Heather Smith

Q: What do you remember about the '77 strike?

HS: I was very young. I was just a year out of nursing school. I just recall my coworkers, especially the senior coworkers on my unit, saying, we've got to do this. So we did. At the time, all of the head nurses were also part of the union. It wasn't just the staff nurses; it was our immediate what we would've considered managers, head nurses that went with us. We all went out. It was, this is what we have to do. That's nursing – you do what you have to do. You hide linen because it's coming on a weekend and you may not have as good a supply, or you hide this and store this away. You do what you have to do for your patients. In '77 it was, we've got to take this step; it's for our patients but it's also for us.

Q: This was a first, right? Nobody had done this before.

HS: There had been, I believe, some work stoppages, not by UNA. I think there had been some walkouts prior to UNA at a couple of different hospitals here in the province. I don't have a lot of details, but that seems to be. But '77 was the first big hospital strike. When we talk about province-wide, I believe it was six hospitals in different parts of the province, but it had a huge impact, because virtually everybody walked.

Q: Was that just in Edmonton?

HS: No, there were sites in Calgary; I believe Red Deer Regional was another one, perhaps St. Mike's in Lethbridge. I'd have to go back and look at the list of them, but it wasn't every hospital everywhere in the province. '77 was the first but that number continued to increase in each of the successive strikes in terms of the number of hospitals. UNA in '77 was quite a young organization, and we were still signing up different sites to be part of UNA.

Q: What were some of the key issues in 1980?

HS: Wages was a huge issue. Professional responsibility was for many an even bigger issue. That was part of the strike in 1977, and the arbitrator that eventually decided the outcome of the contract made a statement to the effect that sailors don't tell the captain how to run the ship. We knew that professional responsibility provisions existed in other provinces, like Ontario, and it became a real demand. It took us two strikes to get it, but that was probably the most important, from my perspective, probably the most important achievement. The early '80s was a time of a lot of change in many ways in terms of nurses and having health benefits, moving from pensions where it was a rule where married women could not participate in the local authority's pension plan. So there was a lot happening around us in terms of women and moving forward. So 1980 was an important one in terms of us having a voice over what happens with patient care.

Q: You mentioned that you came in less as an activist and more as a patient advocate. Can you talk about that?

HS: I was part of the 1980 strike as well, but after the strike some of the union people approached me and said, you seem to be really vocal – I was not quiet about patient care concerns – and asked me to join the committee. It was our very first Professional Responsibility Committee at the Edmonton General Hospital, and I was part of it. I was part of it until I became provincial president, but it has always been a passion of mine, and strengthening professional responsibility provisions has been a real passion of mine all through my career not just as president but as a member of our negotiating committee since the mid '80s.

Q: Why is professional responsibility so important?

HS: I guess you could say it might be about power distribution. Nurses felt that they needed to have a voice when it comes to identifying and wanting to correct situations that are not conducive to providing patient care. At my hospital in particular, I believe the first person who ever filled out a professional responsibility form was actually terminated. There was huge animosity and anger that we had achieved it in 1980, and there was resistance and pushback. And, to some extent, there is still resistance and pushback, although we've done some

incredible work with Alberta Health Services and with Covenant Health in terms of changing it from, oh my god, a nurse has filled out a professional responsibility form, to management at senior levels saying, thank you, we want you to fill out a form, because it is identifying something that could have a negative impact on the quality of care or even patient survival. The process, although there have been long attempts to suppress the workers, the actual touching workers, from having a say in what is appropriate in terms of staffing, what is appropriate in terms of having to get equipment, who gets the equipment, what is appropriate about not having enough facecloths on the weekend to wash your patients. It is imperative in terms of patient safety and ultimately staff safety that nurses have a voice in things that can be changed. If it's a matter of staffing, identifying that there's inadequate staffing and having appropriate staffing brought in or given to you is imperative to safety. We realized we had to have a say in that. Otherwise you are constantly in moral distress knowing that this is not an ideal situation for your patients, knowing that potential harm is happening and is avoidable. To be now it's like a no-brainer, that of course the people who actually do the work have to have a say in how that work is done and what workforce is necessary to complete that work. That's kind of industrial terms, but it's the same thing. It doesn't matter where you work. Workers have to have a say, particularly when it's their professional license, their physical and emotional wellbeing, that is at stake if they don't.

