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I Interviewer
S Speaker

I Let's start with, where did you train and where did you start practice?

S I trained, that's an interesting word, trained you know. Big word in nursing is not to say trained.

I Oh yeah –

S Because dogs are trained, right.

I What's the appropriate terminology?

S I don't mind trained. Because I was, I mean that was what we called it UN Nursing training, but nursing education I guess or preparation is part of the history right. My training was in Ottawa, at the Algonquin College. It was a two-year program. It was a relatively new event at the time in terms of just two years and being in a community college versus a hospital-based program. And my first job, my first job as a registered nurse was here in Alberta. I left Ontario. Left Ottawa shortly after graduation. Within days of graduating and moved to Alberta and my first job was at the Edmonton General Hospital. I arrived to Alberta -- when I arrived in Alberta this was 1977, we had one of those blips in terms of an oversupply. So there were no jobs. And I remember a lot of job hunting. Last summer I actually had off, all off, and it wasn't by choice. It was just that there were no jobs. But a third of my class was recruited right out of our school to Corpus Christi, Texas. So the Americans of the United States were still doing a lot of recruiting here. But here in Alberta and across Canada there were no jobs. Nobody from my graduating class although there was a group of us who worked during our training: Worked as sort of aides at this Ottawa Civic Hospital. Nobody obtained a permanent job in the Ottawa area.

I Wow. Yeah that's interesting. Somebody else mentioned the exact same career after graduation. There was nothing.

S Yeah, it's a real part of nursing, is the boom and bust, in terms of availability and undersupply. And you can almost track significant achievements or enhancements to the ebb and flow of supply.

I Wow, interesting. Okay. So you are coming here; it's just about the point where it swings over from being the association to being UNA. So where did you fit into that picture?

S I got a job the end of September in 1976 on a Medical Unit and the next spring, the next summer senior nurses on my unit said, come on Heather, we're going on strike. And then there was a very respectful relationship. It was a lot of hard work on our medical unit but a very respectful relationship. And basically I don't think I really knew what the issues were or what was really happening and but I, you know, okay. Mrs. Swinton and Mrs. Barr say this is what we're going to do. Then this is what we're going to do, right. So, we did. And it was incredible the 1977 strike because we were one of the sites. I believe there were only six hospitals across the province in the province-wide strike and we were one of them and it's something I will never forget--the going back to work. Being we were ordered back and we went back and just the fall of nothing being achieved, you know. So, everybody got excited; we went on a strike. They ordered us back, we went back, and we got virtually nothing out of the process in terms of contract improvements anyways.

I This must have been a fairly new experience for you at this point.

S Oh it was, I mean it was a new experience for everybody. I mean I'm 21 at the time but it was first-time experience for 68-year-old nurses on my unit too. I mean this had never happened and it was incredible excitement about it all. We were going to stand up and somebody is going to listen to us.

I So we're asking from everybody can you think about a story about what nursing was like at that time? Something that for you kind of sums up the feeling of working in a hospital at that stage of your career.

S Where there was a time of incredible change in all sorts of ways. I worked on a very, very heavy medical unit and all I can think of when I first came into nursing first was, as a Registered Nurse, was the terror I felt as a new graduate, you know. God help me if something happened. What would I do? That was sort of constant fear of not having the knowledge and the skills to react to a patient. It was just –constant, constant business, is what it was all about and just this sense of inadequacy. In terms of other things changing, it was also at a time when the caps were starting to disappear. We got a cap, it was a big thing is nursing school; you get your cap. I wore my cap the first two days on my job, my first office job, and never wore it again because it was ludicrous. It got in the way and nobody else was wearing them on my medical unit. In fact I never wore it until I protested at the leg a few years later. But that was the last time I wore it. So there was already a lot of change going on. You don't think about things. You don't think about, the details. Like I never looked at into what I was going to be paid as a nurse. I never, I never really considered you know what the hours of work were going to be, or that I'd be working eight day stretches and you know we were lucky at the time. We got one and three weekends off. The Edmonton General was a fairly good employer and getting one and three weekends off was actually a real luxury. But I mean, I didn't think about any of those things. I always wanted to be a nurse. I mean, I always wanted to be a nurse. There was a little minor

deviation at one time in terms of I thought I might want to be an astronaut. But I figured I wouldn't get anywhere with my bad eyesight. But you know as a kid I certainly always got the doctor kits, and they never had nurse kits. But you got the doctor kit and all these things. And I always got that kind of stuff. But I always wanted to be a nurse. I know grade 8 we had to write, what do you want to be and the principal, who was our teacher in a small school, you know, carry on nurse. It was just, I never intended anything else. But I never looked at the details. They weren't important, you know, I'm going to. It's all going to be wonderful.

I That's funny because another interviewee said the same thing. She never thought about this, and then one day kind of realized that she was making less money than the guy who swept the floor at the pulp mill and she went "what's wrong with this picture?"

S Well, and I mean, even when the strike started to happen, I mean you know we had three very close together. It was a huge education within our union in terms of getting nurses to believe in their own value. I recall we got this wage proposal. Some of it sounded really ridiculous, you know. We're asking for 40% increases but you're paid less than at the time the Safeway pack boys…But I mean that what was used in our union in terms of, you are not getting, achieving the value, recognition, monetary recognition that the contribution you make to health care and society should attract.

I Not to mention the responsibility you care.

S Yes, well that's part of it. It's a huge, huge responsibility and for a lot if new grads its absolutely overwhelming and I think a significant issue, a significant factor in the very high dropout rates of new graduates in nursing. Because it's terrifying. You have no idea the kind of terror you have the first time you are in charge. Or you know, the first time you're the only person on the unit, which was common at that time on a night shift and there's 44 people out there and some of them incredibly, incredibly ill and it's you.

I Somebody else mentioned, exactly the same thing: the first time she was alone on a night shift and then she was faced with delivering a baby and the terror she felt. She had never done it.

S No, no.

