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BS: I am Jamaican by birth. I left Jamaica and went to England as a student, and went through nursing school. From nursing school I went into other regions of nursing. I worked in England as a midwife as well as a health visitor. Then I came to Canada on a vacation to visit with my family; I had not lived with my family since I was 14 or 15 years old. I went back to England and just couldn't settle down. My brother says, you may as well come join us in Canada, because you seem not to be settling down like you were before. So I did. He said, we'll apply for you. I said, no I don't want you to; I can do it myself. So I did apply to Canada; I went to Canada House and met with them. In the meantime, I got a job before I even left England, and came here to Hamilton, Ontario. I finished work at midnight in England, caught the flight out the next morning at 10, and I started work in Ontario the very next day. So that's my journey from Jamaica to England, from England to Ontario.

Q: What motivated you to move from Jamaica to England?

BS: My dad was a very brittle diabetic. He died driving my sister and I back to school when we were in boarding school in Jamaica. Even before he died, he would not give himself his own insulin. I always did do that. So, for me, I wanted to be a nurse from then, because I wanted to take care of my dad. But it didn't happen – he died. So I applied to school in England because I went to a boarding school that was mainly run by British teachers. My mom had said to me, you're asking to do this; if you go there, you're not going to be getting a return ticket unless I choose to do it, because that's your choice. So yes, I went to school there. It was lonely sometimes, but I was able to make friends. I happened to be the only Jamaican in my class, but I made friends with the other students. Then I finished doing high school and then went straight into training, and stayed there during my training. After I finished my training, which was a four-and-a-half year training, I decided I just didn't want to be a regular nurse. I wanted to be something else. So I decided to do midwifery. I spoke with the matron and she said, we will fund you to go and do this, but you have to give us six months return. I said, not a problem. So that's what I did. Then I left Bournemouth, which is where I did my training, and went to Portsmouth,

where I did my obstetrics, which was an extra year and a half on top of my four-and-a-half year training as a nurse. I finished that, went back and did my six months return service, and decided I wanted to do something else. So I went into the health visiting business like the nurse practitioner training here, to be another level. I finished that and worked for another five years, and then I came to Canada. So yes, nursing was always there and I knew that was where I was going to end up. It wasn't just my dad, who was a brittle diabetic; it was my mom, who had high blood pressure; it was my grandma, who had high blood pressure plus heart problems. In our family there's always four children – there's always two boys and two girls. Always the third child, which is a girl, always would either be a teacher or a nurse. I chose to be a nurse.

Q: When you came to Canada, were you able to use all the training you acquired in England?

BS: Before I came to Canada I knew it was going to be difficult for me to work as a midwife. In England, a midwife is a practitioner in her own right. No doctors come in your room; the patient is yours; they don't come near you unless you ask them to. There were two other midwifery sisters who had worked in Canada. The first thing one said to me was, you're going to find it so difficult. You are running a unit of 30 beds; you have the staff that you take care of. There are five doctors attached to your unit, but your patients are yours and not the doctor's. You're not going to like it, but you never know. You're stubborn; you're not going to put up with a lot of stuff. So they gave me some advice, and I listened, but that's not to say I took it all. I decided I'd come here. I came into Toronto and I can still remember I had to go through immigration. I happened to see the sheet that they filled out for me, and instead of putting me down as being a nurse midwife as well as a health visitor, they put me down as a nursing attendant on that sheet. I just went bananas. I said, I'm not a nursing attendant. Here are my papers. I am a nurse, a registered nurse. So right away I knew I was going to have trouble. But I'm somebody that doesn't put up with nonsense and I will call you on it, and I called them on it. So they had to redo all my papers.

Q: This was Immigration?

BS: Yes, Immigration. They said that they got that from Canada House, and I knew they didn't, because I had a copy of everything that Canada House had. I had it in my purse. I handed it to him; he looked at me and apologized. He said, I'm sorry. I didn't know what he was going to say, but he said, I guess I thought you were an immigrant and you're from a small island. I said, what are you talking about? We didn't think you were a nurse. I said, well now you know better. So that was my first meeting with somebody at Immigration that made me think, did I do the right thing in coming to Canada? I came out and my brother was waiting for me. He looked at me and says, what's wrong? I told him and he looked at me and says, well get used to it; you're going to meet it at the hospital. You're going to be the only Black person on that floor and they're not going to think of you as being a nurse. You're going to be a housekeeper. I went, thanks for warning me. He was right.

Q: How long did you stay in Ontario?

BS: I came to Alberta in 1980. I had a job before I came here. I'm always lucky to have a job before I leave one and go to another one. I was at the Royal Alec and I didn't like the eight-hour shifts. I wanted 12s. I was lucky. One of the girls that I met in Ontario, who had just married somebody from here, her father-in-law was on the board of the Royal Alec hospital. I said to him, are there any 12-hour shifts that you know of? He said, no, they don't do it here but the Edmonton General obstetrics, which is what you want, they do 12s. So I moved to Edmonton General in 1981 and I stayed there until I retired in 2011. Edmonton General and Grey Nuns Hospital became one. I really didn't move around too much in my career. I stayed put. Once I became comfortable, I stayed where I wanted to be.

Q: When did you get active in the union?

BS: I was active from day one. I started at the Royal Alec. When I came in I was on a unit again, which was obstetrics. In England I had worked when they had the big BTU strike. Midwives could not strike. So I had to walk past the picket line every morning or every afternoon. I can remember them calling me blackleg, because I was crossing a picket line. I can remember once when they called me blackleg I looked at my leg and I said, it is black; you're right. Then I came

inside and I looked at the nurses and I said, why are we crossing a picket line when we believe in everything that these workers are striking for? Why are we doing this? They said, well, because we're not allowed to. That's all she said to me – we're not allowed to. So the next day I went on the picket line and stayed there. They threatened to fire me and I said, go ahead. By that time, the workers from the BTU surrounded me and stayed with me, and nobody fired me. Then, when I came to Canada, McMaster, which is where I ended up, they did not have a union there. That was the hardest thing for me to see things that were not right, and I wanted to fight it. Nobody would do it because, oh no, we don't do that here. It was just as well I left and came here to Alberta. My first day at the Royal Alec they looked at me and said, we're looking for a ward rep; how would you like to be a ward rep? I said, I've only just arrived here; you can't ask me to be a ward rep. They said, well we just heard you tell that doctor off. So we think you'll be the perfect person to be a ward rep. So I said, well I'm going to have to stop telling people off, because I don't think I'm going to be very popular. Anyway, I became the ward rep, and then there was a strike. That was back in '81, '82. There I was, calling out to the workers in my union telling them what was going on; I was on the picket line. But that strike didn't last very long and then I moved to the Edmonton General, but before I left I trained somebody to take over as ward rep. I came to the Edmonton General, where Heather Smith was at that time one of the officers there at the Edmonton General. The first day I went, I went for orientation and they said to me, we're going to be on strike starting tonight at midnight. Oh, okay. Then the bus drivers were on strike. I lived in St. Albert with my brother. I remember my brother saying to me, you're not crossing that picket line. I said, I'm not going to. He said, how are you going to get there, with no buses driving? I said, you're going to take me. So he did. First morning after orientation of only one day, I didn't get to meet any of the staff I was going to work with, and I ended up on a picket line. It was freezing cold; it was minus 32. I can still remember that day. I was frozen solid. My brother had called to see which picket line I would be on, and I was on the 7 o'clock line. So you can imagine me freezing, shivering, having been in the south of England where you didn't see snow very much and it didn't get cold. And coming into Canada, we didn't have the coldness you have here in Alberta. I phoned my brother and said, I am freezing. He said, it's okay, I'm bringing you an extra pair of mitts and I'm going to bring you your sister-in-law's heavier coat. So I did. I stayed on the picket line. I got to know the people I was going to work with. Heather Smith was very good. Margaret Ethier was president of the Edmonton General