Q: Could you summarize the 1980 settlement?

HS: It was a huge win. People at the time, and I know Cecile even mentioned this, that we were comparing ourselves and saying, they used to have individuals who actually packed groceries, that was their job, who actually made more than nurses. In terms of education and responsibility, I think people, certainly nurses, felt it was unfair. I think it was reasonable that an arbitrator would see that as unfair. Certainly it was a big win. I'll also point out, 1980 was our first illegal strike. In 1977 we went out; we were out a short time; we were ordered back; we went back. In 1980 I guess government employers thought that's a winning strategy: let the little ladies walk and we'll order them back. We were ordered back and we refused to go, and that's how we got the 1980 settlement. Actually I don't think it was an arbitration decision. I think it was an actual settlement. I remember we all gathered and we all went back in together.

When there was an agreement on when we were going to return to work, we all met and we all went in together. We went out together and we went back together. That was really important. The power of that kind of solidarity, and the solidarity saying, no, we're not going back, was incredible and empowering for nurses and for a lot of healthcare workers.

Q: What happened by 1988 in terms of strikes being made illegal, and then the Labour Board ruling about the vote?

HS: Between '80 and '88 we obviously had another strike in '82. Then the law was changed. The strike in '82 was the longest strike – it was, I believe, 24 days. The 1988 strike, illegal, was 19 days, but the '82 strike, we gotta do something to keep these little women in check; so we'll make it illegal for them to take strike action. There was no job action between '82 and '88 but by '88 the anger in terms of what was happening with the workplace and other things, nurses said no. The employers, ridiculously, came to the table proposing rollbacks to some of the wages that we had been so successful in achieving during the '80s. We had a workforce shortage. When you need a workforce you don't start negotiations by saying, give us back some of what you've earned, and totally ignore the distress in the work environment. We felt we had no choice but to take illegal job action, and we knew it was illegal. There was no hiding it; everybody knew. We weren't allowed to take a strike vote. The Labour Relations Board at the time, the chairman of the Labour Relations Board at the time ruled that even taking a strike vote was threatening a strike, which was illegal. So taking a strike vote was illegal. At the time I think the workforce was probably close to 99 percent female, and you can't vote? We had a record turnout and a record vote in support of strike action. There was so much that happened around that time. I actually later thanked the chair of the Labour Relations Board for ruling that we couldn't take a strike vote, or we would never have had as successful a strike vote as we did.

Q: Talk about the $450,000 fine.

HS: It was two fines actually. I think the first one may have been $150,000 and the second one was… I'd have to go back and check for you. But it was two fines and they were clearly incrementally getting larger. We had donations from people. We had donations from unions

right across Canada. It was a huge issue and they were the largest fines I believe to have ever been levied on a union at the time. Here there's these nice little nurses, and the big bad government employers coming down and trying to beat them into submission thinking that fines would do it. There were threats about jail time. I know people were afraid; many nurses were afraid. They'd hide in their houses. In terms of fear, there was real fear that the police might come knocking at the door. But despite all that, we stayed out. We stayed out for 19 days of illegal strike. The thing that strikes do, they not only empower people, they strengthen you. Hopefully somebody was realizing that we were getting stronger with every strike, and punishing us and threatening us did not work to their advantage. The employers once ordered a vote on their last offer, and it was overwhelmingly rejected. When you threatened, particularly I'm speaking as a nurse, threaten a group that really believe that they are doing this not just for themselves but for patients and quality of care, when you try to threaten a workforce like that, you just make them stronger is what was happening.

Q: That was unprecedented in labour history, the way the whole country came around it.

HS: I'll never forget. David Harrigan will remember his name, but the first press conference we had after we walked out, this reporter, and I believe he was from The Globe and Mail, asked the first question: you're willing to put patients' lives at risk so you can put a few more pennies in your pockets? It got national attention for sure.

Q: What came out of that settlement?