I Okay, you started to move into something there. There are two different directions I want to take this. The first one is to begin to talk a bit about the fact that part of all of this stuff around wages, I mean everything was tied to the fact that it's a female-based profession and that you probably wouldn't be seeing the same thing if it was male-dominated or if you look at doctors and nurses.

S Oh no, you wouldn't and we had a classic example of it here in Alberta. We used to have orderlies. They were male but we now know them as Licensed Practical Nurses, but we used to have male orderlies. And I was telling somebody this recently. When I first started we had a male orderly on my medical unit every shift. Shortly thereafter though there were, some decisions in terms of recognizing the female, the women, the Licensed Practical Nurses, they were called RNA's at the time, and equity meant they were put in the same bargaining unit and it was determined that it was inappropriate to have different levels of wages for the women and the men. After that the men virtually disappeared because once they were put in with the much larger female group their wages literally froze. And you know the women certainly benefited from their wages going up, but the men literally left. So we went from one every shift to one on the day shift to one in the entire hospital to none, over a course of about five or six years because they as men were able to achieve financial improvements but when they were locked into a women's group they fell behind. There's no doubt, I mean in the 70's, there was a whole lot of awakening of women's movements. You know, *Ms magazine* and I mean there's all kinds of stuff that were out there in addition to the union saying you're not valued and part of you not being valued is because you're a woman. I think society at large was also saying that, and I think that was very important and beneficial in terms of nurses having the confidence to stand up and say yeah. I mean if there's a history of the profession that you're seen and not heard and the religious groundings and you know the schools of nursing that were in hospitals, there was very much ingraining of servitude and silence and you know you haven't tainted stuff with talk about money. But the whole changes in society I think gave our union, our profession, the courage to say, maybe there's nothing wrong with me asking for a little more and I can face the people in my rural community who think I am being really greedy now.

I So, I think what I am hearing from you is also, clearly it was the union that was making some of these changes around the world of women –

S Oh, the union was a very important educator within our profession in terms of making that link for us and it wasn't always welcomed. There were a fair number of members that never supported the concept of pay equity. You know, didn't like being considered one of those radical feminists. But the union was absolutely imperative in terms of making the link and providing the education and demonstrating. Listen, here are nurses and here's every other male profession, you know, firefighters and policeman, and what is the difference here.

I Okay, that's great. The other direction I want to take out of these early years is, you mentioned the sequence of strikes. So there's '77, '80 and '82. So, can you talk about the key issues that were there and the experiences of strikes.

S The key issue, in initial bargaining was wages. I mean they were atrociously poor. The other issue that came up was the ability to advocate, to

have a say, and that was what we called professional responsibility, the professional responsibility committee. And in' 77 the equivalent had already had been achieved in Ontario for nurses there and there was a real push here to achieve something equal. It wasn't achieved in '77. Money wasn't achieved in '77 either but you know it was the reflective of the old attitudes, you know, you're a women and you know, you're a nurse and you know. "Sailors don't tell the Captain how to run the ship right." So I mean I think a lot of it related back to general society attitudes towards women and challenging of authority which is what we would do. So we didn't get it in '77. We did get it in, after the 80s strike. That's were I actually began, started to become active in the union, was through professional responsibility. We got huge wage increases as well but after the 1980s strike and the achievement of PRCs some people came to me on my unit and said you tend to be fairly mouthy vocal about patient care issues, because, I mean it was really, really hard work, slugging work in terms of the medical unit I was on, and so you should come and, we just got this committee and you should come and be on it. And that's how I started and became active in the union was professional responsibility. I didn't see myself as a union activist even though I'd been on strike now twice. I didn't see myself as a union activist. Patient advocate. I was always very clear on that. But that's how I came in was through wanting to advocate, wanting to get the staffing for the patients on my medical unit.

I So for a researcher 25 years in the future, what is the importance of PRC?

S Professional responsibility gave us the most powerful tool for nurses who believe in quality patient care. It has not even today been utilized to really its fullest potential across this province but there are, there'd been some fairly important success stories with professional responsibility. But I always said this as a local president when I was doing orientation: you know it is the most important article in the contract in terms of our ability to have, to force employers to confront issues identified by nurses. I mean it's incredibly powerful. I wish nursing management would respect and understand the power of the professional responsibility in terms of assisting them and getting the resources. They should be asking for it to be able to provide quality care. I mean, it's incredible..

I Two things first, describe what the power is that it gives you.

S Under the process, we have the ability to go to the board of trustees. It provides a legitimate vehicle with evidence in terms of, evidence isn't the word I am looking for, and it's documentation. It's not taking stuff from hearsay and anecdotes to a document that can be brought out five years or ten years from now. If the issue wasn't' addressed and an incident happens, it's a process for having, you know you're not being able to hide, management not being able to hide and sweep unacceptable practices or threats to patient care away. It's a permanent record and even having a permanent record terrifies some employers. Just the fact that a PR form is filled out creates terror because there's

somebody's got this written record and it immediately creates or takes away the ability to say that you didn't know there was a problem or that you weren't made aware of the problem. So, it's powerful. We don't have external review of it as they do in Ontario where if it's not resolved with the employer that it goes to an external review panel that can make recommendations. Quite honestly I am not sure that Ontario finds theirs particularly useful. I think Saskatchewan may have more, a little bit more success with their binding process. But ours has been very powerful, in terms of just threatening to go to the board of trustees will often generate changes that the nurses have been seeking.

I Fundamentally alters the power of relationship between you, the employer, particularly if you look at the context of the stand up when the Doctor enters the room or the administrator comes in and be silent.

S Oh yeah the –

I It's the old school of that, fundamentally changes that power.

S Oh, it does and I mean we still have issues 25 years after achieving professional responsibility with some managers. Some older style nursing managers considering it a insult to them and a challenge to their authority but more an insult to their integrity that somebody would file a PR form about their unit or something. It is a leveler. You know, it's important for nurses to know that they're not defenseless, as if they can't change anything. I mean a lot of people have been convinced they can't change anything but in fact we have tools to make change if we choose to use them.