Hospital at that time. Margaret was on the picket line every single day with us. So I got to know her as well. That's how I became even more active as a union person. Then we were threatened, and we were off for three weeks. I went home after we were threatened, and then I had to go back to work that night after being on the picket line. I went back to work and I didn't know the staff. I knew the nurses who had not crossed the picket line on my unit, but I didn't know the others. It was really funny, going in. There were three of us working the nightshift; we started at midnight. I can still remember I said to them, I need to be orientated to the unit. I don't know your policies, etc. Then Heather Smith came around and she introduced me around and stuff. The first night, we had five babies born within an hour. They were saying to me, now c'mon Britisher, do your stuff; show us what you can do. There was a doctor who came in who was British. I had my nursing pin on that showed I was from Royal Vic. He looked at me and goes, do you know old man Murray? I said, who's this old man Murray you're talking about? He says, you're Royal Vic, do you know him? I said, yes. Then I said, but you're pretty old yourself if you're calling him old man. The other nurses were. . . nobody spoke to Dr. Smith that way. And I did. Then he put his arms around me and says, welcome. I went, thank you so much. He was the only person, apart from the nurses, that welcomed me. He said to me, I'll introduce you to my wife; she's British; she trained at Royal Vic as well. So you'll know somebody when she comes around. So that was a doctor, apart from Heather Smith and Margaret Ethier, who made me feel welcome, and that made me become the nurse I became. Everybody came to me with their problems, and it was easy just to deal with it, because they were afraid of other people to do it. I didn't. I said what I had to say, and if they didn't like it, they didn't like it. That's their problem, I used to say to them. Then I ended up within a year on the Professional Responsibility Committee. I was asked by the employer to help with interviewing the new patients and the people in regards to obstetrics, because they realized that that was one of my strengths.

Q: What is the Professional Responsibility Committee?

BS: Anything that we saw that was incorrect or we needed to talk about, for example, the units were short-staffed. The other nurses would work their necks off and they would not complain about being short-staffed. We were told that we were expected to search for bombs and we said, why are we searching for bombs? I said, why are we doing that? Well you know what's

supposed to be in a room; so you would know what a bomb looks like. I said, no; I don't. So I rallied the girls to say, we're not dealing with this. We formed a Professional Responsibility and that was something that Heather had fought for that year when she was on the bargaining committee. She fought for it, and that's one of the things that we struck for, for three and a half weeks, was to fight for responsibility for our patients and for ourselves. We got the responsibility committees in, but if you don't make it work, it's pointless having it. So I was a real stickler. I would say to them, I need to know what is happening when I'm not here; you need to tell me. Then we would meet with the employer and say, this is what is happening; we need it stopped. You still have a very active responsibility now that started back in 1982. I have stayed on that as just a member of that committee until I became the chair of that committee. Then I became the secretary of the local; then I became the vice-president of the local, and then I became the president of the local. Then I became a board member, where I went to the board. But I had, instead of just having one local that I took care of, I had 20 locals that were not just in Edmonton but through Red Deer and back up through Fort McMurray and back around.

Q: Was the PRC a union-management committee?

BS: It's a union-management committee but management did not have any rights in that committee. The union had the rights, and we told them what we wanted. I found for myself that sometimes it was easier to not alienate management, but to work together. I found I got better with them by them doing things that we wanted.

Q: What was management's responsibility?

BS: Management responsibility is we would fill out a form about what is happening on the unit, and we would at the bottom say what it is we expect to happen. They had 14 days to respond to us. If they did not respond to us in 14 days, then we'd take it to another level and it would go then to the head of the hospital. If the head of the hospital did not deal with it, then we'd file a grievance, and that will go to the Labour Board. That's how we did it; that's the chain that we followed. But when we found that we were constantly filling out PRCs that we weren't getting responses from, I remember sitting down with David Harrigan, saying, there must be another

way of working with them to get things done. He said to me, if you can think of one, go for it. So I called Mary Patsky, who was the president of the hospital, and I asked if I could meet with her, and she said yes. I said, can I bring the vice-president with me? She said, can I bring somebody with me? I said, of course. So we met with her. She was a nurse. I introduced myself to her when we went in. It was kind of funny. She looked at me, because she didn't realize that she had "a person from Britain". She said, do I say it or don't I say it? I said, why don't you? A person from a diverse community. I said, that's fine, because to me you're diverse as well. You're the only woman here in a big position; so you're diverse as well. We both laughed, and I think that broke the thing. She wanted to know why I wanted to see her. I explained to her that I had a pile of PRCs in my hand that I had given to the manager, and it had gone nowhere. It then came to the head of HR and went nowhere. I said, but you're a nurse; I'm bringing it to you and I'm saying to you, please read that and tell me if you think we're correct to be fighting for our patients and for ourselves. She said, can you leave it with me and I'll get back to you? I said, sure. I said, but I need to tell you the clock is ticking, it's coming up to the 14 days. She said, okay. Three days later she called me and asked if I'd come and see her. I said, am I going to like what you're going to say to me? She says, I hope so, and you can bring your vice-president with you. So we went and she resolved 10 of those PRCs, which is something the manager could've resolved. But she resolved it. So those are things I fought for and got. It became where the other nurses then realized, they would say, how did you do this? Heather and I would meet and we'd talk and I'd say to Heather, I went against a little bit of what our contract says, but we got results. She said, you got results; go for it. I did that. Then what happened was the awful thing where we were fined, and I think you all know about it. We were fined because we went out on an illegal strike. But I was off sick. I had surgery done on my hand. I happened to go into the hospital because my plastic surgeon was in there. I stopped when I was coming out, and it was my nurses on my unit that were doing the picket line. I stopped to visit with them. There were these HR people who were on top of the Edmonton General taking pictures of us on the picket line, and they saw me. I got cease and desist, because I was on a picket line. But they couldn't do anything about it, because I wasn't on a picket line. I was off sick. That made me more militant. I went down the next day. Instead of being at home, I went down to the office and said, I can babysit the children in here. If they're going to tell me I'm on a picket line, I'm going to stay here. So I did. So that's how militant I became. Then, of course, we had to pay those huge fines,

but so be it. We got what we wanted, and that's the important thing, which was to make nursing a little safer for everybody, patients to be more comfortable, and we weren't making slave wages. Things got better. So that's me as a fighter. Then Mr. you know who, I won't mention his name because he makes me angry every time I think about him, and I think you know, Mr. Klein – we lost at the Edmonton Grey Nuns General Hospital. We had 1,500 nurses and they laid off 800 of them.

Q: When was this?