HS: 1988 was not a year of going forward. As I said, we had a terrible shortage and the employers wanted rollbacks. '98 was about not going backwards, and we didn't. We didn't make huge gains in the settlement either. We were able to get amnesty in terms of for all the nurses who went out and all that kind of stuff, but it wasn't a big move forward. At the time, the Alec bargained separately from the rest of the province. They wanted a different outcome than the Alberta Hospital Association at the time seemed to be getting. The same committee bargained with the Alec and then we bargained with all the rest of the Hospital Association. They wanted to hold out at the end. They didn't want to agree that nurses wouldn't be disciplined and that

kind of stuff. In the late hours as we were trying to cobble together a memorandum, they finally capitulated. I remember the president at the time at the Alec, our local president, her feeling was that she'd be the only one going out. It was an incredibly emotional thing for her and others, that 7:30 in the morning she wasn't the only one walking out. Hordes of nurses from our Local 33 joined the local leadership and went out. It was huge for us as a negotiating committee, although we had the strike mandate. It was really important to us to see the numbers that walked off the job to say, we're going forward; we're not going back. That set the stage. The '88 settlement, although not a great step forward, laid the ground for us to move forward. In 1990, when we went back to the bargaining table, we were taken very seriously. We in 1990 actually made significant gains in a whole lot of monetary and non-monetary areas of the contract, because I believe the government and the employers realized that we can be really serious about what we will do in terms of achieving movement to our benefits and our patients' benefits.

Q: Let's talk about the Klein government's objective to create a crisis.

HS: We actually heard that statement, 'never let a good crisis go to waste', from Vicky Kaminski much later. But it was, it was creating a crisis. You have to look at what was happening, not just in healthcare, but across various sectors in Alberta. The blowing up of the Calgary General Hospital I think typifies the intent of government: let's blow up publicly delivered services and activities. It was the privatization of the registries, it was the privatization of the liquor stores, and it was already creeping into privatization in the healthcare industry. It was the "let the private sector do anything that the private sector can do". We were starting already to see the stuff around the laundry contracting out and that kind of stuff. So it was creeping into healthcare. Then there were active invitations from government to businesses and promises to businesses, to private individuals, like how we ended up with so much being contracted out in terms of cataract and bone and joint surgeries, and that kind of stuff. That was election promises from Mr. Klein in terms of "we are going to blow up the delivery of public services". And they did; they absolutely did. You have to destabilize it. So funding for healthcare was strangled. We had something like a 25 percent cut in the health budget, which immediately resulted in all kinds of cuts and job losses and massive disruption in terms of the workforce.

Thousands, ten thousand or more nurses were impacted by the cuts that Alberta did at the time. We saw the shrinking – the Camsell closed; Calgary General was blown up; the Holy Cross was sold for less than the value of the parking lot. And the Grace. The Calgary General, blow it up, the Grace, sell it off, the Camsell sell it off, and then the Holy Cross, which was sold for less than the value of the parking lot. These were to friends, basically friends of government. I remember somebody saying, if you looked at who got the prime liquor stores, which were fabulously built buildings, it was friends of government. Who got the hospitals and that kind of stuff? It was considered to be friends of government. Political payback at a huge cost to Albertans, particularly in terms of what was happening in healthcare. But that's what you have to do. You have to destabilize it from the inside and tell the public that the only alternative is private delivery, then convince them when they have to pay or they can't access services that in fact that is the way to go.

Q: What did the Holy Cross become and what did the Grace become?

HS: The Holy Cross became the bone and joint. . .
They both went into private hands. The way they survived, the way the HRG became HRC that then went bankrupt and we publicly had to buy them out and the former Holy Cross, the way they existed was because of public dollars, shifting publicly paid surgical activities out of public hospitals into private deliveries. The change even in terms of WCB in terms of their surgical activities being directed to HRC, HRG and the former Holy Cross, that was public money subsidizing private activities. Before this kind of stuff started happening, there was no private market. They created a private market and fed it with public dollars. It actually hurt the public system. The hospitals that had previously done the work in terms of WCB, which paid slightly above scale, they used that money in hospitals to assists their funding. I can remember this comment from somebody in a very high position in Capital Health Authority saying that their ability to smooth costs was lost. You need a mix of high acuity and low acuity because you're never going to break even on high-cost high acuity. You need some like the cataracts, which became a very rapid surgical activity but still well compensated, to help smooth the bottom line. And they lost it. So the public system actually was double hit. Budget slashes and then the transfer of activity into private activity really hurt many hospitals on their bottom line.

