Alberta Labour History Institute (ALHI)

Oral History Interview

Interviewee: Linda Sloan and Jane Sustrik

Interviewer: Dave Werlin

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Location:

Index: Entering the nursing profession as a student – United Nurses of Alberta job action – Burn Unit – Unionizing Crown Hospitals – Candice Taschuck – Staff Nurses of Alberta – Local 1 – Professional Responsibility – Connie Curin and the American philosophies of healthcare – Privatization of Healthcare in the 90's – Union brief to the Minister of Health in 1996 – Layoff meetings, first wave of 1992 – Bumping Clause – AARN – Amalgamations of Alberta nursing unions – Positive and negative effects of the union mergers – Bill 11 and the changing face of healthcare in Alberta

Q: What was it like being a nurse in those days? What was healthcare like? What were the conditions in the healthcare system, and what conditions did nurses have to put up with?

Linda: I took my training in Calgary at the Foothills Hospital. It was a 3 year school-based training program at that time. Those don't exist now anymore. My recollection of that time is there was a lot of promise. I had no difficulty getting a job. I graduated on Friday and was employed on Monday. My very first encounter though with some of the challenges of the working conditions was that that first job action that occurred, one of the first in Alberta, occurred just in the last part of my 3rd year in nursing school. The Foothills Hospital board at that time wanted to utilize the senior nursing students as workforce support for the nurses that were going out on the picket line. We started out with about 130 students in our class, and were down to about 80 at the end of the 3 years. We didn't really have a strong student association, but there was a core group of us that came to the recognition that we were going to be exploited and used against our own profession. So we organized a meeting of the student class. We went and met with the chair of the board. Jeanette Pick was the vice president at that time of nursing. We said, we will not be working during this job action. There was a series of discussions back and forth, and in the end we didn't end up providing any floor support during that period of

time. I don't remember a lot about the job action, other than that. Being so new to the profession, I just remember coming to the recognition that this was going to happen and we were going to be used in the process. What I remember though about the conditions, team nursing was very much prevalent at that time. My first position was in the burn unit. I have very good memories of that. I think that's something that's missing in the system today, the mentorship. I was so privileged to work with nurses that had 10, 20 years of nursing under their belt. They were so solid in their expertise, and as a new grad coming on the floor, I learned so much in that first 3 years working side by side with them in a very heavy unit with a lot of heavy conditions and patient needs.

Q: So do you remember what the conditions were that caused these people to take job action? There must have been some unhappiness there.

Linda: Well generally I would say probably working conditions, but honestly I don't remember a lot about the specifics of that job action. But that really was my first awareness that there is a bigger picture here to what we've known in our 3 years as students. There's a whole bigger system and issues.

Q: What do you remember about when you first came in?

Jane: Well it's interesting in listening, because there's more parallels than we ever even knew. I also remember the job action – it's probably 1982. For me, I did my education in a hospital based program as well, just under a 2-1/2 year program. I graduated in January and started my job in February. It was easy to get a job. It was a land of plenty out there for nursing in general. It wasn't hard to get a job. I didn't have an interview to get a job. I too started in the burn unit. I started in February and the job action was underway. That was my first experience as well. There was a great deal of hit the floor running. Not because there wasn't a mentorship, but because the patient loads were so heavy at the time, with the other hospitals not receiving patients. I was at the University Hospital here in Edmonton, and they had all the sickest patients. The workload was very heavy and there wasn't a lot of time to get oriented. We didn't have any orientation; it was a matter of hit the floor running. The working conditions were rather tense and rather heavy, but because of the job action. Probably in my youth I was a little naïve about why the job action was occurring. I didn't know much about United Nurses of Alberta, who was on strike at the time, and what their issues were. Once the job action settled, and I don't recall it being long, I too remember that the nurses having that time to do proper mentorship, that the expectations were that you were part of the team, but you weren't expected to function at the high level and to know everything. The nurses on the unit had the time to explain to you why things happened, and to let you grow gradually into that more senior nursing role. I remember hearing them talk that it was somewhere between 2 and 4 years before you were ever even considered a senior nurse, which is something I haven't heard of in years now. It's pretty much once you've been on the floor and have

your feet under you, within 6 months you're a senior nurse. It's been worse at various times. So the working conditions were good. It was team nursing. I remember in the burn unit doing burn dressings where once you finished your patient, you went around to the next room and helped the next person do their dressing, and you went around until everybody was done. Then you sat down and did your charting. So there was a real good team approach. Not that it wasn't heavy. I also remember having big burn dressings and putting the patients on my shoulder because there was no one to help me, hiking it in the air and doing the dressing. It was certainly busy at the time, but you never felt that it was because someone was sitting out the door with not enough to do. We all helped one another get through the work. It was also back then more of a hierarchical workplace. The doctors still held a very high order. It wasn't so much that you rose to attention when they entered a room, but certainly if they had charts and orders to write, you vacated your seat so they could sit down and write their orders. It was starting to change, but there was still that hierarchical form of respect and order about the nursing units.