BS: This was coming into 1990, '91, '92. Beryl became even more militant then. I said, you're laying off my people; you're putting management into their jobs -- not gonna happen on my watch. The president, who was me at that time, the vice-president and nine of my ward reps, we went around the units 24 hours a day and found every job that they had put the management staff in. We found every job that they were more than three days in. All our people that were laid off we filed grievances on all of that. We were able to keep all our staff working, because we worked really hard checking with patients, checking who was management that shouldn't be in our jobs. We would have a big sheet and we would go downstairs and say to them, can you pull up all the rotations? We want to show you where there are jobs here for our people who are laid off, who can be in there instead of management staff in there. It worked. Apart from about 300 nurses who went to the United States or down east, we were able to have our staff come back to work. Another thing that we worked at with them, which was not in our contract, but again I went to David and said, I'd like to try something, would you let me? He said, I don't hear it. One of our labour relations officers looked at me and said, I can't hear you. I said, but will you come with me to the meeting? David said, yes we'll go with her, but let her talk. So I called Mary Patsky and said, can I meet with you? She said, yes. I took Betsy Lamont, who was our vice-president at the time, and we went to the meeting. The labour relations officer came. I said to her, currently in our contract it says that we were laid off from the bottom up. But what happens is when you started rehiring you have to take from the bottom up to put them in positions. A lot of those positions were day positions that senior nurses never had a chance to bid on. So I said, why don't we make a deal that I go back to the local and I'll say to them, our senior nurses are missing out on the senior jobs. Can

we agree that, instead of them going out and hiring somebody from the University Hospital or from outside of Alberta – because these young nurses don't have the skills, but we have the senior nurses with the skills – why don't we say the job gets posted to the senior nurses? The positions that the senior nurses are in, we place the junior nurses in them, because then they will have the senior nurses to mentor them. I said, but I have to take this to the local and there will be a vote on it, and will you agree to it? This was my labour relations officer, fingers in his ears, looking out the window. Betsy and I were just staring at Mary Pat and she said, well, you brought your labour relations officer in, why don't I get my HR person up here? I said, that's fine, we can leave you to talk to him. She said, you don't have to go; you can stay. So we stayed. He was totally against it, but Mary Pat was for it. That's how come we had our senior nurses able to get back into the positions they had before. That was another clue, by working at that, that it goes through – the rest of the province started using that practice. It didn't say that a lot of my nurses at Grey Nuns liked it – they didn't.

Q: So the strike wasn't only at Edmonton General?

BS: The strike was everywhere in Alberta that UNA had a local.

Q: Were there other striking units that weren't UNA?

BS: The other striking units, all the other hospitals lost staff, but Grey Nuns got hit really hard, because we had bumped up when we moved to Grey Nuns. We had the Edmonton General that had nurses still looking after the geriatric patients and palliative patients, and then you had the Grey Nuns that were the active treatment hospital. We were hit hard, not just from the Edmonton General but from the Grey Nuns. There's no way we could put up with that; I wouldn't put up with it. I was lucky in that I never got hit with the bumping – I kept my job. When we went to Grey Nuns, nobody wanted to work 12-hour shifts; so that was in my best interest because I chose to work 12 hours. I was working in a unit that I had the experience and I was able to teach new workers. I was able to do everything I'd done in England but you weren't able to do here; but now you're doing it. I continued to work there until all of a sudden we got more layoffs again within another year. This time, I lost my position. Everybody thought I

was going to be upset about it. But I said, that's the contract, I have to live by it. All I did was, because I was busy working trying to place all my people who were laid off, I said to the vice-president, Betsy, you know where my skill level is; you know what I need to do. You go find me a job and I'll continue placing everybody. The person who bumped me happened to be a friend. She came to me, but she did not know that I knew she had bumped me, and she said, Beryl, can you help me find a position? I looked at her and smiled and said, sure; come with me. We went in the room where we had all the positions up there, and I said, oh, you want to take mine? She said, no. I can't do that. You're a friend. I looked at her and said, just stop lying. I know you have taken my position. She said, how did you know that? I said, because when somebody gets bumped, every single person is sent to me, and I know ahead of time before you guys know who's been bumped. That's when I start looking for positions for the people who've been bumped. So I know you bumped me. It's okay, it's the contract, you can bump me; don't worry about it; you can do it. I looked at her and she looked at me again and she said, I'm sorry. I said, don't be sorry; it's the contract. So that was another part of my training that made me learn that I fought for others but I had to fight for myself too. But then I had somebody who was fighting for me by going searching for me, and she found me a position. Then the doctor there said, we can't take her. I want to keep the junior nurse that's here. Then I saw red and I said, no you're not. I'm fighting for my job now, I want it. So I ended up, I had to go for an interview with him. The first thing I said to him was, you don't hire me; you're not my boss. So you don't tell me that you're not going to give me that position, because you're going to do it. He said, well can I ask you some questions? But he did not know my skills; he did not know that I was a trained midwife. He did not know that I was a trained health visitor, because he didn't look. All he thought was, I don't want her and that's it. So he started asking questions, and I answered all those questions. Finally he said to me, I think you're a little bit more qualified than we need for here in this department. I said, one minute you're saying I'm not qualified; now you're telling me I'm overqualified. I said, this is going to be my job and I'm not giving it up; so try all you want. You're not my boss. My boss is Mary Patsky, and that's it.

Q: Did the unit you left accept the new person?

BS: They didn't want me to leave. But I explained to the manager, I said, this is our contract. Somebody who bumped me was also a staff on that unit, but just that she was senior to me. So, when I went to the clinic to work, I ended up teaching obstetrics to their interns. They realized that my level of experience was not what they expected. Then we had another bumping again, and this time I got bumped again by somebody else. She was senior to me. Again, even though I had seniority, I was number 12 on the list in the hospital, but the person again had one day seniority to me. One day, and she bumped me. I looked at Betsy and I remember saying, what's going on here? There seems to be a bit of a coup going on here. There are other positions that she could've bumped, but she came at me. So Betsy said, let's do a little bit of investigation here, if she's being set up by management to do it, by this doctor. So Betsy invited this person to go for coffee and said to her, do you think you can do the job that Beryl is currently doing? She said, well, they're going to train me. Betsy said, do you think you can do the job after two weeks training, after Beryl has had pretty close to 15 years experience in that area? She said, they're going to train me. Betsy came to talk to me and I said, you know what, let them do it, because then I'll have fun filing PRCs when things start going crazy. Then I went back to my old unit, because the person who had bumped me decided to resign. So I got my old job back. Then, unfortunately, I ended up having a heart attack. I came back to work after three months, and had a second heart attack. At that time I was told by my cardiologist, he said, Beryl, I think we need to move you out of obstetrics; I think that is too heavy a unit for you right now. They'll have to make a position for you in a day position where you don't do any evenings, you don't do any nights. I said, that's not going to happen. He said, well I understand you're the person who makes things happen. I said, I don't fight for myself; I get other people to do it. So he said, I'm going to write the letter; so I'm going to do it. I didn't have to do anything, because the position that was there in the day, that person decided to retire. So I got the position. That's where I worked until I retired. But at the same time, I was working on the board of United Nurses. I was on the board from 1990 until 2011, and I retired in 2011.

Q: Can you describe the role you played in the Klein era?

BS: That period was a sad time for Alberta for professional nurses. We lost a generation of nurses to the United States, because there was no work here for them. They either moved

down east or they went to United States. Where we had senior nurses that were able to train nurses coming out of school, we didn't have the luxury of being able to do it. You had all these brand new people that did not have the skills, and you're trying to take care of patients and at the same time take care of the new nurses to get them up. Then we had new nurses who did not understand, and I think even now I've had problems just being a patient myself and seeing what was going on. They said, oh we're not going to work at the bedside; we're going to be the bosses, so we don't have to learn anything. So you had that problem where a lot of the new nurses just didn't understand what we fought for for them. They didn't understand that if they don't fight for it they're going to lose it. That's exactly what's happening right now with Mr. Kenney. With Mr. Klein, he basically used to call us rude names. He used to call us the UNA nurses; he would not call us United Nurses. He thought when he got rid of nurses he could bring in people with no experience or people who were not nurses to run departments. I remember having a dietitian running the Edmonton General Hospital – a dietitian. That's where I spent a lot of my days and nights fighting where she couldn't understand that you can't have a unit with 30 patients and one registered nurse, one LPN, and the rest were nursing attendants. That one nurse was overburdened trying to do medication, trying to take care of patient care like handling dressings, talking to family members. Patients are in pain; she didn't have time to stand there and talk to the patient to find out what was really going on because she was running, because the bell was ringing, and she was going to answer it. It was just awful, and there's nothing we could do. We'd take things to the Labour Board; the Labour Board would turn us down. We'd take it to the board of the hospital. I remember taking some stuff to them with the geriatric patients at the Edmonton General. I remember this dietitian saying to me, we're not running a Cadillac service. I said, what do you mean by Cadillac service? There will be four hours nursing care for everybody on this unit. That's it. I said, what if they deserve 10 hours nursing care? We don't have the staff and we're not going to pay for it, and we're not going to pay you overtime if you stay behind to do your charting or whatever; you'll do it the next day. I got to the point where I couldn't take it anymore. One day I just phoned the provincial office and said, I want to have one of the LROs with me, because I might say something that might not go down well. I need somebody with me who's not afraid to speak out and support me. That's what we did. I filled out a PRC that was 50 pages long, and I wrote down everything that had been going on in that unit without naming any patient, without naming the manager. I just did

