



# 50 YEARS OF GROWTH AND SOLIDARITY





# HEALTH SCIENCES ASSOCIATION

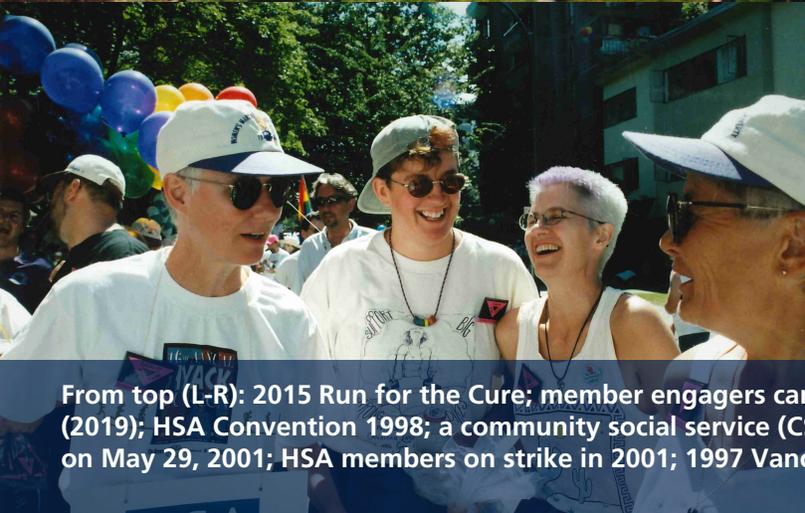
**The union delivering modern health care** [hsabc.org](https://hsabc.org)

Thank you to everyone who shared their stories and reflections to help bring HSA's history to life.

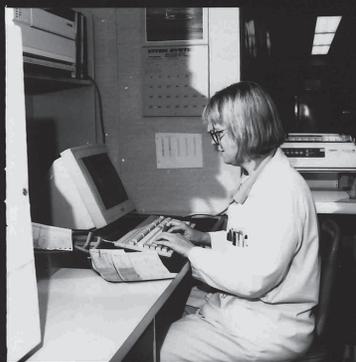
By Samantha Ponting

Layout by Samantha Ponting  
Managing editors: David Bieber and  
Miriam Sobrino

Cover (from top, left to right): HSA Convention 1981; members from Fairmount X-ray Clinic on strike for their first contract; Respiratory Therapist Emmanuel Samson during the 2019 video shoot for presumptive coverage; Dietitian Lai-Lin Harvalias at HSA Convention 1994; 1976 HSA Executive Council members Joanne Stan, Pam Chapple, Heather Croll, Bruce Clark, Roger Murphy, Berthe Hall, Frank Chappell, and John Hope; and HSA members supporting a CUPE picket line in 1992.



From top (L-R): 2015 Run for the Cure; member engagers campaigning for presumptive coverage at Children and Women's (2019); HSA Convention 1998; a community social service (CSS) worker on strike in 1999; members rallying in Victoria on May 29, 2001; HSA members on strike in 2001; 1997 Vancouver Pride parade; and CSS members on strike in 1999.



“

What began as a meeting of health care workers representing just six professions from a handful of hospitals has transformed into an organization representing 22,000 members across more than 70 professions in health care and community social services.

This tremendous growth over the course of five decades highlights how a small group of people can spark remarkable change. In this commemorative publication, we honour the vision of those individuals as well as all the members over the years who have contributed to the development of HSA - uniting professionals delivering modern health and social services in all corners of the province.”

Val Avery, physiotherapist  
HSA President 2013-2021

# A MESSAGE FROM HSA PRESIDENT VAL AVERY

In December 1969, a small group of paramedical professionals came together with a shared vision to pursue collective bargaining rights. Through peer outreach, word of mouth, and the help of a travelling Volkswagen van, paramedical professionals from across the province were recruited into the association.

Thanks to the efforts of these dedicated individuals, and the support of their colleagues who were seeking fairness at work, the Labour Relations Board certified HSA as a union in 1971. One year later, HSA achieved its first negotiated collective agreement.

What began as a meeting of health care workers representing just six professions from a handful of hospitals has transformed into an organization representing 22,000 members across more than 70 professions in health care and community social services. This tremendous growth over the course of five decades highlights how a small group of people can spark remarkable change.