Q: Didn't they build a facility on the Foothills site that was going to be a private clinic?

HS: I don't remember that specifically, but I do recall that the South Health Campus, which was the first new hospital to be built in a long time, when it was the Calgary Health Region, it was going to be all privately done. That was reeled back in and built publicly versus privately.

Q: What were the impacts of the 25 percent budget cut?

HS: There was mass disruption of the health workforce in the '90s. The contracting out in many areas and really demanded by government in terms of laundry and dietary and housekeeping was already destabilizing a lot of worksites. I've said this repeatedly. The housekeeper on my medical unit was not just some contract employee; she was part of our team. I knew her, she knew me, and I relied upon her as another set of ears and eyes in terms of the patients. If they were in cleaning a room and noticed something, they would report it. They weren't just these nameless contract employees. So that destabilizing was already going on. The impact of the layoffs had a two-generation effect on our profession. Clearly, new grads weren't getting jobs in Alberta, and they went elsewhere. We were paying for their education in terms of public support of education, and we were shipping them to Texas or other provinces. We lost a whole generation. At the time, people with less than 10 years seniority did not feel secure. The movement that happened and the horrible impact on the mental wellbeing of our workforce was huge. Some of the nurses that went have come back afterwards and talked about their experiences. For two or three years the only thing they could get was casual employment, because there were no jobs. There's no way to describe how destabilizing and demoralizing, particularly when we knew it was not good for the quality of care that people were able to provide. You just can't. When you have fewer resources and you have a shifting workforce that feels constantly under threat, that doesn't produce quality outcomes.

Q: How did UNA push back against it?

HS: UNA with our colleagues, certainly initially there were healthcare unions, because, as I said, the destabilizing was massive in terms of the contracting out that was happening of not nurses' jobs at the time, but the colleagues we worked with. The healthcare unions came together fairly quickly to push back. When I think about this, I remember that speech by Klein: we have to get our house in order, Martha and Henry and all that kind of stuff. We knew as soon as that announcement was made it was going to have huge implications, certainly on healthcare. But because it was not just a healthcare issue, and the privatization and blowing up of public services wasn't just about healthcare, very quickly labour came together as well. Labour, in the broadest of terms – talking about the Alberta Federation of Labour and the unions that were part of that, but it wasn't just the unions that were Federation affiliates – we knew we had to move beyond this being a worker issue. Certainly government attempted to undermine our credibility by saying we were just worried as union bosses are just wanting to protect jobs and it's all about their money. We knew it wasn't and we knew we had to get the public to participate with us. The pushback against the Klein agenda had to be more than just the unions. We worked really hard in terms of building a very large coalition of not just unions, society groups. We reached out to any and everyone that we could think of that should be concerned about what the agenda was and what was happening, particularly in healthcare, because that has such a huge impact on so many things in terms of being a really important determinant of health. We developed lists and we wrote letters and we had regular meetings in terms of what more could we do. We built up to having huge rallies. We pushed back against Bill 11, and that was so incredible. Much of it was so spontaneous in terms of yes there were people involved in the pushback, but those days of protest at the Legislature were just people coming out. Those were citizens who said, I do believe this impacts us. We wrote to chambers of commerce; we wrote to the animal groups – the Elks, the Moose, those kinds of things. Verna Milligan and I spent hours developing who we needed to send the message about what was happening to. Churches were another important participant, and civil society pushed back against the Klein agenda, the privatization agenda.

Q: Did you hold events to raise public awareness?