that. The board of the – at that time we were still Edmonton General Grey Nuns; we weren't Caritas and we weren't Covenant Health yet. I remember the head of the hospital, which was a nun at that time, head of the board, when she read my 50-page thing, she said to me, are you telling me this is going on? I said, do you think I would write it and sign it? You can fire me, and you're probably going to do it anyway, but I will make sure the whole of Edmonton knows what is going on in this hospital. I said, there's no Cadillac service here. What are you talking about Cadillac service? The manager was sitting down glaring at me. I said, there is no Cadillac service. Cadillac service to me is one-on-one nursing care with people who are registered to do it. I remember Sister Wiley said to me, Beryl, do you have an idea of how we can deal with this. I said, yes – rehire the people that you've laid off, that came out of geriatric. Rehire them. Rehire in the rest of the hospital too, because it's not just happening here; it's happening throughout the whole hospital. And it's happening throughout the whole province. I said, I know there are PRCs have been filled out by the whole province, but nobody's paying any attention, including our premier. So I said, you step up to the plate and show them that Caritas as a Catholic hospital is going to take care of their patients and their staff. I remember Heather came to one of our PRCs to find out what was happening there. As president, she couldn't speak out, but Heather being Heather, she got her points across. We ended up hiring staff. That's when they moved the geriatrics over to Glenrose. But at the same time, patients were suffering. It wasn't just patients but it was the staff who were working themselves ragged like they are right now. As I said, I've just been a patient and I've seen what is going on. I was on a unit where there was one RN, one LPN, and they called two buddies. I asked, who's a buddy? Well they help us make a bed, or we don't make beds anymore. They help us wash the patients, if they have time. Those are the buddies. I said, who's the healthcare aides? What do they do? Well they come around and take temperatures. I said, what if they take a temperature and they don't understand what the readings are? We're going through the pandemic right now. Do they understand what it is about COVID? Do they understand what signs and symptoms to look for? Well, if the temperatures are up, they come to us and tell us. I said, but do you come right away? Well we can't. We have 30 patients here and we can't get there. I said, what have you guys been doing about it? Oh nothing, nothing's going to happen; they're not going to do it. I said, if you don't fight, you don't know that. Then finally somebody said to me, I think we know who you are. I said, who am I? You used to be the president in the 1990s. I said, I was? Well we heard about you but we never

met you. Now we know why you got things done. I said, well you can do it too. But that problem is that the people of Alberta will not step up to the fight. They're saying, he's saving us money. But what about the patients? What about lives? It's not happening, and I saw it. When I was at the Grey Nuns as a patient, and it was the night before they said to me, we might have to move you to somewhere else because of the COVID. At 6 o'clock in the morning they woke me up and said, get up, get dressed, we've got to get you out of here. Mr. Kenney wants the nurses gone; he wants to have our wages cut. Well, my wages won't be cut, because I'm set with the wage. But what I think is the issue right now is people are not fighting back. The people of Alberta don't seem to understand what is happening, or if they do, they're more concerned that he says he's going to save money. He's not saving money or saving lives. Look at how many patients are in ICUs right now with COVID. Looking at the staff when they came in, when I looked at some of them that came in, I knew they were the evening shift. I couldn't sleep at nights because of my pain, and I see the same person still there at 2 o'clock in the morning. I say to her, when did you go home and come back? I haven't gone home yet. I said, are you going to go off this morning? No, we don't know. We're told we have to work. The issues are that we're right back to where we were in 1990, and things are getting worse. He says he will bring in people that are not nurses. If the nurses walk out he'll bring in people off the street to take care of patients. That's what he says. So I told them, as soon as I can get into my house I'll be having my Stop the Decline of Healthcare and I'm going to help stop the decline of healthcare by Kenney. If he can go and hide in plain sight and doesn't understand what's happening, then my legs are hurting, it's hard to walk. But I'll be out there on that picket line to show them that sometimes when you go out and be militant, things get done. It might take a little time. I don't want to go back to the 1990s again guys. I don't want to see it happen.

Q: How does it work between Caritas and Covenant Health?

BS: Caritas and Covenant Health are the same thing.

Q: Is there any other ownership of any hospitals?

BS: No, with hospitals right now it's Alberta Health Services that makes all the decisions. Caritas is responsible for all the Catholic hospitals.

Q: Which ones are those?

BS: The whole province that Caritas Covenant is responsible for.

Q: All the hospitals? None are outside of Caritas?

BS: They call it Covenant now. They were Caritas to begin with, and then they went to Covenant. But still with AHS having a say in some of the stuff they do.

Q: So, they're semi-private?

BS: No, they're still public hospitals, owned by the Catholic Church. You have the Catholic hospitals in Calgary; you have in Edmonton St. Joseph's nursing home; in Grande Prairie you have the Catholic hospitals; in Fort McMurray you have Catholic hospitals. Then you come back around to Camrose, you have Catholic. They all bargain together as Catholic hospitals, but they bargain with AHS as one unit. You still have the Good Samaritan Hospital as well, that is not part of the Catholic or AHS. Edmonton General is part of Covenant. U of A is part of AHS, Royal Alec is part of AHS; they're AHS run. But also Covenant gets their money from AHS to run Covenant. This is where you have the problem, is that you have AHSs up here and then you have all these splinters. If you don't have the fighters in there, nothing gets done.

Q: Does UNA represent all of the nurses in all of these hospitals?

BS: United Nurses represents all of the Catholic hospitals and all of the other hospitals – Royal Alec, University. At one stage we did not represent the University Hospital – they bargained by themselves. Then Mr. Klein at that time decided he was going to decide who was going to be in what unit and stuff, and that was when U of A, which was then under Staff Nurses Association, and UNA got together and said, let's do it ourselves and not let them mess with us. That's when

we bargained with the SNA group and they joined United Nurses. It made it a stronger body by having all the registered nurses under one.

Q: Was there good solidarity amongst nurses in the 1990s?

BS: In the 1990s SNA was not part of United Nurses. So we had to fight against them. They would never go on strike; they would never do anything. But they would accept what the government gives them, what we get. So we go out and fight, and we on the picket line, what we got, they got it. So why would they have to fight for it? Then suddenly when Mr. Klein decided that he was going to join us together but they would lose some people, that's when they decided that we would be together and join together. But you still have some registered nurses right now that are not under United Nurses, because the Labour Board says that they are not part of a bargaining unit. We have people like the nurse practitioners; they're by themselves. So they don't really have the support of United Nurses or anybody. We also have some nurses, I know when I was working in the psych unit, there was one nurse who had never belonged to UNA because it was against her religion. But she had to have dues taken, and she would say it can go to the church. So we never see those moneys; but if she got into trouble UNA still had to fight for her. I don't know how many we have left now in that situation, because I really have not been around too much in the last six years.

Q: So those people are excluded from the bargaining unit?

BS: No, they would not join the bargaining unit. But automatically dues were taken from them. But they could tell us that they wanted the dues to go to their church or they wanted it to go to whoever; it could even go to the dogs or whatever. That was something the Labour Board agreed to.