I Great. I am going to move on. Let's talk a minute about '83' when it's' 83 when the government actually introduces legislation for to make it not possible

S Bill 44 I think it was, yeah taking away their right to strike.

I Yeah, talking about what that meant to you and also talking about in a context of the increasing awareness that you're negotiating with the government, not just necessarily your local hospital. Or was that really clear to you from day one?

S Oh yeah. I mean, we never thought we were negotiating directly with our hospital. I mean, we were always from my perspective a part of provincial bargaining. You know Bill 44, and taking the right to strike really didn't make any difference at all. You have to understand that we had already had an illegal strike. In 1977 when we were ordered back and went back and achieved nothing, as you know I said there was this 'what was the use of that.' So in '80 when governments thought this was the formula right. Let the little girls go out and we'll order them back and everybody will return and it will be peace in the valley again. In 1980 they order us back. We said no chance. Now that was a different return

to work, in terms of, you know, the power we felt when we didn't go back. We went back under our own sort of terms, .on our own ground.' 82 was a very long strike. It was the longest strike we had. And there was a return to work that was sort of negotiated, but by the time the government passed the legislation, our view was if you're not going to listen to us, you're not going to give us what we believe we need, what we believed what are patients need, which was always, always very important undercurrent. Nurses didn't really see themselves as being on strike for themselves. They were on strike to achieve stuff for their patients, like the PRC. The strike wasn't for me. That was to protect you. It doesn't matter what law you pass. We'll do whatever we have to do, because that's what nurses did, you know. It wasequivalent to the hoarding of laundry. You knew that on the weekends, there was going to be a shortage of laundry because they never, ever provided enough face clothes and laundry on the weekends. So Friday, knowing you were working the weekend, you squirreled it away. You did what you had to do to make sure you had the laundry for your patients on the weekend. Well same with our bargaining. If we have to go on a legal strike, ok I guess we have to go on a legal strike. It didn't mean anything to us to have the legislation. Well yes there's some penalties. Oh well, we'll deal with that when it comes, you know, like big deal.

I That's very good

S What It was always like. Was it after, one of the strikes, you know the mug. A nurse's work is never done. The fight goes on for what was won, I mean, yeah, get out and do it. Well, I mean that's our work, you know. I won't go into gory details but you do what you got to do.

I Yeah. So talk for minute about nursing in the 80s. What's changing? What's it feel like now in the hospital?

S Well we had, going into the 80s where all kinds of stuff, all kinds of stuff was happening in the professional world in terms of changing practice. There's a lot of theory and movement around in you know all RN staffing. You know, people should be getting their degrees. The profession should have a degree entry. Basically, on your average medical unit, which I am still on, my average medical unit, nothing had really changed. I mean there had been some slight improvement in staffing but you're still slugging away right, I mean, it's still work. We did make some very significant achievements in terms of collective bargaining. I mean I believe that was after the '82 strike. We actually for the first time ever had benefits. Wow! You know. So I mean you know, there was this continual progression in terms of what we were achieving in our collective agreements. You know, we went from fire and safety to occupational health and safety. A lot of stuff is changing.

I It's interesting, cause there's this flip side thing right, because there's the stress load and everything has become more modern. There's a kind of pining for

some of the earlier days, but some of the nurses I'm talking too, they're okay "don't get nostalgic here" 'cause like there was a time when there were no rules about lifting patients. There was no health and safety; it wasn't talked about. We don't want to go back there.

S No. Absolutely not. I mean, nursing has been in continual evolution in terms of who does what and how things are done and all that kind of stuff and no, I don't want to return to the old days because they weren't good. A lot of people suffered injuries. A lot of my colleagues had to quit because they couldn't achieve part time employment after having children. If you didn't work fulltime, weren't prepared to work fulltime, you didn't work at all. I mean we went through all of these changes in just in terms of working conditions. Again it was the changes that were happening with our new power and into the 80s as I said because of the sort of the move to all or the promotion of all our end staffing were now into some undersupply which assisted us in terms of some of the achievements we made. Going out of the 80s there was a lot of, what is it, I love my job, I hate the work or I love the work I hate my job kind of stuff. Going on, but. no, we were making headway. I thought anyways.

I So, let's talk about what lead into that strike and then let's move into '88.

S Arrogance leads to that strike. Outright arrogance.

I Start from you and the union at this point –

S I'm a local president and I'm on the provincial bargaining team for the second time I'm on the provincial bargaining team and we have this huge undersupply of the work force, and the employers came to the table with this set of rollbacks. I mean that's the kind of arrogance they had, and they disregard the lack of respect they had for us and so from the start it was clear. There was going to be a confrontation. And it was ugly and you know there were a lot trying to threaten us. You got out and this big hand is going to come down and squeeze the life out of you. And for some people it was fairly successful in terms of creating fear. It was clear we had to do it again. You had to do what you had to do and were not going to take. You know we're not going to go backwards; you know it took us long enough to get here. And you don't even have an adequate supply of us and you want us to go backwards. Like it ain't going to happen. So yeah. Strike was inevitable and it was an incredible excitement right around it too. I mean it was horrible in all kinds of ways because a strike is always horrible but it was incredible excitement. I mean we did have people literally hiding in their homes right. The RCMP or somebody was going to come knocking; you know you're on an illegal strike. Hiding at their cottages and –

I I heard a couple of those stories.

S Oh yeah, it did happen. I mean we had the most successful strike we'd ever had and for some it was their first strike. As long as it was legal we didn't have groups such as was in the Foothills Hospital go out because they were considered government facilities and it was illegal for them to go prior to 1983. Well after 1983 it was illegal for everybody, so '88 was actually the first strike for the people at the Foothills Hospital. It was a pretty exciting time for them.

I A number of people have mentioned the fact that even the strike itself was forbidden.

