Which government?

BC: Our government. Okay, good point. I think the government has to wake up and recognize that now is not the time to have a fight. As a matter of fact, it's never a time to have a fight; it's always good to have healthy debate. But I do think there'll be some coming together with a plan. I have to believe that, because if I don't believe that, this is going to be a train wreck.

Q: Having gone through the Klein period, do you trust the government to wake up, or do you rely on UNA to resolve the issues?

BC: One thing I do know and am proud to say is UNA never backs down from a fight. We certainly don't back down when we know we're right, and we certainly don't back down when we're fighting for an entire province. I would never want to be a politician; I don't know why anyone would choose that as a path, because I think it's difficult. But just because one government has chosen to privatize doesn't mean that you need to continue that. Any government that we elect – and I don't care what colour the government is – can change that if they would wake up and realize it's wrong. What I believe – and I could get in trouble for this, but I believe it's human nature – is one government doesn't want to apologize and admit wrong for another government's decisions, and then change course and say we're going to do things different. We're going to, what would the word be, would it be de-privatize? Would it be un-privatize? For instance, the laundry service. You couldn't do it at South Health Campus because South Health Campus doesn't even have a laundry, because it was built in the 2000s. Whoever built a hospital that doesn't have a laundry service? Who does that? K-Bro was already doing the linen service. But I can tell you in Calgary every single other hospital has a laundry. I would love to know what the costs there are. I'm very confident in suggesting that the costs are considerably less having in-house laundry. So that's what I'm suggesting, that if the government would just remove their idea that they just have to continue on with whatever policies and decisions have been made in the past, and actually analyze it and really question – Is this still the best idea? Is this still the greatest thing to do for Alberta?

Q: What if you find out that Kenney is the one who owns K-Bro?

BC: It wouldn't surprise me.

Q: What if it turns out the government is not in the business of listening to the electorate?

BC: I agree with you. To use the old adage, it's an old boys' club. . .

Q: With the current rollbacks, we see history repeating itself. Should we be looking for a different solution?

BC: A different solution would be possibly a different government. But we have the government we have right now, and it wouldn't surprise me if our premier was offering friends contracts; he probably has. It saddens me to say that, but that was the history in the '90s with Klein. If you remember, he closed all those rural hospitals. He was selling them for a dollar. It was ridiculous. Well who was buying those? Who is K-Bro? That's a really great question. Why did they get that contract? There are all those questions. And what would I do if I found out all those things? I would be so angry; but sadly, I would not be surprised. That is the problem – I wouldn't be surprised. But I also think we as the electorate have a huge responsibility to wake up and start doing our own research and trying to understand how it is that we got here and how we can answer these problems so we can get somewhere different in our future--Not only for you and I, but for our children and our grandchildren and great-grandchildren to come. If we continue down this path of the people we elect making decisions that pad their pockets and not the pockets of regular Albertans, it's going to be a very sorry place to live.

Q: Should UNA offer more support or education to members in light of the current conditions?

BC: United Nurses, as I said earlier, we had a conversation and started planning those two wellness events because we knew there was a problem. The conversation had already started, and quite frankly our employers weren't doing anything about it. I don't believe it's UNA's responsibility or purview to be addressing – and I don't mean this kindly – the health, the mental health, or the burnout, or all those issues of their members. This is being caused in our workplace. So the onus is on the workplace to offer support and assistance, which they never have. They didn't do it pre-COVID; they didn't do it when we saw trauma in our workplace. Of course, as nurses we know what we're getting ourselves into when we start nursing. But we're still humans and we sometimes need to be debriefed or talk something through. We're not allowed to talk outside of our workplace. So where are we supposed to go with it? We don't go anywhere with it. UNA will support members and pull members together. We are a union who cares greatly about ourselves and the public. But I really think it is our employer's job to offer us some healthier supports and options in the workplace. UNA can only do so much.

Q: So you may have to drive your employer in that direction?