Q: So you were very successful in pushing Klein back in the '80s.

BS: Yes, we were.

Q: How do you compare the conditions now?

BS: I think the conditions now, having not been at the bedside, but as I said, being a patient and seeing it, it is getting even worse than what Klein had done. When we're dealing with a pandemic, we're dealing with a situation where we need more, and yet he's taking away.

Q: What is he taking away?

BS: He's taking away the registered nurses. He says he wants to drop our wages, take our wages down. He wants them not to be paid overtime for any extra shifts they work. He also, I'm trying to remember how he put it, he doesn't feel that they deserve any money for overtime. If you work extra shifts because it's short, he doesn't feel you should get anything. He wants that gone. Then he's talking about bringing in scab labour, as I call it. When he decides to cut us back, he wants to take, I think, 10 percent of our wages back. He said we were the highest paid nurses in Canada, but now he finds out that's not so. Manitoba has now the highest paid nurses in the country. I spent some time when I was in the hospital, because even though I was in pain I was in my walker, I was going around the unit, and if I saw some young nurses who didn't understand what we fought for in the 1990s and 1980s, I'd give them a lecture about it. I'm walking with my walker and I see a couple of nurses that said to me, we know who you are; everybody knows who you are. You're the one who went after Mary Patsky in the big hallway by telling her off; you're the one who went after Father John. I said, how do you know this? He said, well we happened to say to somebody we have a strong activist in our unit, and her name is Beryl. He said, everybody who are senior nurses around me all said, we know who she is; don't mess with her. So I was talking to them. There was one male nurse who said to me he was a Filipino nurse, American, and he came to Canada to train because his parents are here. I must say to you, he was a very good nurse. He took care of me for a week. One evening when I was in so much pain he stayed behind just to give me a massage. He stayed behind so he could get me up and get me moving. I said to him, you are going to be an excellent nurse. You've got to fight for everything that is being offered and taken away from you. He said to me, I know you're a unionist and I know you're an activist. But I can't strike; my parents won't let me. I said, are your parents here with you? If there's a mistake made, are they going to be here to do it? He looked

at me and said, no. I said, I want you when you go home tonight to take a look at the ethics that you went through, because I know you have a degree. Take a look at your ethics and come talk to me tomorrow evening when you come to work. I said, on your lunch break, bring your lunch and we can talk. He did; he came. I got him going about when they were doing that march in front of Grey Nuns. He was out there, and I was standing at the window looking down at them, waving at them. He looked up and went back and me and I'm thinking, this is the person who told me he's not going to strike; this is the person who told me he's not going to do it. So when he came up I said to him, well done. I said, now you go and talk to three more. So yes, I was being very active as I was a patient. I think the manager of the unit didn't like it. But I wrote a letter when I left that unit, to her, and I mentioned the fact that she's running a good unit but she needs to get the staff to get her to help her to run it properly. I did. I wrote a letter to her. Then I wrote to the five nurses that I thought worked really hard to keep that unit afloat and to my little young gentleman friend there. He got a special card. He could've told me where to go when I told him to come for his lunch break and we'd talk about unionism. I talked to him about what we did to allow him to be able to work in areas where as a male nurse he couldn't have done 12 years ago, and now he's doing it. He asked a lot of questions about the PRCs. He asked about not looking for bumps. He said, somebody mentioned that nurses always had to go look for it. I said, not for a while. Heather Smith and those of us, we're not going in a room to look for bumps. That's not who we are. We didn't do it. We said we weren't going to and we didn't. I feel that right now if we don't have the nurses stepping forward and keep the pressure up, we might lose some things. It needs people like myself, who is still very active, even though I'm not an active nurse. Before I got ill and before the whole COVID thing started, I was at University on the picket line with them. I went to Edmonton General and I was there with them as well when the nurses were out. But there were very few people coming out. We had the Health Sciences people, and other unions came and supported those walks. Everybody was saying to me, you're retired; what are you doing? I said, I'm here to bolster the thing to let Mr. Kenney know that these old nurses are not gone. We're still here and we will fight.

Q: Through your years of working and activism, did you experience any discrimination?

BS: Racism raised its ugly head, as I said, that first night when I came into Canada. You have the person who is representing Canada putting me down as a nursing attendant instead of what I was. I had four degrees sitting there, and he didn't put it on the sheet. That, to me, was racism. As he said, he wasn't expecting me to be a registered nurse. The people he's dealt with have always been housekeeping staff and this. Then he did qualify it by saying, not to say being a housekeeper is bad. But to me I just gave him, everybody says Beryl gave him the Beryl look. I did. I gave him the Beryl look, and he didn't understand it. I didn't have to say anything to him, I just went. . . Everybody calls it my look. Even the employees used to say that whenever they saw me take my glasses off in a meeting and start drumming my fingers or my pen on the table, they knew what was coming, because I would blast them. But they said, you'd blast us in a nice way. Racism for me, it only happened to me in my training. In obstetrics when I started at the Grey Nuns, Edmonton General, sorry, I was the only black person on that unit. They had never hired anybody in obstetrics that was Black; they had to be white. I came in and I can still remember my first morning after the strike. I came to work and I'm standing there to be introduced to the manager. I heard the manager come up and say, well I guess we have a new person. Can you send her down to my office? One of the nurses said, the new nurse is standing right here. Her name is Beryl Scott. She said, I don't think so; I don't see anybody here. I gave her my look and then one of the other nurses looked at her and said, having been on the picket line with three and a half weeks with Beryl, I think you might find something quite different than you're expecting. She's standing right here, Beryl please meet, and I won't name her, because she's no longer at the Edmonton General. So we went to her office and she threw her purse down on the desk and said, I interviewed you. Your friend, Gaye Kaye, didn't tell me you were, and she stopped; she didn't say the word Black. I said, that I was Black? I laughed when I said it. She said, she didn't tell me much about you. Want to tell me something? I said, well if she didn't tell you much about me, why did you hire me without seeing me? You interviewed me on the phone. Do you want us to go over the interview now? I'm willing. She said, I see here where it says you're an SRN, SCM, HV. She says, what's that? I said, I am a state certified midwife; I'm a practitioner in my own right. She goes, meaning? I said, I carry my own patients; the doctors have nothing to do with my patient load. That's my patients. I admit them; I bring them up for the whole thing. Oh. Well what is HV? I said, I'm a health visitor, meaning I go to their homes and take care of them in their homes. She says, what is SCM? I said, I just told you.

Are you wanting to know what the SRN stands for. I said, that is a state registered nurse. The other one behind it says I have a degree. She said, oh. I said nothing more. I decided I wasn't going to speak anymore, because I felt she was being rude and had reached a stage where she didn't know what else to say. I came out and then she said to the nurse who had said, this is Beryl, find somebody to buddy her with; you can put her with the LPN. I remember Mary saying to her, no she's not; she's got a patient load. She was here last night when we were ordered back to work, and she took care of five labouring patients and delivered them because it was snowing and the doctors didn't get here. So she delivered them. So I don't think she needs to be buddied with any LPN. She said, I want to see you in the office. Mary says, no; I'm busy, I'm going to be going over with Beryl some of the medications that we use here. I know she knows them, but I still want to do it so when I sign her off I can say she's got it. So that's one of the things that I went through. Another thing we went through was they do rounds; in those days the doctors used to do rounds. They used to ask us to go down to rounds if you had no patient load or you were quiet. So I went downstairs to rounds, and she was with me along with another RN. I happened to look up and the doctor, who was a visiting doctor from England, I knew him. I worked with him in England. As he went past me he spun around and looked at me and says, Scotty, this is where you ended up? I go, mhm. Then he says, don't go back when I'm finished; I need to talk. Guess who's here? I said, who's here? He said, my wife is here so you'll have to meet us for lunch. I said no; I can't meet you for lunch, it's not like back in Britain. I said, but I can meet you for supper. He said, yeah sure. So he went up and was doing his thing. She looked at me and said, you speak to a doctor like that? I didn't answer. I just shrugged my shoulders. Then he came up and came over and gave me his hotel where he was staying at: Macdonald. I said, tell Suzie. I'll call and I just won't go home, because I live in St. Albert. So I'll just come by there after work. When he left, he gave me a hug and I hugged him back and he said, boy it's good to know that you landed here and that I'm here doing a lecture. He said, who's your manager? I said, she's right there. He said, I would like to take her tomorrow with me to do some teaching with the residents. She knows the practice and she can help me out, and my wife can then stay in bed and sleep whilst we're doing that. I think she was so flabbergasted she didn't know how to say no. She sort of went, okay. But he did it on purpose. He said, I was watching her face during the talk and I'm thinking, she had her eyes on you; she was just staring at you as if to say, what's going on here. So I thought I would just build you up a