HS: I think there were a lot of what we call information pickets at worksites, that the public would show up and join. But I think what was really empowering was the Bill 11 and the days of protest at the Legislature in terms of getting the message out across the province. It wasn't a one-time wonder and everybody goes home and, oh I did my part for civil society. It was a sustained pushback that I think the government realized they weren't going to win. We had conferences; we brought in Ralph Nader, Kevin Taft in terms of work that he did and publications he put out in terms of the real agenda: *Follow the Money*, *The Trojan Horse*, those kinds of publications. So it wasn't a single set of activities. It was a multifaceted approach of trying to raise understanding of what the issues were and what the risks to Albertans really were. I think we did it quite well in terms of we got the government's attention and they backed down. They backed off of Bill 11. Then they had the Third Way, and I think we really crushed the Third Way as well. I remember one of the big things near the end of the Third Way was government having a big symposium or something of basically why private healthcare is so good and the right road to travel. We had at the same time a conference that we organized that had all kinds of important speakers saying the absolute opposite. We also had of course the huge rallies in Edmonton and Calgary where we brought in Shirley Douglas, daughter of the father of Medicare, and Kiefer Sutherland, the grandson of the father of Medicare. We had huge events. I think the will of the public was not behind the government's plan to destroy healthcare, and eventually they had to realize that.

Q: There's a shot of you in front of Legislature saying we started to do this in May, and now we've got 15,000 people out. Was that pre-Bill 11? Do you recall what that event was?

HS: When we did bring out Shirley and Kiefer. And Mary Walsh was another one we had as part of that.

Q: This was footage from another demo that you must've organized earlier in the '90s.

HS: Oh well yeah, there were, there were some really huge…

Q: Let's mention that.

HS: We organized all kinds of events, mostly at the Legislature here or the McDougall School. People had a desire to make their voices heard. The Raging Grannies were a regular at those kinds of events. They sort of blur in some ways. We had so many rallies and events. We had conferences; we rebuilt important parts of civil society here. During those years, the unions came together with others to create things, like we re-established Friends of Medicare as an important vehicle, specifically around healthcare. But it wasn't just about healthcare of course. We had Public Interest Alberta. We created a research institute because we wanted facts to inform decisions, evidence-based decision-making. But there wasn't a whole lot of evidence or facts used in the decisions; they were political decisions. Parkland Institute is an example of cooperative work that was needed to facilitate truth and a fight back.

Q: Talk me through that night in the Legislature when you started to hear things outside.

HS: It was incredible. We were inside and we were packing the Legislature, both sides, to show visibly to MLAs that we were not going to go quietly into the night and they weren't going to do what we thought was very destructive legislation without being seen and held accountable for it. We were in there, and all of a sudden this noise started outside the actual chamber. Everybody was sort of shocked, because you're not allowed to say anything or do anything inside there. When this noise started coming, we went out; the galleries emptied and we went out. There in the rotunda were all of these people. I'd never seen anything like that in my life, and it was incredible. I was awed by how powerful the voice of Albertans was on the issue of privatizing healthcare. That was the start of the days of protest in the Legislature. Very quickly they moved to locking it down and all that kind of stuff. But I don't know what I could say in terms of how powerful it was.

Q: What was Bill 11?

HS: Bill 11 was the vehicle for privatization of the healthcare system. It was the enabling legislation to swing open the doors and welcome in profiteers in terms of our healthcare system. I don't remember all the details in terms of how encompassing it was, but it was a piece

of legislation that would have made a defining change. I didn't mention this before, but another thing that we were doing of course was we were begging the federal government to step in. Healthcare, although the responsibility of the province, there's federal funding, and we really felt that what was happening in Alberta was contrary to the Canada Health Act. We did have some assistance in terms of Diana Lowe and some of the rulings in terms of that the surgical activities in private surgical facilities still had to be publicly paid – in terms of the hospital care, that being considered hospital care, that that was still the responsibility of our healthcare system and people couldn't be charged the facility fees, which was something that had started to happen. People were being charged outrageous amounts for the facility fee. The procedure might be covered for the physician under the billing program. But it was these facility fees and then they add on direct to consumer stuff that was happening by private profiteers in terms of if you want the better lands you can get it for this much more. If you want a prayer, add this much more. Medical devices as well: this is what the standard model covered by the health insurance plan is. But if you want this better one, you pay this much more. That was really an important decision, not just for Alberta but for Canada, in terms of the prohibition on facility fees and direct cash payments by individuals.

Q: Continue with the importance of this as a model that would be moved around.