S Oh, oh yeah; that was fun. It was. Which, you know I thanked the chairman of the Labour Relations Board several years later for his ruling because if he had not ruled that it was illegal to even hold the vote we would never have got the overwhelming turnout we had for the vote, and we probably wouldn't have got the overwhelming support for a strike that we got at the illegal vote. I mean it just gave people such power to you know. Once, because once they got over the illegal vote, illegal strike was really nothing, right. Yeah and we, I remember that we had to rent a mobile home and park it outside the Edmonton General to hold our strike vote and people came out to the mobile home to vote. We had our union bulletin board in the basement outside the basement cafeteria and we had, we always used to put these banners, because I had a computer and you know "Strike Vote Today" got ripped down real fast by the employer. So we were then, what did we call it, opinion poll! Opinion poll in the mobile home outside the back door. I mean it was fun.

I So the strike itself, how long is it?

S 19 ugly cold days. Of course during this one I'm on the negotiating committee and it's a small committee. It's five nurses and the chief negotiator and that's all there is. The president wasn't participating in the negotiating committee at the time and it was ugly. We ended up with the mediator and government-appointed mediator Chip Collins,called at the time, sort of government bagman. We thought he had the ear of government, was just a part of the reason he was agreed to. And there we sat for many days with Chip trying to convince him of the merits of the union's position. He made it pretty clear, pretty early on that things like improving vacation and other things weren't going to happen. Like he didn't believe in this cradle-to-grave stuff and I think that was the first time that I'd ever heard that phrase, was from, was from Chip and, you know, no lolly gagging, kind of provisions are going through his hands but; yeah it was a long strike.

I And coming out the other end of it.

S Well you know you never; it's never the strike where you achieve what you needed to achieve and the strike was no different. It was a very divided; a lot of people. Divided a lot of work sites. My own work sites; we had, you know when we went back after the strike some people bragged about how much they had

earned as a scab--enough to make a down payment on a second home; there was a lot of xxx. I mean there always is after any of the strikes we've had but in the previous strikes, no it wasn't uncommon for nurses to say to their colleagues you know you've got a really large family or you got this and you know you're only going to get this much strike pay. So you know you should work and you know we always expected that there would be at least about ten percent. We had a respect for people who didn't go out on strike because you know they did have honestly held religious reasons and some of our members didn't go on strike because of fear of in their home. That was a reality too. But the ones who crossed because they saw it as an opportunity to enhance their financial standing were not appreciated and there was a lot of angst after the 80s, particularly after the '88 strike towards scabs; people who crossed. You know, but
We didn't achieve huge gains, but we didn't lose what was important. The '88 strike was about not going backwards and we did not go backwards and what the '88 strike did was launch us into the 90s because when we got to the table in 1990 and you know we said we want or we're quite prepared to do it again. We did; we had incredible enhancements in all sorts of areas in 1990: scheduling improvements, benefit improvements, wage improvements, overtime compensation improvements; I mean the list of stuff that was gained in 1990 because of 1988 was immense.

I I know this is over-simplification but, it seems to me then as we entered the 90s, things shift somewhat into a broader background around Medicare itself and the era of cutbacks, hospital closures and which you may or may not see in it; I'd be interested in your opinion. Partly a way of debilitating Medicare to the point where you can argue it needs to be fixed in a private kind of way.

S Oh I think that was very deliberate.

I Talk about that a bit.

S Well by 1990 just after our huge gains in terms of bargaining, the provincial government was already talking and I recall this very well; already talking about, you know concerns with budgets and flat budgets which in health care meant a flat budget; a zero increase budget is a rollback because things cost more. I mean, fuel cost most, lights cost more, everything is; so it was already a rollback kind of budget. And I know we had two, at least two years of flat budgets in health care before Mr. Klein came to power and we already had at that time prior to Mr. Klein; we'd already had the Minister of Health not only giving flat budgets but encouraging the separate hospitals; we didn't have regionalization then but encouraging hospitals to undertake everyone. The big challenge was everyone should look at creating one partnership with some business entity outside of itself. So that was quite obvious then; you have to create a crisis and the crisis in healthcare was quite intentional to achieve, to illuminate confidence. Because you got to think after you know, Medicare's introduction, you know there was the change in terms of the Canada Health Act

and shoring it up in terms of the illuminating extra- billing and users' fees and that kind of stuff. if we could have continued to see that kind of good legislation, there was no way for private markets to ever break through. Private insurance markets in particular. SO you had to; you know you have to erode the confidence and chip at it, chip at it; yeah, I know it was quite intentional.

I How did you see UNA's role in terms of starting to address those things you were seeing shaping up. First of all again, when did you become president of UNA?

S I became president in the fall of 1988.

I So right after the strike?

S Well the strike was in January. January, February of 1988 and I became president that fall. I had been local president by then for five years already at my local. So yeah, I'd never been on our executive board. We had always as UNA; been supportive of Medicare. In fact the first official act I ever did on behalf of UNA was to make the presentation to Monique Begin during the tour she had pre-Canada Health Act; she was here and for some reason members of our UNA board could not attend, could not go. I had become active in Friends of Medicare, which was an organization in existence here at the time, and so when the Monique Begin event happened I was asked to go and make the presentation on behalf of UNA. And for many years prior to becoming president of UNA I was very active with Donna Martin and other people in Friends of Medicare. You know from my prospective it was very clear to me that we had something really special as I became more sort of aware of what was happening with health care and particularly what was happening in other places like the United States. It became very clear to me that we had something that allowed us to practice nursing in a different kind of way. In a better kind of way; that we weren't worried about how much the swab cost, and we weren't worried about entering it into our chart because I mean the nursing literature; a lot of the nursing literature available at the time or that we received, a lot of it was generated through the States. So I mean you got the sense of the nursing practice in the United States and I knew, I just knew that what we had here was different because that wasn't the focus of our care. I also couldn't imagine how when we were as busy as we were giving care where these nurses in the States ever got the time to do all of this entering of costs and keeping track of costs. So I just knew that it was important and we as an organization as I said, we were early on supporters of it.