In this commemorative publication, we honour the vision of those individuals as well as all the members over the years who have contributed to the development of HSA - uniting professionals delivering modern health and social services in all corners of the province.

We have accomplished a lot together that we can be proud of. We have improved working conditions and elevated the living standards of thousands, and we've defended and strengthened public services to the benefit of all British Columbians. We have stood side by side with our allies in the labour movement and beyond to create a better society for future generations. We have a lot to celebrate.

This collection of stories seeks to honour our history as a union and inspire us in our work ahead.

In solidarity,

Val Avery  
HSA President



# THE HUMBLE BEGINNINGS OF HSA

HSA WAS OFFICIALLY CREATED IN 1971 AS PART OF A NATIONAL TREND OF PUBLIC SECTOR UNION GROWTH. FOLLOWING AN ILLEGAL STRIKE BY POSTAL WORKERS IN 1965 - ONE OF THE LARGEST WILDCAT STRIKES BY PUBLIC SECTOR WORKERS IN CANADIAN HISTORY - PUBLIC EMPLOYEES FINALLY GAINED SIMILAR COLLECTIVE BARGAINING RIGHTS TO THOSE HELD BY PRIVATE SECTOR WORKERS.

According to an HSA newsletter dated March 24, 1971, "The basic idea of a paramedical association began back in December 1969 when it was discovered that most hospital professional employees were not exempt from union membership and that Local 180 [Hospital Employees' Union] intended to take up

the options as outlined in the original certifications."

HSA co-founder Sheila Begg, a social worker from Lions Gate Hospital, joined together with a handful of co-workers to begin building a union for paramedical professionals, a process that was catalyzed by a potential strike by Hospital Employees' Union (HEU) members in 1969.

According to Begg, "Management at Lions Gate came to us paramedicals and said, 'When the strike happens, where would you like to work? In the kitchen or the laundry?'"

But HEU had sent a clear message to non-unionized hospital workers that they were expected to not cross the picket line, said Begg.

She said that she and her colleagues requested a meeting with HEU with the help of the BC Association of Social Workers, but HEU had little interest in meeting with them. A manager at Lions Gate then nudged the group of paramedical professionals to create their own union, and they became aware of their own right to unionize.

"As I understand it, management was speaking with one of the heads of departments. I think it was the head physio, and he let it be known that we should be getting together to create our own organization."

"At the time, I didn't really know what we were supposed to be doing," said Begg. "We were green as grass."

Begg said that initially, there were seven professions interested in coming together: physiotherapists, occupational therapists, dietitians, pharmacists, social workers, medical record librarians, and remedial gymnasts.

"We were basically looking at anyone who wasn't part of HEU."

Beginning with the larger hospitals in the Lower Mainland, including Lions Gate, St. Paul's Hospital, and Vancouver General Hospital, word spread among paramedical professionals about the initiative.

"Some of them were very strongly union-minded, and were asking us difficult questions. We said, 'You'll have to join us and help.'"

The first formal planning meeting to create an organi-

MAUREEN WHELAN (RIGHT) AT AN OPEN HOUSE ON NOVEMBER 2, 1978.



zation was held on April 24, 1970. And in December 1970, laboratory technologists and x-ray technologists joined.

A committee was formed, which would eventually transform into an executive council for the union. Years later, the council would become what is now HSA's Board of Directors.

To recruit workers from other hospitals to join HSA, a small group of volunteers from Lions Gate including Begg, Dietitian and Committee Chair Kit Farrar, and Occupational Therapist Joanne Stan, began travelling around the province, alongside St. Paul's Hospital Head Pharmacist Ernie Zacharias.

Begg remembers the day that she, Stan, and Zacharias packed their bags and headed to Trail, one Friday after work, in what was their first recruitment road trip. She said it marked a "momentous" next step for HSA. The drive itself was also memorable.

Begg felt unnerved as they drove up the high mountain road from Osoyoos to Trail in the dark.

"It was really scary," said Begg. "It's not a nice one to drive anytime, but definitely not a good one at night."

They booked a motel and met with the staff at the hospital. "We explained to them what the process was and what we were trying to do. It worked very well."