HS: Alberta was at times called the petri dish or the beachhead in terms of if private for-profit providers were able to achieve ground in Alberta, it would have implications for all Canadians of all provinces. We had the NAFTA agreement out there as well, that if things went into the private realm that you couldn't pull them back into public without huge costs and that kind of stuff. If it wasn't held in check and stopped in Alberta, Canada was up for sale. They would cherry pick. Ralph Nader when he came and spoke to us, he talked about the cherry-picking that goes on in private markets in terms of usually the high-volume but low-cost and certainly low-risk surgeries get creamed off the public into the private system. But any complications in the private system get dumped back into the public system. But this creaming that occurs is just a snowball in terms of further undermining and eroding the confidence in the public system. If you have a critical mass of taxpayers, voters who no longer value the public system are no longer dependent on the public system, it has a huge impact in terms of the willingness to

financially support and fund the public system. Canadian Health Coalition and other health coalitions across the country saw what was happening in Alberta as a real threat not just to Albertans but to all of Canada in terms of ending up with a much more costly and much less efficient healthcare system.

Q: When you forced the bill to be withdrawn, where did that leave you, going into the next period of time?

HS: Once we were able to beat back Bill 11 and the Third Way, things sort of went quiet for a while. That doesn't mean there wasn't still nibbling and attempts to piecemeal little pieces or parts. But in terms of government messaging and attempts to push the private agenda, we really did not see that again until the UCP was elected. Their promises in terms of their platform really are very much akin to the kind of promises that I think were part of the Klein years. We had a lot of rebuilding during that time. The destruction of the system and the undermining of the system in the '90s took us at least well into the 2000s to try to repair. In some ways, we never completely rebuilt, certainly not in terms of numbers of beds and that kind of stuff; we never made those kinds of reinvestments. It took over a decade to try to undo and repair the damage of the '90s. Here we are in the 2020s with the same fear. Even if we are successful – and I do believe with Albertans we will be successful – it's going to take a whole lot of time to repair the attempts that have been made to dismantle and undermine the system, both in terms of the workforce… And COVID, of course, has added its own additional complexities to that. You have four or five years of political decisions that are dangerous and bad, and you spend a decade or a decade and a half repairing them. It's a lesson that this generation of Albertans doesn't need to go through, because it was devastating. It wasn't just devastating on healthcare workers; it was devastating to so many people and communities across the province. Evidence-informed is certainly something I want to see.

Q: Do we have to keep pushing back?

HS: One of the grannies in the '90s said, civil action engagement is like bathing: if you don't do it every day, you start to stink. Yes, we do need healthcare workers, nurses, civil society, to once

again be clear in terms of what is in the best interests of healthcare in this province and what isn't. But your question was?

Q: Do we have to do this again?

HS: Well yeah, we do. We absolutely have to do this again, because there is no choice. The alternative is unthinkable and would be unbearable. So we have no choice. Nurses' work is never done. The fight goes on for what was won.

Q: What impact has COVID had?

HS: I've recently said that we're not talking months, we're talking years in terms of repairing the physical and emotional damage that has happened here in the province. We went into COVID with a deficit in terms of we already were saying: we don't have enough people. We've been workforce-transformed, operational best practices. Thinking back to January of 2020 we had a very unhappy, angry workforce in terms of what was happening then day to day and their efforts to fight against staffing changes and reduced staffing and all that kind of stuff. You add in COVID to that mix and it has just been devastating. The moral distress amongst nurses and other healthcare workers is huge. Of course we don't have presumptive PTSD legislation for nurses here. We had it briefly, and this government removed us. But there is going to be years of physical and emotional and moral pain from COVID. Many people don't realize that SARS, there are individuals, nurses who were impacted physically in terms of getting SARS, who still have not been able to return to their workplace. COVID is a reality; so there's that real COVID in terms of COVID-related health, physical, and emotional issues that we're going to deal with. But we have a traumatized workforce, and it's across the workforce. A workforce that has been in the midst of this once-in-a-century health crisis is told, we're going to cut your jobs, and that was the intent January 2020; we're reducing 750 nurses; we're eliminating 750 nurses' jobs; and we want massive, unprecedented rollbacks in language and content of our collective agreement. And we're going to contract out 11,000 of your colleagues. They most certainly will lose their pensions; their benefits will be lesser, their wages less. The trauma that has been

inflicted on this workforce, nurses and others, is I don't know what adjective to use. It's reprehensible.