BC: Yes, but here's the reality. If they would do that, it would cost money. That's how they think. As I sit here and talk to you, I think, we have mental health workers in the system; we have resources. Sometimes we need to think outside the box as to how we apply those resources. If you have resources that are maybe being used – I'll just throw up an arbitrary number – 75 percent of the time, and 25 percent of their time isn't well utilized, could you look at that structure and could you offer counselling services or group therapy? I don't know how that would look, but it's a very different model. It seems that even our medical model is very steeped in history. We all need to start thinking outside the box and thinking of peeling things apart and actually looking at them and thinking: is there a better way that we could offer these things? Everybody's answers always take away the money, but that's not the only approach. Taking away the money always makes the end result worse. It always costs more money in the end. That's my soapbox.

Q: How has the practice of bumping carried over from the Klein era to the present day? Also, could you describe what bumping is?

BC: If we go back to the Klein years with reference to bumping, for those of us who were around, he really slashed and cut the healthcare budget. So there was job loss at that time. By the way, there was a promise that there wouldn't be job loss if we took the wage cut. We took a vote, and the membership decided we would take the wage cut to save the jobs. Then we also lost the jobs. What happens when jobs are eliminated is a process called bumping. It is within the collective agreement and you could look at it as your job security, and we also work on the basis of the concept of seniority. If you're a more senior nurse, meaning you've been hired for ten years, for instance, compared to someone who's been five years, the five-year person loses the job and the ten-year person stays. But perhaps the ten-year person's position is eliminated. The person can still stay in the system but they have to find a different job. So they bump. What that means is they look at all the empty spaces that have been created with the cuts and the job loss, and they by seniority choose where they go. You could've been a labour and delivery nurse, and now you're looking at your options. Your option could've been a medical unit, emergency room. Sometimes people will look at bumping as it's the lottery. I get to finally go

where I want to go. Other people look at it as I love my job--I don't want to go anywhere. So you've got two situations happening. Regardless of that, you have to make a choice to either choose a vacancy, or you can bump someone less senior than you. If you look at the vacancies and you go, I don't want to work in emergency, I don't want to work on that medical unit, I'd rather go somewhere else, you are bumping someone less senior than you. That means you're taking someone who may truly love their job, has good working relationships with the other nurses and aides and healthcare assistants and the whole system, and you're removing them, and you're putting yourself there. It's not an easy decision, but it's the only decision we have if you want to keep your job. This nurse has the moral distress of knowing, I don't want to leave where I am but I have to. So I might as well choose somewhere I'd like to go. They also have the distress of knowing they're removing someone from their job. So that's choice number one. This person gets the knowledge that they're losing their job, and if they're so lucky to still have some seniority in the system, they can bump someone further down the line. But what it causes is the person from labour and delivery who goes into whatever unit, the people who are left there may have really liked the person who got bumped. They had relationship, they had community; there was history. So what does human nature often do? Dislikes the person who made the choice to bump into that. So there's tension and friction. I know from a conversation that I had just recently that that tension and friction that happened in the '90s during the Klein era where bumping was rampant is still affecting certain people. There's still resentment and animosity and tension. That is unfortunate, because when you are in work you want to be fully enjoying and fully engaged with what you do and with who you do it, i.e. your coworkers. So that bumping is in our collective agreement to help us keep our jobs when there's been a reduction in the workforce. But it is a very painful and difficult process and it causes great angst. It can really adversely affect relationships moving 15 or 20 years down the line.

Q: Are there situations where that's not the case, where people have figured out how to get along? Did UNA offer any education to improve the work environment?