### HSA'S FIRST COLLECTIVE AGREEMENT

When it became time to apply to the Labour Relations Board to certify, the group was put in touch with two young lawyers at a relatively new labour law firm. "And they said to us, 'Now you've got to develop a proposal for a collective agreement.' And we said, 'What?' Because we were the Health Sciences Association," said Begg.

"And he said, 'Yes, you're going to be certified under



MAUREEN WHELAN (L) RECEIVES THE NUPGE SOLIDARITY AWARD FROM PRESIDENT CINDY STEWART (R).

the Labour Code. You have to bargain with the employer and you need to have a draft of a collective agreement."

Before this point, the founding members hadn't fully understood their role as a union. Begg explained that at the onset, they deliberately called themselves an "association" because they didn't believe in striking and saw themselves as professionals. "We were married to the idea that we had to take care of our patients."

This mentality meant that when HSA's first constitution was finalized in July 1970, it would include a no-strike clause. In addition to not striking themselves, HSA members were prohibited from honouring the picket

lines of other striking workers. In just five years the clause would be eliminated, and by 1975, HSA members would be ready to take job action.

Upon the lawyers' instructions, they got to work drafting a collective agreement. "That was really interesting because we had no idea what each other's wages and benefits were. Our department heads would put in a request and we'd take what we were given."

Begg suspects that in many cases, they received what HEU had negotiated, despite not being members.

Applications for certification were submitted to the Labour Relations Board on August 31, 1970 for Vancouver General, Lions Gate, St. Paul's, and

“In most cases across the table we were all women. And the men didn't know how to talk to us,” she explained. “It was really interesting. We used to laugh about that. We'd say, 'Let's all wear big sunhats,' or 'Let's make sure we've got our big dangly earrings on,' because it was a distraction to them.”



Children's Hospitals. More would follow. In December, the legal team recommended that some of the applications be withdrawn and resubmitted to include laboratory technologists and x-ray technologists and to accelerate the processing of the LGH and SPH applications.

While recruitment to the union continued around the province, a tentative collective agreement was reached by June 1, 1972, which was retroactive to 1971.

In the early days, the employer's side of the bargaining table was all men, according to Begg.

"In most cases across the table we were all women. And the men didn't know how to talk to us," she explained. "It was really interesting. We used to laugh about that. We'd say, 'Let's all wear big sunhats,' or 'Let's make sure we've got our big dangly earrings on,' because it was a distraction to them."

The first contract was a master agreement between HSA and the British Columbia Hospitals' Association (BCHA), for the period January 1, 1971 to December 31, 1971. It would be adopted hospital-by-hospital as new sites were brought into the union, under directive from the BCHA, and its terms were implemented retroactively.

The agreement established salary structures for professions throughout the province, and delivered a seven per cent pay increase for all

members. "But the hospital will still be able to pay more if it so wishes," reads a 1972 memo by HSA Vice-President David M. Rushworth.

### FROM BEDROOM BOXES TO A WAREHOUSE

By 1972, HSA was ready to establish a proper office. The union needed a place to store all the documents Begg had been storing under her bed. She was heading to visit friends in Australia, and would put her work with HSA on hold for nearly two years.

"I had all these boxes, applications, and receipts," said Begg. She told HSA, "Look, I am leaving the country. Somebody has to take responsibility for them." An office was found on Richards Street at the corner of Drake Street in downtown Vancouver — the Birks Warehouse Building at the time.

"They renamed the building to "Health Sciences Association" but we only had the middle floor and we shared that with the BC Government Professional Employees Association (PEA)."

"It wasn't the best neighbourhood in the downtown area," explained Begg. She used to park her car in the laneway behind the building. "I came out one day and my car was covered in paint because they had painted something on the roof and sprayed it all over my car."

In 1972, Dietitian Maureen Whelan began working as HSA's first field officer, after

representing dietitians briefly on the HSA Executive Council. She was about 25 years old at this time.

When the opportunity arose, Whelan said, "Ok, I'll try this for a year." She quit her job at Vancouver General Hospital.

She would remain on staff at HSA for 30 years, later serving as the union's Assistant Executive Director.

Farrar was then working part-time at Lions Gate Hospital and part-time at HSA as the first Executive Director. Whelan's first few days of work were intense. According to Whelan, "She [Farrar] said, 'Well Maureen, we have a bit of a problem here.' I think it was my first day. She said, 'We have to go up to Prince George because they want to decertify.'"