Q: So you people entered as members of a union. In both cases it was UNA?

Jane: At the University Hospital, the Staff Nurses of Alberta existed, and I would have to go back and check dates. If it didn't exist then, it was very soon thereafter – it might've been '81 or right in that time. The United Nurses of Alberta had never organized the University Hospital. Back then there was a different structure; that was a crown hospital, what was then called the WWX?, the Cross Institute anyhow – they've changed their name. The Foothills would've been a crown too, wasn't it? So they were organized differently, they had different boards and structures. Union structures came up for different reasons.

Q: This leads us right into the question – why did staff nurses happen? Staff nurses continued in existence for a long time. Talk a bit about the organization, the people and events that shaped the organization, and the way that it developed. There was another organization that was operating alongside of you, but you people decided to remain separate.

Jane: My recollection is that there was a staff association. I don't know that it had been certified as a union at the time, in fact I don't think it was. Probably for a variety of reasons, people wanted a stronger representation, part of evolution and of learning more. But as I understand the history, there was probably a significant incident in time, and that was the Candice Taschuk case. That was a baby that was born prematurely and was in the neonatal intensive care unit. As I understand it, there probably wasn't a lot of hope for a quality life for that child, it was probably suffering in some way. The physician or the resident had ordered a high dose of morphine to be given to the baby. The nurses questioned that dose. I believe it was rewritten, still a high dose, but it was administered. The child died. I don't know all the facts as to whether that just advanced the death,

which is what I understand it to be, that death was imminent but this provided it in more of a non-suffering way. But it was a dose that by hospital policy shouldn't have been given, so there was an inquiry into the whole thing. A couple of the nurses were disciplined, were suspended. I think that was the major step in time that said, in order to look after the nurses and in order to address these kinds of issues that may arise, we need some kind of organization that's certified. My understanding is that there was presentations then from United Nurses of Alberta somewhere along that timeline, as to maybe that would be an organization we could go with. But the nurses at the University Hospital, and that's where Staff Nurses of Alberta started, just the University Hospital when it started, they decided after that presentation that they wanted to stay on their own. They felt being a smaller organization, they were more able to address the needs of the nurses at the hospital, more able to have their voices heard, more immediate, more direct communication back and forth that way. So I think Staff Nurses applied for certification, and was organized as a union and go its feel well under itself and got going.

Q: Do you want to talk about your first experiences with the Staff Nurses, and why the Staff Nurses were so important?

Linda: They're just a complement, I think. Jane has provided a good foundation. There also had been a federal review, which the dates again from memory I can't quote you. But up until a certain point, both the licensing body, the Alberta Association of Registered Nurses in its earlier form had provided both functions. They were licensing and they were also acting as the bargaining agent. There was an appeal out of Saskatchewan that caused the courts to intervene and review it, and they ruled that it was not appropriate to have one body performing both these functions. So the directive was made then to have those functions separate, and that caused a ripple effect across the country, where all of the nursing associations had to create a bargaining arm, which is I believe how UNA came to be. Then as Jane provided, there was really that galvanizing incident with the group of nurses in NICU at the U, which caused them to organize themselves.

Q: When did you first come to the Staff Nurses?

Linda: My first association was I agreed to be a ward steward in 1986. I was working in emergency at the U of A at that time. If we just go back a bit – Foothills was not part of UNA when the strike and when I graduated. I believe they were also independently associated, but I don't know the details of that. They weren't part of UNA at the time, but then subsequently did become part of UNA. But when I became involved with the Staff Nurses was as a ward rep. I was responsible first just for emergency, and then I took on the responsibility in a broader sense of ambulatory care. It was really a volunteer position. I was working full time as an emergency nurse, and mainly was responsible for sharing the information from the association with the nurses in those areas, and attending any meetings that I was required to. Then about a year after that, in about 1987, I was

asked if I would put my name forward to be on the board of Staff Nurses as one of the Local 1 representatives. Local 1 was the University Hospital, they were the first local. So I was on the board then from about 1987 until 1992. In the spring of '92 just before the annual meeting was when the current president, Barbara Blanc, indicated she would not re-run, and I decided to run and was subsequently elected.

Q: What kind of union was the Staff Nurses? Also, what were some of the challenges nurses were facing. I heard you people say that things were quite good for nurses in those days. The market was a good labor market for nurses. What were some of the challenges or some of the attitudes that you people were trying to change, either on behalf of the boards or on behalf of the public? What kind of union was it, and what kind of challenges was the union facing at that time?