little bit, he said. I can also remember a patient telling me I'm to take my dirty hands off his, a patient's husband telling me to take my dirty hands off his wife's belly. I could not take care of her in labour. I smiled and walked out. I went to the desk and said to one of the nurses, can somebody take over the patient in the 42-D bed? They said, why, that's your patient; you've had that patient for two days. I said, her husband is finally here and he doesn't want my dirty hands on the patient. I happened to look over my shoulder and Dr. Smith was coming behind me. He says, your dirty hands? What are you talking about? So I told him and he said, who is it? I said, it's one of your patients. He said, oh okay. He was a very tall man, about 6'6", and he always walked upright because he was in the army; so he had that way. He walked in the room and had his hands behind him and said, and who are you? He said he was the husband. He said, what do you do for a living? He said he was a labourer. Dr. Smith looked at him and said, well you know the person you don't want to touch your wife with her dirty hands? She has more information in her head than you have in your pinkie. So I'm going to tell you, get out of here, and if you don't like it, then take your wife home with you, because I will not take care of her. Which was good; he stood up for me. The patient's husband sort of went, but he calmed down. I ended up taking care of her for the rest of the night. I also worked with outpatients where I dealt with everybody, and I was also the charge nurse. I remember a gentleman came up to me and said he wanted to speak to the manager. I said, the manager is not available but the charge nurse is. He said, then I want to speak to her. There I am with a big badge that says charge nurse and my name. He said, I want to speak to the charge nurse. I said, speaking. My name's Beryl; what can I do for you? He said, I want to speak to the charge nurse, a white nurse. So I smiled. This was at the Grey Nuns. I smiled and said, then you're going to wait a darn long time to find one, because there is no white nurse here today; we're all Black. He said, I'm going over to talk to the head of the hospital. I said, just go through that door, straight across, turn left. His office is right there. So he did; he went over there. He came back with the person who was in charge of the Grey Nuns at that time. As he came through the door he looked at me and said to the guy, uh-uh, I'm not touching this woman with a long pole, because I will get it if I do it. So I would like you to apologize to my staff, and that's who we have. We don't have Blacks, whites or whatever. But most of the prejudice I saw to begin with was from some new doctors who couldn't understand that they'd come into a nurses' area and saw a housekeeper. But I'm not a housekeeper. That's why I used to say to Heather, we need to get it in the contract that nurses

should continue to wear white that says who they are, and wear their caps too. What happens, you have the housekeeping staff wearing the same uniform that we wear, and people see them and they don't understand it. But now having been away since 2011, I notice everybody's wearing the same uniforms. That's where the prejudice comes in was from other staff. I worked really hard to let United Nurses understand that we are nurses and we are people; we need to be acknowledged as such, not the Black nurse or the Black male nurse or the whatever. Then, when we joined AFL, we saw that the other unions had a caucus for persons that were different colours, where each could talk to each other and share what was happening to them. I went to the CFMU conference and I spoke to Linda Silas, who was the president. I said, Linda, can CFMU do something to help us? She said, yeah, we can help. She told me a few things to do. I wrote a letter for the next AGM we had and I asked if we could have a room that staff, workers of colour, or anybody can meet, just to talk. They went against that thing I requested. One nurse went to the mike and said, Beryl I love you dearly, but until a 300-pound white Anglo-Saxon person get a room to meet, I will not agree to anybody else getting that room. I got up, because I was going to respond to her. There was somebody from CLC there who came and put his hand on my shoulder and he says, let me do it. So he spoke. After he spoke up for it, Heather called a stop to the meeting and asked all visitors to leave so she could address this. It took me six years fighting, along with having the other unions like the AFL fighting with me, and I had CUPE fighting with me. Finally we were able to have that motion passed that we would have a Workers of Colour, and it was called WOCA. It worked, but I had a hard time getting some of the people who didn't think that they were workers of colour; so they never came. The only time I would see them after that is if they ran into difficulties. Then I would get a phone call from AFL that they needed to talk to someone because they were having some issues at work. Then I would go out and I'm thinking, you're the same person I invited to come to the meeting, and you told me you're not Black. So, in the end, believe it or not, Heather Smith was able to work to get it done, along with Gil McGowan and John Carpenter, and we got an organization going. But now I left and they've changed the name. Nowhere does it say Workers of Colour and Aboriginal Workers anymore; they've changed the name. I told Joyce. I said, Joyce, if I come to the next meeting when we're not virtual, I said, I'm gonna come and I will give a history lesson to you guys to say, it took us six years to get that term, and we need it back. But in the meantime, because Heather fought really hard for workers of colour and other stuff, Canadian

Multicultural Education Foundation gave them an award for the work they did to get the workers of colour acknowledged.

Q: What is it called now?

BS: It's not WOCA anymore. Joyce knows it and just because I've been not feeling well, I haven't done that. Joyce can give you the name of their new organization. But nowhere in it does it talk about you being a worker of colour or an Aboriginal worker. That is gone, which upset me, because it took me so long to get that. But c'est la vie. There is a lot of racism towards colour here. You go after a job, and sometimes it's given to somebody with not the experience that a Black person brings. But they don't get it. You don't find many Black nurses. For me when I say Black or workers of colour, I include the Chinese, I include Muslims, that they get turned down for positions. It was sort of strange in the unit I was in at Grey Nuns, the first unit I was on, I think I only saw Caucasians and after that they were all East Indians. There were four Black, but they were the healthcare aides. So things haven't changed that much.

Q: So they're not getting into the nursing program?

BS: A lot of them are going out of the province.

Q: Is that because of the Kenney cutbacks?

BS: I think you still have the Black nurses who've got their degrees and stuff, because the colleges says that all nurses by a certain year have to get their degrees, not just the two-year program. So things are looking a little differently now; you're seeing more of them. But a lot of them are going towards wanting to be a nurse practitioner. So it gives them autonomy and they can work separately outside of being at the bedside.

Q: Is it because of discrimination?

BS: In my opinion it's the fact that the support is not there. If you don't have the support from the head, then you're fighting from the bottom up. I remember when I was trying to get this thing going, I remember when someone said to me, Beryl, the fish rots from the head down. You need to get to the head for them to change things. I think that's what's happening. Gradually you're seeing some of them there, and it also depends which hospital they're working at. At the University you'll find more of them there than you'll find say at the Grey Nuns or the Misericordia. In Calgary it's the same thing. There's more at Foothills Hospital or the old General, which is Peter Lougheed now. So they're there but sometimes they hide the fact that they have it, because they're worried that people will start treating them differently.

Q: So you're saying nurses of colour sometimes hide their credentials?

BS: Nurses of colour, because they're worried that people are going to treat them differently, they tend to melt into the background and not speak up. They just don't speak up. Or if they get their degrees, some of them are very proud of it and they will show it out there, but some of them will just melt in with the crowd and not say much. That's how I find it. I noticed what I saw when I was in this last month.