They had to leave immediately. They got into her tiny Volkswagen van, and the two went on their first field trip together.

When they finally arrived at Prince George Hospital, they successfully persuaded the members not to decertify. Farrar returned home after two days, and Whelan ended up staying out on the road for 28 days, organizing other sites into the union.

### UNION "DRIVES"

News of HSA spread across BC through word-of-mouth, and Farrar would routinely receive calls from paramedical professionals interested in joining HSA.

“I was just going from one place to another, and another,” explained Whelan. “I came along and said, ‘Listen, we can do something else, we can have our own union.’”

“Practically everywhere I went, they said, ‘Oh yeah, that’s a good idea.’”

After almost two years in the South Pacific, Begg returned to Canada to accept a staff position at HSA, initially to work on developing a pay grade scale with different hospital department heads. “That grading scale that I negotiated stayed for 30 years,” said Begg.

Through the ‘70s, she joined Whelan in the field, meeting with HSA members, organizing new sites, and meeting with employers to resolve workplace issues.

Whelan said she would sometimes meet with potential members after work, confirm they were interested in certifying, and then would be up at 4 a.m. the next day to drive to another site in order to meet with an administrator in the morning. “I would tell them where they were wrong,” chuckled Whelan.

When travelling in the north, it was impossible to come home for weekends. The pair planned beautiful weekend stops into their routes – towns that would allow for some nice fishing, hiking, or berry picking. “After a while, we got to know some of the local HSA members, and they would invite us for dinner or join us at the local pub,” said Begg.

Begg said that sometimes their trips were a bit challenging. “Sometimes, in Fort St. John for example, the motels were very rough because they were a lot of rough oil guys working up there – drillers and whatnot.” She had to get special permission to stay in a nicer hotel.

“Even there I remember running to the front desk saying, ‘Don’t give anybody my room

“By 1972, HSA was ready to have a proper office. The union needed a place to store all the documents Begg had been storing under her bed.”

number!” Begg said travelling alone as young women, they were sometimes mistaken for sex workers.

Whelan recalls being mistaken for a bra saleswoman on the road. “Occasionally someone would say to me, ‘Oh, are you a bra salesman?’ They thought I would be on the road selling bras,” she said.

“I was a young girl, 25 years old, and I was pretty good looking. And then they would bug me for a lunch, or something like that.”

“This was 50 years ago.”

Whelan also remembers nearly driving over a bank going to Tofino, and getting her heels covered in mud before an important meeting.

“I remember once I was in Fort St. John and I got out

of my car and I put down my foot, and my foot went all the way down, down, and mud went up to my ankle. Both my feet were filled with mud because they have a lot of mud up there in the spring time.”

She loved the work. “It was actually a scream! Just a scream!”

Begg also treasures her memories from HSA. “Oh my goodness, it was wonderful. I loved it!”

FORMER SOCIAL WORKER AND HSA CO-FOUNDER SHEILA BEGG IN 2021.



# HSA HITS THE PICKET LINES

## “YOU HAVE TO FIGHT FOR WHAT YOU WANT.” THE YEAR 1975 BRINGS TRANSFORMATION

WHEN HSA'S FIRST CONSTITUTION WAS DRAFTED IN 1970, IT INCLUDED A NO-STRIKE CLAUSE THAT PREVENTED MEMBERS FROM RESPECTING PICKET LINES OR FORMING THEIR OWN.

This was motivated by a perception that professionals shouldn't strike, and patient care should always come first.

But the pronouncement had real consequences.

During HSA's first few years, other unions wouldn't talk to HSA because they saw it as a "bosses' union," according to Sheila Begg, a social worker from Lion's Gate Hospital and co-founder of HSA. Today the term is used to refer to employer-friendly unions that negotiate undemocratically and fail to represent the interests of members. While

HSA was a democratic union from its onset, the no-strike clause impeded HSA's ability to express solidarity with other workers' struggles and negotiate in the interests of members.

"We were completely on our own," said Begg.

In just four short years, the no-strike clause would be repealed at the HSA 1975 Convention held at the Empress Hotel in Victoria.