Jane: Staff Nurses was the University Hospital staff nurses association. It was there amongst us. It was easy to contact people. Their focus was what was happening at the University Hospital, it wasn't on what was happening in the community or in long term care. We certainly were aware, the organization itself looked at what issues were facing nursing. But it was a community. I think that was what the nurses wanted to keep when they organized that way, and that's what the nurses enjoyed for many years was that closeness and that ability to contact and talk to people that they knew were familiar with everything that was happening at the University Hospital. What was your other question?

Q: What nurses were facing in those days that spelled the mission of the Staff Nurses.

Jane: My early recollections are pretty dim. I think one of the big things that I remember early on was working to get things like professional responsibility issues into the collective agreement. I believe it came into Ontario collective agreements first. We got it in before United Nurses of Alberta. Professional responsibility is an area where nurses can raise the concerns that they witness relative to patient care. That could be things like inadequate supply of equipment, not enough staffing, almost anything that would relate to patient care. It gives them a forum to raise those, and those concerns would go on a form. It continues in the same way today. Those forms are looked at by a joint committee of management and staff nurses, and we look to try and resolve those, and how we can fix the issues so nurses can provide the best patient care and have the least number of obstacles during their day in a shift. If those concerns can't be resolved, there was an ability with the collective agreement clause to take it to the next step, which was to make a presentation to the hospital board. So getting that piece in was a huge step at the time, and that was the first ability to really say, we have concerns as a professional about the quality of patient care that's provided. That would be the key piece. Of course, wages was another area that was very important at the time. I started around $7 or $8 as a nurse in 1982. Prior to that, one of my first jobs was teaching swimming as a lifeguard. I made more money teaching swimming as a lifeguard than I did at nursing. We've heard the

stories of people that worked at Safeway making more money at the time than nurses did. So wages was a priority, to get the wages in a more realistic zone compared to other healthcare professionals and people with equivalent education. I think we had at least one large gain in the mid to late '80s, which was around 26%, fairly significant at the time. So those would be the 2 areas that stick out in my memory as the priorities that we were addressing.

Q: So you entered right on the cusp, right when nurses were gaining this professional status. You were up against some attitudes, you were up against some obstacles. What kind of organization do you remember, and what sort of issues were you tackling.

Linda: Jane has triggered a lot of memories about how nurses were coming into their own and recognizing that they were an integral part of the system. They had an irreplaceable role and responsibility. Yet a lot of the conditions, the salaries, the working conditions, the hours, were not commensurate with those responsibilities. There was a transition during the early period, from 8 hour to 12 hour shifts. I remember shift schedules being a challenge, and also workloads and coverage. There was a thing that was very common in my early associations with SNA for administration to float nurses to different units. It didn't seem to matter whether you were a peds nurse or emerg nurse, if they wanted someone in surgery or orthopedics, the administration just expected that nurses would go. If there was a surplus in one area they would go to this other area. That was one of the early issues I remember us challenging, because there's such expertise that nurses have when the work in areas, regardless of whether it's pediatrics or burns or cardiology. We felt it was a compromise of their professional ethics and licensure to ask them to compromise them by putting them into this environment where they perhaps didn't have all the training, and the conditions were such that they wouldn't have all the support. The professional responsibility piece went along with that, and there was a lot of documentation about floating and nurses putting their experiences down on paper relative to how that compromised them. As we were moving into the '90s, administration had been influenced a lot by American philosophies of healthcare. We had gone through a process of forming a nursing council. They wanted the nurses to participate in a government structure. The nursing head at that time was Heather Andrews. I don't know how to describe it. It was that by participating in this council, nurses would solve all these things. We did participate, there was representation. Hopefully this will trigger and Jane can answer; I know she was involved in that time too. Then what that culminated into was a project with the hospital contracting, Connie Curin, who was an American consultant out of The States. That was for me one of the galvanizing issues. Her contract was somewhere in the neighborhood of $600,000 or half a million to come in and do this. It's called Patient Focus Care, was the project. But the whole label for this thing, it was a bit of a front to hide the real objective of the project. The real objective was to replace "high priced registered nurses" with cheaper forms of nursing support. That's in the early

'90s. I came on board in 1992 as the president, and I think it was around '93 that that came into play.

Q: We'll get to that point. Just step back now. Before we leave this area, I want you to describe Staff Nurses at its pinnacle. What was it like when the Staff Nurses Association was fully formed, you had a local structure I image, you had area councils. It's kind of boring stuff, but I want you to describe what the organization looked like.