Q: Some say they're better off in the States because they have greater ICU capacity.

HS: Well they're better off if you've got good private insurance and you're connected into a good HMO. I guess those people are doing better. I have no idea how many people in the United States will have to declare bankruptcy simply because of their COVID experience, if they survive it. Yes, they may well have more ICU beds, but not that they would've always been used pre-COVID. But a competitive market like the United States, I think at the end of the day – and I really would like to see an analysis of how COVID played out in jurisdictions with high public healthcare versus high amounts of private. I'm not talking just about people with money; I'm talking about average citizens. I don't think average citizens have done better in the States.

Q: In January 2020 there'd been job cuts, etc., and then there was that big rally in February.

HS: And to top it all, never mind the employer is coming to the table in January with massive rollbacks. They come back in 2021. They come in June and say, and now we want a 3 per cent rollback on your wage grid, in addition to everything else. Over a year into COVID with everything that's going on, they have the audacity to say to a workforce, we want even more.

Q: Also over a year into bargaining they begin to say, now we want to bargain in good faith.

HS: They did that with AUPE as well. HSAA hasn't been in bargaining at all. HSAA may never have seen a rollback position, because most of the rollbacks, except for when some payments are gone from our table… What kind of person or government thinks in the first pandemic in a century that when you most need your healthcare workers that it's appropriate to tell them they've only got jobs until the pandemic is over, and we want you to give up compensation and language and all that. Who in their right mind thinks that that's any way to attempt to stabilize your healthcare system or to have workers? We've been driving people out of the province over the last 18 months since the exchange and the messaging to new graduates is "Don't apply,

because there's no jobs". So again, that's losing another generation of our nurses. I don't know who advises, but I don't know in what dimension that would be seen as anything close to a reasonable approach to a workforce. . . .
And the parallels in terms of wanting rollbacks and actually not having enough of a workforce.

Q: Kenney criticized Klein for not going far enough, so he's had it in the back of his mind that he's going to show them how to do it right.

HS: I recall roundtables they had in the '90s. At one of them, the mayor of Red Deer saying 5 percent isn't enough: you need to roll back healthcare workers and public sector workers by 10 percent. In the '90s when Klein demanded a 5 percent rollback, I think that was a really important part of the history in terms of today. Certainly, as union leaders, we did not support it; it wasn't appropriate. But eventually we did agree to a 5 percent rollback. Our members agreed, because whether they were directly told that or they thought that taking a rollback would save jobs, they wanted us to, and we did collectively agree to take a 5 percent rollback. What happened? They lost wages and they lost jobs. So there was no quid pro quo ever articulated that I know of from government that if we took a rollback we would save jobs. But what that did was very important; it was a very instructive time. Now when there's talk about a rollback, people know that doesn't mean saving jobs. They do not believe that accepting a rollback would in any way change the working conditions or the environment. Fool me once.

Q: Anything else you'd like to add?

HS: I can't think of anything in particular. Right now a crisis that I see out there is the issue of violence. It's almost falling into chaos, disorder, what do you call it when society collapses. I think part of it may be the world of what we've experienced in terms of the Trump time. But this sort of sense that people think they have the right or that it's okay to be verbally or physically aggressive to healthcare providers. It's unbelievable. I'm at the point of saying that we need police – not just peace officers and security guards – we need city police in every emergency department in an urban hospital across this province. Things are happening that should never happen. It's costing us a workforce. Three out of ten people are saying that they're

going to leave, speed up their retirement, leave the profession, partly due to what they have experienced through COVID. But a big part of that is the violence that they are experiencing, and their fear of violence. We've gotten to such a state in this province because of political decisions with COVID that we're talking about triaging and life and death decisions. We have nurses who are afraid that should that actually be implanted, they will be in physical jeopardy in terms of backlash and that kind of stuff. How did things get so out of control and how do you get this perception that I have the licence to berate and threaten, bear spray healthcare workers, spit on them, rip off their masks? How did we as a society here in Alberta get to this point? It's not just sad; it's pathetic. How do we turn it around? How do we get back to respecting each other and rolling in the same direction in terms of what we need as a society? A lot of damage to be repaired, physical and certainly we know psychological, for healthcare providers and citizens of this province.

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