I I'll get you to talk about Friends of Medicare and the whole importance of the Unions working with community partners because there are actually precious few examples in this province.It's more in some others but UNA's always been one that's been engaged with community groups that way. Talk a bit about the importance of that kind of thing.

S Well, we have been very heavily criticized particularly in the 80s. I don't know if it was the first strike or the second strike we were called terrorists, right. I mean they were criticized as being very self-serving and I think it was important as an organization to work with groups that perhaps could give the same message that we wanted to give but wouldn't be condemned as self-serving for doing it. So I mean Friends of Medicare was a very important ally in all of health care, in all of the health care stuff. You know it was important to us. If you look at the start of our Union and the goals, the philosophy of our Union doesn't speak only to the enhancement of nurses, but speaks to nurses in the broader context in society and with respect to healthcare. So I mean those are our goals we've always shared and you know sometimes you have to let other people be the ones who are recognized for the work and you have to stay in the background. What you do must not detract from achieving the end.

I But I also think it's about working differently with people. I mean you can't work with a community cohesion by having the agenda and you second it. That sort of standard you would need procedures –

S Oh no.

I And I think a lot of people don't understand that. So I think it's worth talking a bit about how you have to engage with community.

S Well we do; I mean we've had particularly coming through the 90s we had some spontaneous, very, very spontaneous community cohesions form. Partly because we were very vocal of government's actions and when we are vocal, when we are criticizing government's actions we are fairly clear in tying that back to impact on patient's right. So in the 90s individuals started coming to us and saying will you help us; we need to talk to you; we need to get together and do something about this because it is out of control. Then, you know the decimation of healthcare; the decimations in education, I mean; a lot of people forget how much was stripped away from seniors in the 90s and so people just came to us and said you know you are recognized; your union; you are recognized as advocates not just of yourselves but of people and we need your help. And it is, it's very informal. And sometimes you can't even disclose who's there. Because you know, their involvement may not be appreciated by their employers and so yeah, oh well.

I One of the things we started to know into the 90s and the year 2000, it strikes me that Calgary's being used kind of as a wedge point. I don't know how true that is; so I wanted to ask you about that.

S On health?

I Well, on privatization.

S I think there's more, I think there's more of a lust for it, in terms of individuals who live in Calgary and practice in Calgary on the physician side. I think that there are differences in decision makers between Edmonton and Calgary as well in terms of overall health care responsibility that create a different kind of fertility in Calgary for private ventures.

I I guess what I'm talking about is the engagement in a kind of front-line situation; you know when the people I'm talking to yesterday are talking about the referrals being made directly out of doctors' offices to private MRI's, to private surgical procedures, and so on. I mean, I don't foresee this being quite as supported here in terms of --

S The public, you mean?

I No. More in terms of the whole medical system there and their health board and everything else.

I Oh yeah. I think that there is a much broader base of support for private delivery and opportunities. I mean there are just very distinctive differences between Edmonton and Calgary. I mean in a lot of ways. I mean if you look just at elections there's politically difference and philosophically there's huge gaps and you know there are a lot of people who have said to me it has to do with the more American influence; American oil companies and big business. Certainly you know the Chamber of Commerce I imagine is pretty well dominated in that way; so yeah, there's more of an acceptance or you know; maybe more of a me versus us kind of approach, I don't know.

I It seems like now in Canada as a whole Calgary is almost the front line point of –

S I think Calgary would be the front line. I think Calgary would be the leading edge. Certainly they've had HRC, which is, you know, in my view. it just has crippled along. It has been so dependant on hand outs from the regional health authority or it would have gone under a long time ago. I think that in fact we've had incredible success in this province that, cause you know if you look at what's happening in Quebec, if you look what happened in Ontario and in BC, Alberta is considered an unfriendly environment for private business in terms of the healthcare industry and I think that has a lot to do with the fightback that happened here in the 1990s. The coming together of certain unions, but members of the public and broader cohesions and I mean taking over the leg; like that was. You know the whole Bill 11, Bill 37, Bill 11 fight back; I think we have been successful. Assuredly Douglas has said that Ralph Klein has actually done something good in terms of making Albertans more aware of private healthcare than any other province because we have been fighting openly for so long and big part of the efforts of the cohesions and the fightback campaign is public education. You know door-to-door dropping of literature, holding massive

rallies, and continually trying to get out there with information to educate the public; I don't think we've held them back incredibly here.

I Okay that's really interesting because I wanted to get you to talk about the Bill 37, Bill11 because I do think it's a major moment and that's the most concretely positive take and analysis of that set of events. So, talk a little bit about that campaign and the way that –

S Well that was quite spontaneous because by the time Bill 37 was introduced, we had had three, four years of massive destruction. The 90s were very, very bad to us. You know we go through these peaks and valleys and must have been '93, our annual meeting one of our very long time Union members this older nurse just about to retire, very thick German accent who had been through the War; the Second World War and she got up to the mike and you know her comments were, this too will end. It's very black, it's a very bleak time but this too will end. And it's true. I mean we did come out of the 90s and a whole lot better way than that was happening when we were in it, because we had massive job loss, destruction of service delivery and all kinds of stuff. And Bill 37 just sort of was another; pile it on, like –

I Just describe what that Bill was again.