Linda: What was so unique about Staff Nurses was that it held the labor and professional pieces, they were so integrated, into the services and the priorities of the association, which distinguished us from UNA at that time. UNA didn't engage itself in the ARN's meetings or resolutions or issues, whereas our predecessors in SNAA had laid some good groundwork there. Hopefully your project will be able to interview some of those people too. I believe the services of SNAA respected the fact that nurses were legislated professionals, they were licensed, they had professional responsibilities and ethics. I believe we were able to very strategically and sensitively, in a beautiful way, we were able to bring those things together to combine them with the collective agreement. We were able to incorporate things in the collective agreement that would help nurses in that sense, like the professional responsibility clause, some of the labor management committee processes that were developed. The association engaged itself at the ARN, which I'm sure caused them no end of angst. But we would submit resolutions at the professional body's annual meeting, we would attend the annual meeting, we would speak from the floor, we would speak. Not just us, but the member of SNAA, were actively being spokespersons for the nurses on the front line. During that period of time and for a good period after, the professional association was run predominantly by academics and administrators. It was so frustrating at times to see an organization that had such wealth and such resources that they could not relate to or align their priorities with what was important to front line nursing. I think the Staff Nurses Association really took that by the horns and said, these are not two entities. These nurses are juggling these issues every day. They need advocacy, they need support. We undertook some really creative communications and advertising, which I think set a new bar for nursing. While it sent strong messages, it instilled pride within the members of SNAA. That's enough from me.

Jane: I think the other piece that has come to mind, SNAA tried to build its own identity. One of the pieces that was important in that identity was that we were approachable for management and employer, and that we wanted to resolve the issues. If we could, we wanted to resolve them without going through the grievance process. We didn't file a lot of grievances, not because there weren't issues happening, but it was sort of the foundation that if we had good communication and dialog, we could perhaps resolve things that … [tape change]

Q: I want you to comment a bit about what you remember about those years, those bad years that set the context for the amalgamation.

Jane: I think some of the other pieces that contribute to the picture is the privatization that was occurring at the same time. We saw the privatization of linen services. We saw the privatization of food services, mixed with the massive cutbacks in all staff. It wasn't just a quarter of the nursing and healthcare work force, it was a large number lost to housekeeping, lab tecs, technicians, dietitians, it was the entire picture that was cut back. It's difficult sometimes to talk about, because it wasn't a reflection on those people that were in the system. They were doing their job and they were working as hard as they could. But there wasn't enough of them. I noticed a drastic change in the cleanliness of hospitals. In addition, there was operating rooms that were shut down because of their reductions. Waiting lists were starting to grow. This is when you first saw some of the longer lists in hip replacement and knee replacement orthopedic surgeries. Those things started to grow. It was hectic, it was busy. People were doing the best that they could, but there wasn't enough people in the system. The patients were starting to see that. They were commenting on the cleanliness of hospitals and the areas where they were receiving patient care. The quality of their food. What they envisioned as total patient care starting to be eroded. I as a registered nurse didn't give backrubs past the 1990s. Then as we got into the mid-'90s, I didn't have time to sit down with a patient and say, who's going to be home with you, is there going to be anyone cooking meals? Is there anyone going to be able to help you get your groceries? Is there anyone that's going to help you bath and dress? Those things got pushed aside, so patients had to, I guess they looked after them somehow on their own. That piece is vacant from my memory. I remember not being able to do them, but I don't know what the outcome was for the patients. I'm sure that they saw this erosion of healthcare both on what they were witnessing as an in-patient in the cleanliness and the ability to get pain medication. Even having a nurse answer the call bell in a timely fashion was dwindling away. We used to laugh about it at the time and say, once your eyes were open after surgery, you were put down the chute into your car and away you went home. How you managed at home was your problem. It was horrible. There wasn't a nurse I didn't talk to of our members that said they went home feeling totally unsatisfied, they hadn't completed their jobs. Many of them, and I remember myself when I was at the bedside, going home in tears feeling like I only did what I could get to. I only did my priority stuff, I couldn't look after the total patient. That wasn't coming close to doing what I was trained as, as a nurse and what I expected in my own ethics to be able to look after a patient in a total way.

Q: So what did the union find itself doing about all of this? What was the union able to address in all this? The union must've been absolutely swamped. What do you recall about those days and the issues the union was facing, the issues you were taking on.