BC: For sure there's dialogue amongst the coworkers. It's personality-based. If you'd have someone who was willing to sit down with a group of people and say, this is the reality, this is how it's played out; imagine being this person, imagine being this person, put yourself in the

other person's shoes; none of this is easy; how can we move forward? We need to move forward together, because guess what, it could be us one day. That is kind of the conversation that I've witnessed that has helped heal the fractures that bumping creates. But we're in the people business – we're people and we care for people. We all have personalities, and some of us harbour resentment more so than others. There's always conversation and support from the union, but ultimately it does rest on an individual's soldiers as to how they're going to conduct themselves through the process. The union's always available for support, especially in trying times. Pick up your phone and call your union; they are there. They will be there and they will talk to you. I think one of the hardest lessons that people learned through the bumping era is they were going to their managers thinking that that was their soft place to land, that that was their anchor, then recognizing in that time there's a divide in the sand. We're on this side and the employer is on this side. That was also hard to watch, because people trusted their managers. They lost that trust and recognized that there really wasn't a relationship that they thought was there. Then they came over and really embraced their union roots. So you had that happening too, and will continue to have that happen. It's really a very fluid thing, but it's all because at the end of the day we're all human.

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

BC: If I had a crystal ball, I'd like to know what Alberta looks like in 15 years. If I had that crystal ball and I could show it to our government, would they stop the presses and change things? I have a great deal of hope in humanity and I know that when we come at a problem or a situation or anything with the desire to effect change in the best way, in the most effective way, we can do great things. I do believe that great things and effective things are done from the workers, from the labour movement. We do not put our agendas ahead of people. So our approach is completely different. I wish there wasn't so much antagonism between the labour movement and government. I wish government would see that we could really help them. I wish that some of my labour movement brothers and sisters would also recognize that we can come together. I believe that to my core. I know it sounds like a miracle, but if we would put some of our tension aside and go, look, we can fix this problem, we can do it; respect us, because we are your workforce; we are the answer to your problem. We will work hard; we all

know this of ourselves. If you give me a cause that I can believe in, I will work 110 percent. I'll give it all, as will every other person in the labour movement. I know that; I have that confidence. I don't know that our government would have the same confidence if they were sitting here telling you what they believed in the people that were appointed and elected within their caucus. I want to believe that the future is bright, and I want to believe that we're going to get through this pandemic and that we're going to heal our relationships and that we're all going to be better for it.

Q: Going back to the Manitoba strike, can you describe the emotions that you encountered at the time?

BC: After that strike vote that we did in Manitoba and my aunt was so wonderful and gave me a hug and I was so grateful for that, then everything got set in motion very quickly. It is a bit hazy and I think I have post-traumatic stress from that period of time. But we came together in January in Winnipeg, one of the coldest Januarys on record. I lived out of town at the time and I drove into the city, because I was to walk the very first day. I was also deemed an essential worker. Back then the essential services agreement was figured out just as it's being figured out today with Alberta Health Services and Covenant Health and the locals. I was deemed an essential worker on an oncology unit of 29 people, and I was going to do nightshifts and I was going to be the only nurse working with an orderly, and some manager was going to be working at the desk. That's all I knew. Please remember I was young and probably very stupid. I'm like, okay. But my first shift was to walk the picket line. So I drove into my parents' and I knew that they were disappointed with me. I remember that day walking in there and going, I don't know how to do this. My dad was so disappointed, but he drove me to the strike headquarters and dropped me off. He was disappointed that I was going to leave the patients and not care for them. So I went to the strike headquarters, got everything, found a friend. There were a lot of us. I grabbed a hot coffee and walked. We had lots of conversation, lots of encouragement from older nurses. I remember them being quite amazed that us youngsters were out there when we could be tucked in bed. Fast forward now: did they think we were these privileged people that just thought it was way better to let the old people do the nightshift? Because it was night: it was the night when we were walking. Then I went back to my parents and slept during the day