S Well, Bill 37 was the introduction of the sort of the allowing private clinics, private hospitals to appear. Bill 37 actually did something else that has gone unrecognized but it is actually very relevant today which was Bill 37 also introduced private, long-term care insurance and that piece of the legislation actually was passed. But people were focusing on the acute care side because the intent of Bill 37 was to authorize the operation of private for-profit hospitals. It evolved into Bill 11, the Health Care Protection Act which is oxymoronic because it has nothing to do with protecting healthcare and the few items that were in that legislation that actually did have some protection in terms of limiting what could be charged in non- hospital surgical facilities and in hospitals has been stripped as of the summer of 2005. But it was the first introduction of legislation to promote private hospitals very much on the behest of physicians who wanted more lucrative compensation than the government was prepared to give them. And of course you have to remember in the mid-90s the doctors were in the same boat as we were in terms of government not being really willing to hand over huge settlements in terms of service agreements. So this was sort of a win-win; get the physicians off their back, let them pick peoples' pockets and you know; not have to spend so much in the service compensation. It didn't; it really did not work the way they wanted it to. I mean HRC; we've had the horrible, horrible isn't the word; the sneaky evolution introduction of the private clinics and the reason that they've been successful is that we didn't go the next step in terms of Medicare generally. Tommy Douglas's vision and Emmett Hall; their vision wasn't you know, hospitals and medical care; hospitals and physicians. Theirs te whole tamale, and unfortunately we didn't do that. So we allowed the private

clinics, surgical clinics for dentists and all of that other stuff and by allowing that stuff to stay outside Medicare and publicly paid for and delivered services, we in fact allowed the creation of the private hospitals, the HRC's. We'll deal with that the next wave --

S -- Wasn't done; our work is never done and you know we will, I believe, win the big healthcare debate because Canadians, as Albertans, will not be fooled; I'm quite convinced, I mean Premier Klein he spent a full decade trying to convince Albertans that this is a medicine that they should swallow and all that has happened as every survey shows, Albertans more than any other province, are saying no to it. And I think that once the rest of the country starts to realize what's happening in their back yards, they'll turn it around; you'll see.

I So I wanted to talk to Bill 11 and really talk about kind of design of that campaign but then where it ended up.

S Well the wonderful thing about the whole sort of public fightback in Bill 11 is a lot of it was never planned right; I mean the group that started meeting on a Friday and called themselves the Friday group, I mean it just happened and you know we kept cobbling together enough money to get us to the next little bit. And there was a whole lot of begging when we, by now of course, had reestablished Friends of Medicare because Friends of Medicare sort of had a decline in the early 90s. We got Friends of Medicare up and running and we spent a lot of time begging for enough money to do this piece and then another piece and when we had hearings or submissions we encouraged people to make. Nobody would have predicted what happened at the Legislature the night that it all erupted when the Bill 11 was actually being debated. I was inside the Legislature at the time; I was in the gallery and the sound that just came out of nowhere and didn't stop and didn't stop and didn't stop, it was incredible. The people; the MLA's were terrified, I mean this is Alberta; this is the province where you know, government all they have to do is sort of change their name, they don't even have to change their philosophy. Politics, they just change their name and can get re-elected for another three decades. I mean who would ever have thought that in Alberta the Legislature would have been literally taken over by Albertans on the issue of Medicare.It was phenomenal and then it just continued. The people came back and it wasn't activists; it wasn't the people who had been slugging away over Bill 37 and Bill 11 initiatives up until that time. It was average Albertans coming out, coming down to the Leg, night after night after night and registering their protest. That was remarkable, you know. It's a piece of Alberta history that I'm really glad I had an opportunity to participate in.

I Yeah, that's how I feel about it too. I think it was just a real kind of landmark moment.

S And I think it's had an important effect because I understand government always wants to downplay how much they have been influenced by anybody. Because certainly they don't want to admit how much corporations have influenced them. They certainly don't want to admit when they have been influenced by the unions or the public. During the Bill 11 debate here in the province I understand that government got more letters, more correspondence, which is a huge thing to get people to do from average Albertans, than they had on any other item. Historic amount of public writing to government saying you know I don't like what you 're doing. And I think we are seeing some of that today in terms of the Third Way. This decline, this government is very careful not to actually sort of expose what they mean by the Third Way. What they mean is private insurance; but what they actually mean is this links back to Bill 37, it's the same old, same old. Bill 37, that piece of legislation that introduced private long-term care insurance preceded a whole lot of stripping away of publicly provided services for long-term care recipients for seniors which it's one of those silent quiet revolutions that people did not just understood has happened. I mean we are seeing it again now; the Third Way is the same thing; it's just the acute care version of it. You bring in private insurance for non-emergency health care activity. Well, what's non-emergency? I'm understanding that a child falling out of a tree and breaking their arm wouldn't be considered an emergency in one of the health regions today. That's an example of what would not be an emergency and if the intent is that Albertans should buy or can buy private insurance for every non-emergency health care need; you're talking about a whole lot. But they're afraid. I mean that's what I find most amazing that they're actually afraid of Albertans' reaction to what they want to do. I think partly because of what happened with Bill 11. They keep pulling back in terms of laying their cards on the table, because they are actually afraid they can't predict the reactions of Albertans anymore and certainly not on healthcare.

I Yeah, I think you are right. I certainly want to believe that you are right.

S Well, I think well –

I I wanted to leave this for a second and there's a few things I wanted to pick up. I just wanted to go back to the fact that you were actually at the Edmonton General and of course that doesn't exist anymore.

S The Edmonton General does. It's not a hospital anymore.

I Yeah, that's kind of what I mean. Talk a little bit about your feelings about that.

S Well the Edmonton General actually in the late 80s, mid 80s was supposed to get a new site. The Edmonton General, the Grey Nuns; the Catholic employer there was actually supposed to get a whole new hospital on the downtown site. That got scrapped in the late 80s when we started the

contracting of the health spending and stuff here in the province. By default they were sort of given the Grey Nuns Hospital to run and the downtown site literally shriveled to nothing. I mean it was a huge issue at the time because it was an important inner city hospital. We used to get a lot of inner city people; street people and stuff at that site. There were a lot of seniors in the downtown area and so we watched it go from an acute care hospital to an ambulatory care; now it's just a big nursing home. And they need the beds. I mean we come full circle and we've got huge demands in terms of reinstating beds and we've got some really huge issues coming up about workforce supply again. You know, Calgary today is saying that they will need an additional 5000 registered nurses by the year 2010. That's 5000 in addition to keeping the current numbers, which you known there are always retirements and stuff. Edmonton would be about the same. You know we had some really terrible things happen including we lost a generation of nurses; we lost a decade worth of nurses in the 90s because we didn't have jobs for them and we sent them away and a lot of them never ever did come back. Healthcare and this government are being crippled by the short-sighted decisions they made in the 1990s.