Linda: The professional responsibility clause in the collective agreement became very important. It was one of the crucial ways we had of documenting the violations and shortfalls in patient care. I remember specifically one, and Jane probably will remember some too, that because of the regionalization of supplies, the didn't keep the same level of supplies at the hospitals. They had a centralization of where they were, whereas before we'd always have a fully stocked supply department. What that meant in this one case was a young fellow came out of surgery. He'd had his jaw wired, he was intibated when he came out, but during the course of becoming awake, he extabated himself. What happened was the nurses couldn't find the tube size that they needed to get back into him. They almost lost him because there wasn't a size in the hospital. I don't remember the specifics, but in this particular case it had to be brought by taxicab. This was the way in which hospital supplies were transported from some other site to reintibate him. They ended up cutting the wires, and I don't know if they had to intibate him again. But he had to go back to surgery and be rewired after that. That was just one example. But the PRC, because what was attached to that documentation process was then a meeting of management and the union. We had through that process the factual evidence of how patient care was being compromised, and what liability there was there for the system, the government, the hospital board. We had some very heated meetings about those documentations. There was approximately a 400% increase in the submission of forms during that mid-'90 period. What we worked very hard on was a process of compiling, taking all the statistics from that. Speaking to your question of what did the union do, we presented a brief to the Minister of Health in 1996, which was a compilation of the professional responsibility documentation that had occurred. In that brief we outlined the reality of what was happening, the effect it was having on patients, the compromise of nursing standards, and we made recommendations to him about how this could be changed or improved upon. My recollection of that meeting, it really formed one of the reasons why I decided to go into politics. At the end of the meeting we asked him, would he consider adopting our recommendations, and he said no. We said, do you then have any recommendations that you would ask us to consider? How would you address it? He had no desire to engage or respond or even acknowledge the reality that we were facing. I remember leaving the legislature that day being so angry that the cavalier attitude and the callousness of the minister of that day. They just didn't care, and they didn't want to hear about the reality. That really was the force that made me say, well if you won't listen to me as a registered nurse, then I'll run for office. I'll stand with you in the house and you'll be forced to listen to me then.

Q: We should get a bit of that story later; it's interesting. Let's go back to you. I asked the question, what did the union find itself doing? She answered by talking about the professional responsibility clause. That's important. What kind of things did you find yourself doing as a union officer at that time, in the midst of all that chaos?

Jane: The PRC was certainly a big issue, particularly for Local 1. Local 1 was our largest local, and we actually developed the database around that that we could draw the statistics out of. But some of the other pieces going on at the same time, I think Linda framed a little earlier, that we were being barraged on all fronts. I remember a large portion of my time was spent in layoff meetings during those mid-'90s, with the members directly. We had a first wave I'd forgotten about until now. In '92 was the first wave. At the time it was devastating, it was a smaller chunk though than what we were to see. At that meeting I remember them calling the nurses together from what was termed the nursing float pool, which was this group of nurses that floated wherever the need was. They called in the managers to the same meeting. It was a lecture hall at the University, which was joined to the hospital. They told everybody there at the same time in the room, that the nursing office was going to be eliminated. The IV team was another one, we used to have an IV team, they were going to be eliminated. It struck me that you're telling your staff, your managers and staff nurses together, it was a bizarre occurrence. That was the first wave that had happened. But as we got into the mid-'90s they started to do those kinds of layoffs by units. They would call in the nurses that were going to be laid off into a room. They would have the manager there, they would have some HR people there. My heart knows that it was the right place for the union to be there, but it was some of the hardest days I'd ever experienced as a union leader, to see the young nurses coming in. They were our future, so I knew we were about to get rid of an entire generation. They were also coming in with their young babies in carriages. I always worked hard to remember that the members were people. It hit you very hard in the face to be sitting in those meetings and realize that some of those young people who young children and maybe not married for long, and probably had a mortgage and all kinds of goals and visions and dreams, and were having that totally brought to a halt immediately. So while there was other activities going on, that's what's engrained in my mind of my memories of the mid-'90s. We also were negotiating collective agreements still. We'd had the 5% rollback, and a couple of years later we're back in bargaining. My recollection of that was to try and hang onto what we had, and not lose anything more. It wasn't about making huge strides and huge gains. We had learned a great deal about the layoff process, layoff and recall, and we made some improvements to that. But it was hard to get improvements in any area. And the other piece during these negotiations, we still had this mix of TQM. We now started in negotiations mutual gains bargaining. It was interesting how it fit this team building hold hands and get along, versus we're laying off staff in very crass, vindictive almost… a lack of recognition of the people part of it, laying the people off. And yet let's hold hands over here and get along and build a collective agreement together. That's another piece that made SNAA a little different, is that we did enter into mutual gains bargaining. We did it on at least 2 collective agreements. It was a bit of a learning process. I don't think we did it well the first time. We did it with the assistance of what's now HRE, Martin Piper and another fellow that came and gave us assistance in learning the process of mutual gains. That was somewhat in keeping with what we thought was our style, what SNA was built on. We were built on collaboration, we were

built on getting along and trying to resolve things. It wasn't too far out of the ordinary for us. Everything wasn't comfortable. But the impression of UNA was that that was something they would never enter into. There's a precedent set, bargaining is done in this fashion, and that's how it's to be done. So that was another little piece that was different.