because I had to work that night. My first two shifts were a walking shift and then the nightshift. So I went to work. I had 29 patients. It was an oncology unit, in-patient cancer. I had chemotherapy to give. I had lab work to draw; I had central lines to do care on; I had tube feeds to give; I had central line TPNs to do. Just sitting here telling you about it, I don't even know how I did it. Two gentlemen died on that shift; I'll never forget their names. One alone, and one died with his pregnant wife at his side because I was too busy to be with him. The gentleman who died alone, I remember doing my first round and he held my hand and said, Barb, we're going to get through this night together. I thought, if that isn't magnificent human strength, I don't know what is. But anyway, it was a very sad nightshift. Of course we were still charting back then, paper charting. So I had all my charts to finish. I didn't leave the unit until 10 o'clock in the morning. I was driving home that morning. I was going out of the city. I remember being so tired and so exhausted. Driving out of the parking lot and seeing the stream of picketers kind of gave me kind of rah-rah. I stopped and grabbed a coffee, because I was quite tired, and I drove out of the city. If you've ever been tired driving, if it's cold outside, you kind of crack the window and get cold air. Trust me, night nurses do this all the time. I did it. It was about 40 below. I was on a single-lane highway driving home and I thought, I've got about 15 minutes. I can make it. I should've pulled over. I knew I was in trouble. I rolled my window all the way down. I was so tired. The next thing I knew there was a gentleman trying to wake me up. I had fallen asleep behind the wheel. I had hit the ditch. It was full of snow. I drove a van, and I was in the snow as deep as my window. I got out of the window. I destroyed my van; that I walked away from that was a miracle. The gentleman who pulled me out, this will make some people laugh, he was a milk deliveryman. He was delivering milk still in rural Manitoba at the time. He was coming in the opposite direction and he saw me weaving. He said, I thought you were going to kill us both. So if anyone thinks people go on strike because they really want to, they're sadly mistaken. I wish I could see those families of those two gentlemen that passed away. I remember their names. I remember them completely, and I can't believe that I couldn't be there for them, and being so exhausted and not even understanding how tired I was. But then I fast forward to today and I think, that's the exhaustion we have now, strike or no strike. That's the distress we have now. People are dying alone now. We can't hold their hand or look in their eyes and be there at that exquisite moment when breath escapes them and their souls go away.

So, back to the strike. Strikes are the way that we speak when there's no way to speak anymore, when what we're trying to say is falling on deaf ears, when our fight is not just for ourselves. As a matter of fact, if it was just for ourselves, we would never strike. We don't strike for ourselves; we strike for our patients, and we strike for the wellness of our communities and our province and our nation. That's what we strike for. We'll take the wage rollback; I know that. We'll do all of those, but you're asking us about patient safety and patient care, and health and wellness of the community. How can we do that? I know there's more than a generation of nurses who have not struck. I know they're scared. But I will tell you that I will strike if it comes to that, for the wellness of this province. I will do it, and I know they'll come alongside me. Because of my experience – which not many people know because I haven't talked about it a lot, because I think it was traumatic and I buried it for a long time – I can offer them some support. That's my responsibility as a nurse who has been through the Klein cuts, who has been through a strike, albeit not in Alberta. I have colleagues who were through the strike of '88; they're still here. We're here, and we will embrace our younger colleagues and take them along for the walk if we need to do that. But we would obviously prefer not to. But there does come a point when if you know what you believe in and who you advocate for, if you feel so strongly in it and it falls on deaf ears, there is no choice left. There is just a decision to walk. That's it.

Q: What role do the PRCs have? How does professional responsibility relate to patient care?

BC: I think a misconception for the public at large and possibly what the government uses against us is that nurses are greedy and they always want more and more. Many years ago one of the most significant achievements that United Nurses of Alberta got was to have the language of professional responsibility concerns written into the language of the collective agreement. We fought long and hard for that. This current government is trying to take that language away. What it is is it's our ability as frontline workers to notice issues and have concerns about the wellness and safety of our patients and the conditions, and bring them forward in a formal way to our employer. What this does is brings both parties to the table in a respectful conversation where there's real dialogue about the concern, and all the minds at the table coming together to find a solution to advance and better the current practice for patient care. That's what PRC is about. We fought for that. I wasn't here at the time, but one of the