Q: Did you meet nurses of colour?

BS: Yes, there were nurses of colour there. Filipinos and East Indians you found there, but I did not find one say from the West Indies or from Africa. The people you found from Africa were healthcare aides. Every unit I went to, there were more healthcare aides. When I went to the Royal Alec in the transition unit, I found that they had more male nurses there but they were all Black. The few other nurses, there were no workers of colour that were RNs there.

Q: During this period, are some duties of RNs being passed down to nurses' aides?

BS: Yes, I noticed that. They were doing chem strips on patients who were diabetics; they were going around doing the chem strips. That's what an RN does, because the RN has to know what is normal and what is not normal. I found that they sent an aide with my medication, and I

decided I was going to be mean. She brought all my medications and I said, you've taken them out of the package, do you know which is which? She said, no, she just gave it to me and told me to bring it to you. I said, then probably you should, if you don't know what you're offering me, you should probably go back and ask her to come in. Oh I can't do that. I might lose my job. I said, well I'm not going to take it, so it can go back. I know that was a bit mean to her, but I had to make a stand. This nurse came in and I said to her, can I see your badge for a moment? She was an LPN. I said, okay you're an LPN, can you just go through the medications that you have put out here for me, what they are? Because these are new. I haven't had these before. I knew what they were but I just wanted to see if she knew. She said, well I think this one is for your blood pressure and I think that one is your heart medication; I don't know what that one is. I said, well in the future don't throw out the blister pack, bring it in front of the patient and then open them. I said, because I'm a nurse and I know what those meds are, but how about a senior who doesn't know? Don't do that again. She did tell the manager, who came down to see me. She said, they're new. I said, I don't really care. I don't want somebody handing me a medication that they don't know what it is, and they're going to give it to a healthcare aide to come and give me. I won't take it. I didn't say another word. So they went and got me a fresh new package of stuff and came there and they go, this is your Pravachol. I said, I know. I made them go through every single one. I think if patients who know what to expect do it, we might see some changes. But Mr. Kenney thinks we don't need a registered nurse to be doing this, because you can read the package and just hand it over.

Q: So it's just a way of cutting wages.

BS: Yes. People are saying that he's going to save money and he's good for the province. I don't know about all the other provinces, because I haven't really been paying attention to that. I've been paying attention to what's going on in Alberta. Because of COVID, I see stuff that is happening. I didn't see the management go out there to talk to the people.

Q: Are there other sneaky ways of cutting back on the gains that you nurses have made?

BS: If you're going to use the LPN to give medication. Yes, Mr. Klein, what he had done was to say that LPNs were not nurses, so UNA could not put them in their bargaining unit. Now they're saying that the LPNs have been trained to give medication, they've been trained to do stuff, but they're getting less money than the RNs to do it. They train the LPNs or they train the aides; then they can get rid of the RNs. And the patients are sicker than they were before.

Q: Are the Kenney cuts going to impact the patients?

BS: It's going to impact the patients.

Q: Can you say how?

BS: It will impact the patients, one, because if an aide comes in and the patient is having heartburn or whatever, she doesn't know what it is. She takes her time to go back. In the meantime, the patient may be having a problem with their heart, especially a female patient. If they don't know what signs and symptoms are, they're not going to be able to react at the right time. So the patient will suffer through that. If you don't have enough trained people on duty, then you're putting the patient at risk. Lately we've heard bells are ringing and nobody's going to answer it. What is going on? Why are the bells taking so long to be answered?

Q: Who normally answers the bells?

BS: Any RN can answer it or an LPN can answer it, but what I meant when I say that is they are so busy they don't have a chance to get to the bells on time. I was there at one stage when I needed help to get up to go to the bathroom, and I rang the bell and I rang the bell and I rang the bell and rang the bell. Finally when somebody answered I said, could I have somebody in here, I have a wet bed. She said, I'll be there presently. Presently, like, was 10 minutes later. But I found out there was an emergency going on up front, and there were just three of them on duty at 2 o'clock in the morning. So you can understand why things didn't get done. It reflects on staff cuts and it reflects on who you're hiring. If you're going to hire these people that don't have the experience, you're going to put patients at risk. You're going to put the other staff at

risk, because if I'm in charge and I have to give a patient load to somebody who I know can't carry it, then I'm going to not be doing the administrative work. I'll be running to make sure those patients are taken care of. But that is what I would do; that's what an old-fashioned nurse would do, as they call us. You make sure you know every patient in that unit. You make sure you know signs and symptoms – when to call the doctor, when to spend some time even just talking to the patient and soothing the patient. Not just saying, you're fine, and walk out of the room. That's what is happening a lot; that I saw as I walked around.

Q: So you've found the profession has changed some?

BS: Yes it has. It has changed in that you're finding that, how to put it? It's not that they don't care; they care. But they're so burnt out, they don't know what to do, and they need support. That's what you have; they're pushed to the limit trying to get staff. UNA has been pushed to the limit trying to get it done, and now they're going to be pushed to the limit even more if Mr. Kenney gets away with what he wants to do. I think that's why you're going to see, hopefully, we want to see the young nurses out there, because they are the nurses of the future. You don't have those older nurses. When I say older, I don't mean in age, but it could be they've been at this a bit longer and they've got experience. They used to be able to train the new people. You don't have that anymore.

Q: So who's training the new nurses?

BS: When they come in to work. . .

Q: Who's mentoring them?

BS: The mentoring is if you have time you'll go to them and say, you need some help? But the training they're getting in the school now in the degree program, a lot of that program is really bookwork, not bedside work. To them, they think by getting a degree and coming out, their job will be they'll be at the desk, they'll be managers; they will not be the bedside nurses. You'll find that a lot of the new nurses will say, I don't have to work shiftwork, because I've got my degree.

So those are some of the things you're seeing. But at the same time, we're having Mr. Kenney wanting to change things, and with the attitude of some nurses, you might find that he gets his wish. So that's where we are.

Q: You've come a long way from your first paycheque of \$480 for a 40-hour week.

BS: When I retired I was making \$45 an hour, and that was because of all my education added onto it. So that's okay. It's higher now. I paid \$70 for my registration when I started here in Alberta; it's now \$600 registration.

Q: Is the wage an area that Kenney is trying to cut back?

BS: The wages, and by taking the wages you're looking at overtime hours that he wants gone. He wants to cut the wages by 10 percent. So that will then create a problem.

Q: How are COVID conditions affecting nurses?

BS: I know I saw the new wave that has just happened. I was on the unit where they have closed those four units. I saw the nurses as soon as they got the information to say that the COVIDs were coming in, and I saw one nurse went, oh God, not again. Everybody was quickly bustling around getting the face mask and making sure all the gowns and stuff are updated. This one young man, Christian, said to me, I guess we're going to have to move you, because you're on a unit that's going to become a COVID unit. But there are no beds here now to put you in. So we have to send you outside. That's when they moved me to the Royal Alec. As I said, they woke me up at 6 o'clock in the morning to get dressed and out of there. Then all the units were closed off. With people not getting their vaccines and stuff, it's created more of a problem in the hospitals. The nurses are going to get more burnt out than they are right now.

Q: So the shift that got the instruction had to switch around?

BS: They had to switch right away. They said, Beryl, can you pack your things, because we might have to move you? I said, okay. Luckily, my stuff had just gone home; somebody just washed them and brought them back. So they were still in the container. They don't have any hangars; so it was in the bag. Then I went to sleep and they woke me up at 6 saying, you've got to get dressed. I said, okay. I said, I don't have shoes because I've been using my slippers. They said, we'll get you an over thing. You could see that they were just thinking, oh God, not again. My sister didn't even get to say goodbye to me. She'd come all the way from Ontario, and with them moving me at 6 in the morning, they said they're going to move me at 6, so I had to call her to say, don't come because I don't know where I'm going to be going. She said, yesterday when we came to visit you they told me I would not be able to come up to see you today, because no visitors would be allowed on the 5th units. That's exactly what happened.