Q: Do you recall what the members were thinking of the union at that time? Was there any resentment over such things as bumping clauses, that sort of thing? Do you recall any of the negative side of it?

Jane: We didn't have a full bumping clause in our collective agreement, which is more the norm in the labor movement. What we had was that nurses with more than 2 years seniority could bump nurses with less than 2 years. What happened in layoffs is they would lay off the most junior nurses in the facility, and also by units. So if you had a nurse on a unit that had 7 years experience and was being laid off because she was most junior in that unit, she could take a position of someone that had less than 2 years. So it was a bit of a manipulated bumping process. So the big losers were the nurses that were just into the profession. That is where most of the anger and backlash came from the members. It was an emotional time for everybody. All the members felt it. There were members who felt guilty for having jobs. They didn't want to give them up, but you didn't necessarily feel good about having a job. It was the members that were losing jobs. I think the employer didn't do their part in total, as far as taking responsibility for the actions that they were implementing. If the union had to take a bit of that blow, they were ok with the union taking that blow. So I think some members misdirected it at us. You also have to as a union sometimes realize that you have to help members, that sometimes they need an outlet. Even if it is misdirected at you, you've got to stand up and say, listen, what they're going through is a major crisis. So there was backlash. I remember meetings, I remember anger and people not understanding. It's something that we hadn't really faced, I hadn't faced in the nursing profession in my days. And I think what was frustrating for me, and maybe for many of the members who lost their jobs at that time, was the fact that we didn't believe it was needed. Suddenly we were into an imposed shortage of nurses. We've always had a shortage of nurses. It's just by closing some beds that they managed to make it look like there was this crisis in healthcare. I think that was frustrating for many of us. People who lost their jobs, also getting those people to understand what was happening. The big term was healthcare costs were spiraling out of control – we're still hearing that. They've never been spiraling out of control. It's this self-induced crisis by government.

Q: Thank you for saying that; that's really important. … What were you hearing as a union president at that time from the members? I think it's important that we repeat this, because people have to learn from history. What downside things were you hearing? And what was the union able to do for the members? If you could point to one thing that you

were able to do for the members during those bad times, what would it have been? But first of all what sort of things were you hearing?

Linda: I think, as controversial as it was, it did stimulate a lot of debate and political engagement that hadn't been there before. I think there was a lot of confusion what this was intended to do, trying to think back to where we were at the time. The government didn't do a good job of communicating, and I think that was intentional. They didn't want people to know or understand what the whole picture was. So there was a lot of discussion, a lot of debate. We had too turnouts at annual meetings during that period. I don't remember the meetings being really, that there was a lot of acrimony. But that was partly a reflection of our board. We had such a strong board, committed. That board enabled us to stay at least at pace with what was coming down, and help the members to understand what was happening and how it was affecting… I should say the board and the staff. I think both the board and the staff of the association worked very hard during those years. In part, they helped to alleviate some of the backlash that could've, because of all of the impacts, the layoffs could've been easily directed toward the union. People were frustrated with the AARN, I have to say that. They felt the AARN needed to engage itself. And I need to say in my own terms, I was frustrated with the AARN. We made presentations to them about the PRC forms and the dramatic increase in documentation, almost pleading with them to engage themselves somehow in this whole system restructuring. It wasn't reform, let's be clear. It was not reform, it was just about reducing resources and restructuring it. So there was a lot of frustration directed towards the AARN and the desire that they get involved, which never really happened in an effective way. I served as a member of that board from 1994 to 1998. It was two terms I served. I really don't have very good memories of my time on that board. There was a lot of resentment that I was there, that I was speaking and bringing forward some of the issues on behalf of the members. One of the things that was part of this, one of the other things that happened early on in these cuts, was they targeted the nurses who were the strongest advocates in the management sector. So the people who were outside the union but were the nurse managers, directors, whatever their titles were, that had a crippling effect, which we in large part had no ability to address. They took the nurse managers who were the strongest advocates for patients and good quality nursing care, and eliminated their positions. I remember who got eliminated in that first round. I couldn't believe that they would cut these positions, these nurses out of the institution. They were the heart and soul of the place. But that was all strategically part of the plan. It was to get rid of the people who were going to make noise, cause barriers, raise concerns about ethics and quality. It was demoralizing. Some of those actions were really demoralizing for the nurses who were left. There was such a decline in morale and quality. I would never say we were effective in countering that, but we really tried to begin to build and restore some of that through some of the campaigns that we did to reach back to nurses and say, what the work you do is valuable and integral to the system and the patients. The patients respect and value that, even if our government doesn't.