reasons that United Nurses of Alberta have such a strong voice is because way back then they basically stood up and put a stake in the ground and said, no, no, it's not us being greedy, it's not all about us when we talk about negotiations. Here we are, we're nurses, and we're advocating for our patients. We need this language; we need the ability to demonstrate that we have a brain in our head, and we know when things aren't going well. We can make things better and we can improve things. That's our licence as nurses, and it's also what we want legally binding in a contract. It has shifted the needle; it has made differences over the years. It has changed things. For some reason, our current government, now they've changed the messaging a little bit about it, but they want to strip that away again. It makes no sense to me. I don't believe that healthcare should be looked at as a business, but they do. I don't believe we should be making money on healthcare. I think it should be a zero-based business or model. But they do. It's like, why wouldn't you want this? This has nothing to do with me being a money grab like you think all nurses are about money grab. This is about patient care. This is about the system that we work in in delivering patient care. This is your business – patient care, healthcare. Why wouldn't you want it to be the best it can be? PRC allows for that to be the best it can be. It allows me as a nurse to tell my employer there are gaps in the care that is being provided, and we can do better. I have a concern here. This needs to be changed. Can we look at this, that, and the other? It affords healthy dialogue at a table.

Q: You mentioned the cycles over the years. Why do you see this present era as being a swing of the pendulum in the cycle?

BC: When I graduated in the mid-'80s back in Manitoba, across the provinces the climate was very similar. It was difficult for me to get a job. I could get a job as a casual, but there were no real available jobs. Then the pendulum shifted; money was more bountiful; they opened beds. There was also a need for more nurses. Then I came to Alberta and it was not easy to get a job. They were cutting back. There was layoffs and bumping. Then eventually I got a job and the money flowed well in the province. Then the government wanted to do cuts. So we have this almost like a graph in that it peaks and then it falls; then it peaks and then it falls. What we've experienced in the last 20 years or so has been outstanding, because we haven't really known the hardship of. . . the cycle hasn't happened. It's been a long journey to the peak and the crash.

I think that's where a lot of my younger nurses are struggling. We've got more than one generation of nurses who've graduated who've never experienced hardship in the workplace. Now we've got a government who's trying to slash where they can. They hedged their bets on the Keystone Pipeline, they hedged wrong, and now somebody's got to pay the piper. Let's start with healthcare. It could've been the teachers that they started with; it could've been anybody else they started with. Let's start with healthcare and let's start to slash and cut and do it all. It's just history repeating itself. I learned the first time. I hit the ditch. I don't need to go back there. But it doesn't seem like the government learns from past mistakes and past errors, and here we are again; history is just repeating itself. The climate is different; the reasons that we don't have the money are different, or the alleged lack of money. All of those things are different, and yet the pattern is the same. The government's answer again is wage cutbacks and lessen services. It's not the answer, and yet like lemmings off a ledge, they keep going there. It's quite astonishing and perplexing to me why, in all facets, history just has a way of repeating itself. It's like a rinse-and-repeat cycle; it's just been a long one this time. So I don't know what the answer to that is. I don't know how to fix that problem. If I did, I think I'd be a multimillionaire. But it is a very interesting issue. I don't understand it; I don't think anyone understands it. And I don't understand why the people in power can't see it. It's like a freight train.

Q: Do you have any COVID stories you'd like to share?

BC: I don't even know what to say about COVID. COVID has been the most. . . When I started my nursing career, I worked on the unit where we got the very first HIV/AIDS patient. We were petrified. We did not know what to do. That poor gentleman was isolated. If you recall that time, nobody knew where it came from, how it started. We wore scuba gear almost, going into his room. We went in as little as possible because we were afraid. I look back at that and think, my gosh, that gentleman suffered and died alone. I watched his family fracture – his father so angry at his chosen lifestyle, his mother trying to bring the father in, the siblings fighting with one another. It was so horrific, and I haven't thought about that until today. But now if you want a COVID story, I have so many of them. But what makes me grieve is those fractures. They're the same, whether someone ends up in ICU or is home alone feeling like they've had a bad flu and they're at home with COVID. There are people who are angry about it. There are fractures in families and other relationships. As a matter of fact, I could show you a text today from a nurse friend who said, I just lost a ten-year friendship over COVID. It's polarized a nation; it's polarized