I You just mentioned Grey Nuns. Something I just wanted to pick up because this is one I am not very aware of but I gather there was a huge demonstration at one point around the Grey Nuns. People have talked about that --

S Yeah, and I am trying to recall what that one was about.

I Okay. It's before my time, so –

S Well, it may have been over who was going to run the hospital. I'm just trying to think.

I If it's not at the top of your head, don't worry about it. I will pick it up somewhere. I think that it's really interesting that although there's been a traditional perception of nurses as being distinct from the labour movement, UNA in particular has made a choice to join with the Federation of Labour. Talk a bit about that and why it was important.

S Well our history as an organization was pretty isolationist actually in our early years. We didn't meet anybody else. I think we became aware that in fact we needed other people; we needed other people in terms of public cohesions. We needed other people in terms of labour as well and so we did make some reaching out. It was one of the first things I did as a local president. It must have been '83. I went to something called the Canadian Federation of Nurses Unions Biennium and I really didn't know how to think about it, I was nearly elected local president and so somebody said you know this meeting's coming up; you should go. It was in Halifax. So I went to it; and I remember writing this story that I wrote the proposition on UNA should affiliate with this newly created, fairly newly

created Canadian Federation; it was National Federation at the time of Nurses Unions from all across Canada were coming together. You know we'd made the first thing in terms of unionizing provincially which was a huge, huge thing to have happened in the 70s and then in the 80s there's this formation of a National Nurses Union and I thought it was a great idea and I wrote the pro-side. But we weren't ready for it as an organization and it didn't happen in fact until well into the 90s did we join with the Canadian Federation of Nurses Union. But personally I've always felt that there is a need for it. I need to have friends and support beyond yourself. We've had incredible support from the labour movement certainly during strikes. And I always felt that there's a problem with the free rides. We worked with the labour movement with the Alberta Federation of Labour for years before we ever affiliated on issues specific or campaigns and that kind of stuff that were again ones that were of sort of interest or benefit to us. But again sometimes it's more important to give than to receive and I think that we have reached a maturity as an organization in terms of recognizing a bolder responsibility to labour as well and I think we worked hard at trying to keep it up hopefully. You know we went from the CNFU to the CLC to the AFL and when we did it we were fortunate that we had the financial resources that we could say we're going to do the whole thing and then we'll work at getting our people engaged and involved at the district labour council level at the provincial federation, at the federation provincial level, and at the national level. And you know I've seen some real miracles in terms of awakening by nurses in terms of being engaged and learning and realizing that the broader labour movement shares a whole lot with us in terms of common needs and interests.

I Great. Okay. Well I could probably go on and on but the best question to ask you at the moment is probably what of all the things we could talk about that you think it's important to still talk about that we haven't touched on.

S I can't really think of anything. Doing this looking back in 25 years, I'll let you know; what would I want it to be in 25 years and I would want nurses to feel good about going home at the end of their shift, which has not been happening for a very long time. There's a difference between going home occasionally and not feeling good and going home every day and not feeling good. So we should see that we actually have an investment of the resources so that nurses go home feeling good whether it's from a community office or after their last home care visit, or off their medical unit that people feel good; because as a nation we've made a commitment to keep the services not only publicly funded but publicly delivered. I think that's probably my greatest fear about private healthcare is the going back and the silencing. Private sector doesn't tend to be real welcoming of unions, and the union has become our voice in terms of patient care advocacy rights. And I really fear us going backwards professionally in terms of environments where we do not have the protection; the support to criticize and advocate in the way that is absolutely imperative nurses have to not only protect themselves but certainly to protect their patients.

I From what I've heard, the whole struggle has been a battle to be able to get that voice.

S Yeah.

I You know, and not have to stand up and be silent.

S Well and you know we've got calls every now and again from people who worked at HRC and it is the 1970s, in terms of absolutely unsafe activities going on that they are afraid to speak up about. Like how, you know the story about or the saying that humanity is miles away or something like that from the Stone Age again – two days away from the Stone Age I guess is what it is, I don't know.

I Two paycheques.

S Yeah, well two paycheques, no; but I mean if you had a calamity where you know there were no shopping malls and food available. I mean anarchy and litters would just disappear over night, right. And that's sometimes the way I feel. We could so easily be thrown back to the Stone Age in terms of our practice and patient care. It is a very, very fragile world where just changing the employer may change your whole career and affect people's lives.

I Changing your employers. Sorry I just triggered for one second. Laundry workers' strike. Was that important to you?

S Yeah, it was. Well for us it was. We had locals in Calgary that were on the verge of wanting to go out. Well they wanted to go out; they were ready to take strike votes to go out. We've said as an organization that if they go out we support them as if it was a strike of ours. It was, because it was one of the first; it was the first. It was the first standing up by workers against the massive job destruction by Ralph Klein in the nineties. I mean, these were some of the lowest paid unrecognized jobs and they were the people standing up. We had and I know even as local president, this is sort of a stepping back but as local president when the Grey Nun's was being built we were told we had to contract out the laundry. So laundry services were a really big issue for me personally because we were told quite openly that even though the quality of the laundry being done at the Edmonton General because we had our own laundry was better, to make it cheaper, they had to contract it out. They were being told. It wasn't the choice they were making. They were told, you will contract out the laundry. There's just something about a community in a hospital that's hard to describe. So I really resent it; the Klein cuts taking this away. Because you used to know, you used to see the laundry people; they went, particularly you know like they came out en masse in terms of their breaks and you may not have talked to them a lot but you always knew that they were laundry people and if you needed laundry they were there. But we had the laundry people and we had the