Q: Do you have anything to add to that?

Jane: I think that some of the work that SNA did, particularly with the ad campaigns and trying to just come out of the ashes like a phoenix, helped in large part. But my sense is that the morale of the staff nurses or the frontline bedside nurses has never recovered from that. I suppose in one respect that's a mere 13 years ago, but I've never felt that we've recovered. It's been crisis after crisis since then. While it hasn't maybe been the cuts and layoffs that we've seen, it's been other just as severe crises. As now with the nursing shortage, which has come out of what happened in the 1990s, has created a much larger crisis in healthcare. We've never had the time to recover. Nursing, to me, what I know of it today, hasn't recovered and is not what it was when I enjoyed it prior to the major cuts in the '90s.

Q: So it was in the midst of that that the amalgamation occurred. I want to ask you about the merger, and what were some of the issues that became the deal breakers and deal makers?

Jane: Deal breakers and deal makers for amalgamation. Early on a deal breaker was going to be the name. As we get to the 11th hour, a name of an organization wasn't near as important, or we recognized that that wasn't something that was achievable. In the end of the day, it wasn't what we deemed to hang our coats on. It was more what we could bring to the organization, and could we help shift the organization in some way that was more important. The Staff Nurses Association, we were a small staff. For us, it was important to look after them. For those people that wanted to continue employment in the nursing union, we wanted to be able to secure them a position. So that was a deal breaker. We did manage to get the staff moved that wanted to move, and their seniority recognized. That was important. A recognition on the board at least in the transitional period was important. So having a transitional officer as well as 2 or 3 board members that were identified that were directly onto the board. That was a deal breaker and something we managed to achieve. The affiliation with the Canadian Federation of Nurses unions was up there, it was one of the priority. Staff Nurses component, after the amalgamation, we always continued our affiliation and managed to get the entire organization of UNA affiliated with CFU. That was important. And there was one other one that went through my mind – it was negotiations, and having a voice on the negotiation committee at least for a transitional period of time. Because we were used to a different structure, because being a smaller organization, we had negotiated directed with our employer. It was a big step for us to go into provincial organization. We were going to be the 2nd largest local; the University Hospital would be the 2nd largest local in United Nurses of Alberta. So we wanted to feel that we had some impact going in, and we would recognized and listened to and heard, both what the issues were for nurses and what we could bring to the table. So we had that position for a transitional period of time too, which was phased out over a

few years. When we're getting into the last negotiations for amalgamation, we had our priorities. I can't speak to what UNA's were. Money wasn't a big issue; I don't think it was huge for them. Recognizing that we were down around 2,000 members at that time, and they were probably at around 20,000 or lower than that. So the money wasn't significant, although in some sense it might've been, because of the layoffs. They were also facing their own struggles and having to make reductions in their operating budgets, so it probably had some impact, but to a lesser extent. I remember the amalgamation talks as being somewhat difficult, but probably more on an emotional level. Staff Nurses Association was my family. I grew up with staff nurses associations. The leaders in staff nurses associations were my mentors. They taught me about unionism, they taught me about the community at large and understanding people – all the issues that unions bring to the table. They taught me about racism and understanding people, and tolerance. They taught me about who I was as a nurse and who I was as a person. I spent so much time in the union that I felt that they formed me as much in my working years as my parents had formed me in my growing up years. So I remember the emotional component of the talks, and feeling that a piece of my life was going to be lost. It was going to change, but there was a whole piece that was going to be lost. So I don't remember the big struggles or the hurdles that had to be overcome, I remember the sense of loss. It was a struggle for me. There was this new beginning and new challenge on the horizon. I bought into the fact that it was going to be better for the nurses to have one union in Alberta. But there was a sense of I've lost my parents and my grandparents and my brothers and sisters.

Q: And you as a president of the organization – what do you remember as a thing that had to happen for you to say yes, for you to stamp it with your approval?

Linda: I can't really speak to when it came to the formal merger negotiations, I had already stepped down.

Q: But before that?

Linda: Before that the members shared the desire of wanting to create a new organization or a new structure, trying to amalgamate the best of the two. That, in my recollection, was the biggest hurdle or challenge that we had in approaching UNA, was to see whether or not they had any interest whatsoever in the creation of something, not discarding what either of us were in the past, but just a new organization that would respect the histories and successes and expertise of both. That, during my tenure in the presidency, we did embark on discussions, but weren't successful in achieving that. Then I stepped down, and in February of '97 ran for election in that month, and was fortunate enough to be elected provincially in March of 1997. It was subsequent to that then that Jane Owenwarsfultu was the interim president in my place, and the board went through the merger discussions with UNA.
[Tape change]

Q: What happened to you personally after the merger? Then go into talking about whether or not or how well it worked. You had all kinds of dreams and hopes.