the world. It's so sad for people to be isolated in death; I think that's terrible. I have a mother who lives in a great big house in Wolseley and has lived like a trooper through this. But she's been isolated. I've had a sister angry over my brothers breaking rules to see my mother. I've seen friends get mad at me because I should be protesting against this forced vaccination program. I've had friends get COVID who are anti-vaxxers. I've had friends get COVID who are vaccinated. I've seen all the division. At the very basic human level it's division and at the highest level it's division. Our government has been divided over how they should handle this. It'll go down in history; we'll read the history books later and we'll understand it all. But right now as we still sit in it we're still trying to figure out what is happening. When we started, we didn't know what was happening, and now it's changing and we don't know what's happening. But what I do know in all of it, it's pulling people together and it's separating people as well. If I can bring it into the context of the union, we are respectful and kind and caring and want to look after people. It is taxing at that level, also, because it is a perplexing situation. It has become politicized, and it should never have been. It's a human experience; it's a virus; it's a healthcare crisis. I have no other words to say about COVID other than it's astonishing.

Q: What do you tell your daughter about life going into nursing?

BC: I have a daughter, our youngest child. We have four children; our youngest is a nurse. She didn't actually tell me she'd been accepted into the program. I remember the university calling, and then she looked at me with this really weird look on her face. I said, what's the matter? She goes, I have something to tell you. I'm like, what's that? She goes, I'm going into nursing. I remember at that moment thinking, please don't. I'll back up a bit. My husband is an engineer, and we thought she was going to be an engineer. She had decided she was going to be an engineer. Then on the news some bridge blew up and she looked at my husband and said, would I be in trouble if I was the engineer? He looked at her and said, well if you designed it, yeah. That was her deciding moment – no engineering. I'm going to be a nurse. When she graduated and she'd had experience in practicum, that's when we had the conversation – mom, I don't know how you've put up with what you've put up with. I remember thinking, wow, out of the mouth of babes. But when you're in it, you do more with less and more with less, and it becomes the rhythm of your career. When you're in it, you don't see it. It takes an observer to see it. She laid down the gauntlet then. She said, I will never be you. So she was an ICU nurse but she never worked fulltime. She'd pick up if she wanted to. She'd gallivant and do this, that and the other.

Q: Is she a union member?

BC: Yes, she's a UNA member. Then she went off to Saudi Arabia for a couple of years with a friend, came back, UNA again. She came to AGM and was very involved. Then what happened? I can't really speak for her. But there was an incident. She loves to work with old people, and she decided she would work in long-term care. So she went and started doing that, and loved it. Then she had an opportunity to actually hop into management; so she manages now. But she, I will be proud to say to you, she has left UNA because she's on the other side of the fence now. But they've had outbreaks; they've had their COVID issues, as you can well imagine, in long-term care. But I'm very proud to say she is the manager that you would want to work with. When they're short-staffed, she does stay and work 16 hours. When there's a sick call, she does go in and work nights. As a matter of fact, this past weekend I was going to stop in and visit her, and her husband said she's working this weekend. I would like to say that that's her mother who's rubbed off on her, and she's learned a few things along the way, that we're in it together. We're unified together; we're stronger together. When a nurse who's a manager and a frontline nurse can come and roll up their sleeves and work together, that does so much to propel the profession forward with respect for one another. It demonstrates to either party that we're together – I get you and you get me. If we get each other, we can move forward. She doesn't work in a UNA facility. So, at the moment what's happening about negotiations and contracts and all of that has no bearing on her at the moment. Will it in the future? It may. But she's very committed to being a nurse, which I'm proud of. She's committed to working hard, but she also recognizes that there are boundaries for everyone and she affords them to her staff also, which is fantastic. I've no doubt that eventually UNA is going to get in there, and she won't be the manager who fights against it. She'll only see it as positive.

END