house keeping people and out of my medical unit the housekeeping weren't just housekeepers; the housekeeping people were very often another set of eyes and ears for me as a nurse. Because they would talk to the patients and sometimes they would come at you and tell you so and so is not feeling well or I am worried about so and so falling. Or if you know someone was crawling out of bed that shouldn't have been crawling out of bed and the housekeeper was there, you know the housekeeper was not just a housekeeper. The unit clerk was not just a unit clerk and the privatization and contracting changed all that. Because then they were just housekeepers, they were a renta housekeeper that usually with high turnover given inadequate resources to do their job within inappropriate expectations in terms of what they were supposed to deliver and I resented that. As a registered nurse I fought very hard to stop the dismantling of the community because it hurt; it hurt the patients. The laundry strike in Calgary I think was really, really important because they were the first group to stand up and say we're not going to take this lying down or quietly. Which was really good.

I Some people also say it was the point at which Ralph blinked.

S Ralph blinked and it's a good thing he blinked when he did. No, it's actually not a good thing he blinked when he did. It's very unfortunate that he did because that really was a potential, not just a single little spark. That was a potential flame and you know; who knows what would have happened if everybody would have gotten on board in terms of the unions at that time and more quickly. I mean it; I think that was probably one of the smartest political decisions that the government made was they defused it because it was explosive.

I I mean, for the last comment, was something we were talking about earlier today with Jane partly and came out of yesterday as well, which is something about that has changed in nursing and it's a flip point for a number of people, seems to be the point at which you had to do all your nursing on your feet and you stop being able to sit down with anyone.

S In terms of the change from the team, is that what you mean?

I Yeah, the team and also the intensification, the patient loading coming up, the whole ways of how you could interact with the patient.

S Well we had some really horrible things happen in terms of the profession. And it comes back to a lot of what happened in the 90s. We had this put in the late 80s as I was saying or through the 80s there was this whole promotion of you know 100% RN staffing.Then they'd talk about primary nursing which was very isolated practice because it was considered cost-effective because you can get this RN to do everything and the RN did do everything. But they worked alone instead of working as part of a team where there were people with lesser skills on your team and you sort of shared stuff and did stuff together for a group

of patients; you were a single, you were a single individual practicing with your patients, and you didn't talk. You didn't have the other people around you to talk about stuff or whatever. And because of the threats to jobs and with the massive job reductions and layoffs in the 90s knowledge became power. So not only did you have nurses, and this is my view; not only did you have nurses who were expected to work along and do everything for their assigned patients but even when they had opportunities to talk because of the competition about jobs and who gets to go and who gets to stay in terms of the next set of layoffs; nurses didn't openly share their knowledge about the practice because the one thing you had perhaps over somebody else was some knowledge. So we've had terrible changes in practice, and now of course we have the dilemma that we can't provide all our ends. Well, we never in most did go to all our ends staffing. But we can't certainly continue to aspire for all our end staffing and with the predictions in terms of undersupply you know we got all our members saying they're overworked. If you can't find more RN's you're going to have to bring in others and we're having a terrible, terrible time trying to reinvent the teams and working with different levels of skilled providers. Some of it has to do with everybody wants to be in charge of the team, including the people at other levels in terms of preparation and stuff. But we have no choice. You know I heard today that one of the emergency departments in a major hospital here in Edmonton has vacancies. They can't find people to fill them. And they've actually brought in nurses' attendants; unskilled people just to have hands and bodies on the night shift in the emergency department. So yeah there's going to be huge issues to get back to the team in the next five years.

I Yeah I heard so many stories in Calgary.

S Well and there's this tension between Registered Nurses and Licensed Practical Nurses. There's long-term care which is just a mess. Anyways, I don't know if that is what you were referring to but...

I No, that's pretty good.

S After the strike we had this return to work agreement and then things went to a tribunal, an arbitration tribunal. I think they were appointed and we had to go before them and convince them about our proposals and hope that in the end that they would award us what we were seeking. That's where we achieved really, really important improvement, which was the prohibition on working alone. I was at some of those hearings because we presented on PRC,because I at that time was on our professional responsibility committee and we were making the proposal around the external body that could bring in binding recommendations. We didn't achieve it at the bargaining table, but it was one of the items that was there in terms of the arbitration. So we went from my PRC committee to give testimony about why we needed an external body, and what kinds of things weren't resolved. Like -- this sounds stupid -- one of the issues that we had that we couldn't get resolved was disposable face clothes on the weekends. We

always ran out of real face clothes, and so we raised this -- had raised this at PRC, and the answer was to give us these disposable face clothes. So I remember at the tribunal hearing I went up to the three members of the tribunal and I gave them, you know, one of these Kleenexes and said, you know, we're expected to wash people with these. I said, if you think it's bad now put it in your glass of water and see how much you have left at the end of it. But I call it a witch hunt because we had to go and give evidence about the most basic stuff, and one of the parts that was just so, so moving was this nurse from a small rural facility talking about how difficult it was when they worked alone to code somebody if somebody had a cardiac arrest. She was told -- now she worked -- this was a pediatric kind of area she was in, and she had been told when she raised concerns about being alone at night she was told, well, if somebody codes just pick him up and go to the phone and dial, you know, for help. And I remember saying, it may be a child's ward, but some of our kids are six feet tall. How am I going to pick up a six foot tall youth and walk, go to the phone, and dial for help? I mean it was just stupid, stupid stuff. And you know, it was almost insulting. I remember feeling really, really insulted at the time that we had to go through these demeaning hearings about our issues. I did. I called it a witch hunt. It went on and on and on for days and days and days, but the fact that we had to go and prove that nurses should not be working alone, and we weren't even asking that it had to be another nurse. We said we want another non-patient human being to be able to call for help. You know, that -- just some very basic stuff that -- yeah, the witch hunt.

End of Interview