Q: It's a difficult time to be an activist, an advocate.

BS: Yes, but they're still doing it. Advocacy is still going on. We're saying to people, get out there and talk and let people know how you feel. The anti-vaxers were out there; they're getting their points across. But what about the people who know that that is a wrong attitude – they should be out there as well. But then again, I'm an activist who's not going to sit back and not fight back. So that's me.

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

BS: What I want to say is I'm glad United Nurses is remaining true to who they are and fighting for who we said we would fight for. I'm very happy to see that. I just wish that I could've been out there helping, but at the same time there is the COVID that creates an issue. But wear your mask, wash your hands, get out there and fight. That's exactly what UNA is doing right now. I'm proud of my profession and I'm proud of my president.

Q: Back to the strikes of the '80s, what were the feelings of being on strike?

BS: In my experience of being on strike and coming into a new job when there's a strike going on, I got to know the staff I was going to be working with before I even went on the unit. That was great. I got to hear the good, the bad, and the ugly. I knew what to expect, because I'd been through a strike already in Britain when I was there. I knew there were going to be bricks thrown at you; when I say bricks, I don't mean physical bricks. I knew that was going to happen, because it happened in Britain. After watching TV when I went home for the first day, and hearing the person on TV talking about we're murderers because babies are going to die because of us, that hurt. That really hurt. I remember sitting down with my brother and my friend and her husband and a few more people. My brother had made supper for us. I remember my brother said to me, don't you even consider it. I said, what am I considering? He said, she just called you a murderer. Straightaway I could see that your back went up and I'm thinking you're going to say, I'm not going out there on that picket line again. He said, you have to go out there and fight so there will be no babies injured, because you're going to fight for what has to be done. I said, thank you bro. Then there were days when it was so tiring because it was so cold, but at the same time I knew why we were there. By that time we'd had discussion amongst ourselves as to how can we make people understand what is really happening in the hospitals or in nursing homes or even on the streets. There were good days and there were bad days. It hurt when we were called down by Mr. his name shall be nameless, and being told that if we didn't go back to work we were going to be arrested. I wasn't afraid about being arrested. I had a cousin visiting from the United States and he goes, hey cuz. I said, what? The fuzz are coming to get you if you don't behave yourself. I go, I am behaving myself, because I'm fighting for something that is right. He just laughed. He went around saying, the fuzz are coming to get you. I'm saying, yeah, and I'll make sure they put you in the back seat with me. So there were good days and bad days. But what the nurses now don't understand is they came into a profession that was well paid that we fought for them. They come and they don't have the older ones – and when I say older I don't mean age wise, I mean being involved in the profession – to be there to sponsor them and monitor them. That's what's I'm afraid of right now, having seen it. I'm afraid that our young people need to have some more experienced people. Unfortunately, it's COVID. So you're not going to have people going out. I would've been out there with the nurses and I would've been talking to the young nurses and getting them knowing why we need to do this.

Q: What effects did Klein's cutbacks and bumping have on patient care?

BS: Patient care went down a bit to begin with, because there were too many patients and too few trained staff. You were running from bed to bed trying to get the work done. You were thinking, now what can I not do right at this moment, and leave it? Possibly you don't get back to do it, because you're busy somewhere else. Bumping, people thought bumping is a bad thing. But at the same time, if you didn't use it, people become entrenched in one area and sometimes need to get out of that area to learn something new. If they're displaced from an area and go to a new area, they're going to learn something else, and that's what happened. What I worked for when we were there was to say, you can hire two new experienced nurses but you're going to train 10 nurses. So if it means sending them to Mount Royal in Calgary or if it means sending them to hospital at the university, then you do it. But we will give you two trained nurses, and that way we're able to get some of the new nurses trained. Not everybody was able to work a deal like that. They called me the dealmaker, they called me the person who would, how did they put it, you would use your eyes to get them to do what you want, because you would take your glasses off, put your pen down, and you'd stare at them. You would say, you need to treat the patients, and to do it you need to have the people to do it. So yes, I'm not ashamed that I did it. I'm glad that I did it. I'm glad that I worked in a strike to get people taken care of, and I think I was successful at doing that.

Q: What's the link between the union and the broader community?

BS: I think what has happened is we joined the labour community. It wasn't just nurses fighting. We joined the labour community; so it was all of the labour community working together with us. Now when you see a picket line or you see people meeting to talk in a group, you're not just seeing nurses in that group anymore. You're seeing seniors, you're seeing people from AUPE, you're seeing people from CUPE, you're seeing people from Health Sciences; they're getting together. And it's getting in the community now – people are talking, which they never used to. We're also seeing where Heather Smith is going on TV and she's talking more and using that as a medium to do it. I think doing what we're doing today, I don't know where this is going, but I

think you can use that as well to bring people to know things are happening that need to have everybody. Look at the anti-vaxers who went yesterday. They created such a big buzz. We need to go against that and do what we have to to make a big buzz as well.

Q: Talk about the need for unions to be engaged politically.

BS: I think right now because of the way the party system is, in the last party you had a number of nurses who became MLAs. There were a lot of nurses there. Currently the first vice-president of UNA, Larivee, she was a staff nurse president in Calgary and she won the election and made a difference in the portfolio. Our second vice-president as well is also a nurse who became an MLA. We do have now where they're going out in the community and talking more about what they never used to talk about. I know on a personal level when there was no pandemic I was out there working in offices where somebody was running to be an MLA. I was working with somebody who was running for the federal government, and I got him to talk about healthcare. I got him to talk about Pharmacare. I got him to talk about patient care. What he didn't understand, I made sure I researched it and made a little booklet for him that he could pull it out and do it. So that's what we need to do, is to have our current people, regardless whether they're NDPs, Liberals, or Conservatives or whatever it is here, I think we need to engage them. We need to say to them, please this is what needs to be done. You need to do it, not just a party line thing. You need to think of the people out there. I used to take pictures and I would blank out the person's face, and I would make an appointment to go see my MLA. I'd make an appointment to go see if [phone rings]. Anyway, I'll continue. What I did was, and I think a lot of nurses are doing it now, we're talking. We're talking to our neighbours, we're talking to neighbours who don't understand. We're going to get these people to understand, whether they want to or not. We have to. But how do you get the young people to do it?

Q: I've noticed signs on people's lawns.

BS: If you go by my yard now, I haven't been at my house because they're working on it. But I know that friends who are nurses have put up signs all over my yard about healthcare. It's getting out there; it's just a matter of them talking and dealing with it.

What CMEF has done is to send out three questions to every person who's running. We told them that if they answer it, we need to get it back, because it's going to be put into our news bulletin so that it goes out to, we have just over 6,000 that get our news bulletin. We're going to be saying exactly, we're not going to say that we favour one party over the other, basically what we're asking about is healthcare, Pharmacare, and childcare. That's what the questions are. We've gotten back some, and you can tell who doesn't really care. We told them that we would be publishing it. So if they send it to us, we did put a thing on there to say please say whether you want us to publish what you're saying or not. They feel strongly, and we feel strongly too. So we need to just keep fighting, and I will forever. You'll always see me, whether I'm on a picket line. Two people that were on the last thing, they had a sign that says, Beryl Says. I said to the person who was president of the nurses' union at the UNA, I said to her, I saw that thing. She said, yeah, the last picket thing you came to you told us that you probably won't be back for a while because you're not well. She said, you've managed to come out to walk with us. So we all made a sign for Beryl and we hold it up to say, Beryl Says. So I try.

END