Jane: For me, I had stepped down from my position as local president in May of 1997. Continued my involvement with SNA to some degree. Maybe it was September, but anyhow sometime in 1997, right around the time of the merger, and stepped back. I went back to the bedside. I went back there for 3 years and worked full time. I continued to go out to meetings and be of assistance to the executive that took over from myself, and to mentor them where I could and where they wanted assistance. So I was able to take a step back and watch some of the merger take place. I did stay involved in negotiations, and I was a 3 in 1 representative on the UNA provincial team representing the University Hospital and Local 301 to bring that voice forward. Positive results of the merger? I think it has been good to have one nursing union in Alberta, for a number of reasons. It solidifies the unionized nurses. It gives us one place to focus on. And it's good for the union, because it provides more bargaining power. In the strike of 1982, from UNA in the strike of 1988, they had outlets. Granted, the structure of the hospitals were different. But when they went on strike in their hospitals, some hospitals remained open and we were able to look after the patients that were in critical need of patient care. But having all the nurses under one union, if the day comes where there is job action taken and nurses are forced to go out on strike, that safety valve isn't there for the employer, for management, and for government. So it does provide a better bargaining tool for us. That in itself also helps bring nurses together as well. I'm sure there was all kinds of animosities in the previous strikes, of UNA nurses feeling that something wasn't right, that they had nurses in other places looking after their patients. I sensed that was happening. I tried to go out to the line and deliver coffee and donuts in the strike of '88. This way we're all in it together, we've got one voice, we know what the goals are, we know where we're trying to go. So I think that, for the benefit of unionized nurses in Alberta, it's been good.

Q: Do you recall any achievements or accomplishments in the last few years that would substantiate what you just told me? What 2 or 3 things have you been able to do, either saving something that was being threatened, or actually taking a step ahead?

Jane: The first thing that would come to mind would be the Bill 11 challenges. Bill 11 changed again the face of healthcare, and was going to bring in some massive amounts of privatization. That was really a coming together of healthcare and the public at large. But I think there was huge benefit in having one nursing union that was able to lead that charge. The United Nurses Of Alberta was a leader in that charge, and bringing changes about. That was a huge accomplishment and a huge pushback. Certainly we didn't achieve everything that we would've liked, but there were some changes made over time. They had rallies every night at the legislature. They just kept growing and growing and growing. The number of public and citizens that were involved should've had a much bigger impact on this government. It didn't have as big an impact as it should've. But still

we need to look at it as an accomplishment for unions in Alberta and for healthcare. That's one that comes to mind. I think negotiations have been somewhat different. I like to think that we were able to secure better collective agreements, being in one union, having all our resources and focus at one main bargaining table, instead of having the government or employers being able to play us against each other. I say I'd like to think that, because some of our bargaining has been rather prolonged. Some people might argue that, just because of the length of time, it hasn't happened. But I think there would've been some other gains going on had there been 2 nurses unions. So I think there's been accomplishments in the negotiations of collective agreements …

Q: Can I stop you there? If it's unfair, just don't answer it. But what are 2 things you can think of that you specifically gained in the last little while, after the merger? Cuz it's been 10 years. Or can you think of anything that you at least prevented them from taking away at the bargaining table, because of your increased bargaining power?

Jane: I'm sure there are things in there Winston, but it's not something that's really jumping to the forefront right now.

Q: Ok, just go on and talk about other ways in which it might've been positive. You mentioned negotiations, you mentioned Bill 11…

Jane: Ya, I think generally the fights against privatization, some of the stuff that's gone on with regionalization. I think some of the disputes and struggles we've had with labor boards, there's been a recent success in that. Labor, and certainly the Alberta Federation of Labor, was a key leader in it, but the CEP and United Nurses of Alberta were also key leaders in that, in having some changes undertaken in how the labor board makes decisions, and how they are in collaboration or not collaboration with government. So those are successes. From a membership standpoint, the members that are close to the bedside, I hope and I think they see a more unified front. Not that there was great disunity when there was 2 nursing unions, I think we still had similar goals and similar purposes. And there's still the local structures in place that the locals that were formerly SNA still see their local executives as strong local executives, as leaders both in their facilities and within United Nurses of Alberta. I like to think that SNA helped to initiate some of those leaders, if they're still around, and position them to be leaders within United Nurses of Alberta. I still see some of them that way. For many of the members, it's an evolution now, some of them have never known that there were 2 nursing unions. But those that did, I've never heard any of them come up to me and say, we never should've done that. Or even that it was done at the wrong time. There's a recognition from most people that that's where we were and that's what needed to be done. After 10 years, we're all the better for it.

[END]