"That was a hugely successful AGM," said Begg. "People from all over the province came." Approximately 460 members were in attendance, and long lines formed at the speaker's mic to debate the motion to remove the clause.

That year, HSA was in bargaining, and the employer was asking for concessions.

"The nurses had already bargained, and so had HEU," explained Begg. HSA was asking for the same pay rates it had seen in previous agreements in relation to the other healthcare unions.

"I think we needed a 20 per cent raise. That was what we were asking for. And the employer offered us a six per cent decrease. That got people's attention," said Begg.

According to a February 1975 HSA newsletter, HSA was also trying to reconstruct the agreement to remove "management rights clauses" - language such as "as determined by the hospital." The Employee Relations Council - an employer advisory body - had "made a mockery out of the collective bargaining process," reads the bulletin.

According to Begg, "The em-

1977 AND 1978 HSA ANNUAL GENERAL MEETINGS



# UNDERSTANDING THE UNION'S LEGACY OF COLLECTIVE JOB ACTION

ployer was basically saying, 'You know, we can't be nice guys forever. You have to fight for what you want. So, they really pushed us into being a proper union.'

Between June 19 and July

14, strike votes were held at 17 hospitals, and 88 per cent of members voted in favour of striking. Strike notice was served for 13 of these hospitals, and on July 15, the British Columbia Health Association

offered a one-year wage increase of between 17.1 and 17.6 per cent on the first increment of each pay grade. A settlement was reached, and 91 per cent of members voted in favour of it.

## HSA SEES FIRST STRIKES IN 1975 AND 1982

EIGHT PARAMEDICAL EMPLOYEES AT THE VANCOUVER NEUROLOGICAL CENTRE (VNC) WERE THE FIRST MEMBERS TO STRIKE IN THE HISTORY OF THE UNION, AND IT HAPPENED THE SAME YEAR HSA'S STRIKE CLAUSE WAS REMOVED.

In 1975, members at VNC continued negotiations for their first collective agreement since unionizing with HSA in 1973.

On November 1, 1975, a contract was signed following a five-day strike that delivered a wage increase of \$245/month. The workers there did not fall under the HSA master agreement in hospitals, and did not achieve full wage and benefits parity through the action. However, "It is a far cry from the grossly unfair situation they were previously forced to endure," reads a January 1976 bulletin.

The paramedical staff at VNC would also earn the distinction of HSA's second strike in the union's history. On October 12, 1982, occupational therapists, physiotherapists, vocational counsellors, social workers, and speech pathologists at VNC voted overwhelmingly to go on strike



11 HSA MEMBERS FROM THE VANCOUVER NEUROLOGICAL CENTRE WERE ON STRIKE IN 1982 FOR NINE WEEKS.

when the employer tabled zero per cent wage increases. The 11 workers, who provided services to children with disabilities, had been without a pay increase for 15 months. And during this time, members in the HSA Master Agreement had outpaced workers in wages by 10 per cent. The strike lasted nine weeks, and won workers improved benefits and wage parity with the master agreement in the form of five wage increases over 15 months.

The strike was hailed for its ability to garner extensive and positive media coverage, and overwhelming support from the parents of patients, who put pressure on the centre's Board of Directors to settle. One parent, Bruce Wilson, was quoted in the *Vancouver Sun* saying, "We're behind the therapists 100 per cent in their strike. I couldn't believe it when I heard what they were paid. But without them, we feel kind of lost wondering whether we're doing the right thing for the children."

## THE FIRST HSA MASTER COLLECTIVE AGREEMENT STRIKE

1986 WAS THE YEAR THAT MEMBERS COVERED BY THE HSA MASTER AGREEMENT - THE MAJORITY OF HSA MEMBERS - WENT ON THEIR FIRST OF TWO MAJOR STRIKES IN HSA'S 50-YEAR HISTORY.

IT WAS A CHALLENGING YEAR, WITH AN UNFLINCHING EMPLOYER, PROCEDURAL ROADBLOCKS, AND INTERVENTION FROM THE PROVINCE TO SQUASH JOB ACTION THROUGH APPLICATION OF THE *ESSENTIAL SERVICES DISPUTES ACT*.

The Health Labour Relations Association (HLRA), which represented the employer in bargaining, had tabled a bundle of concessions with negligible wage increases. In contrast, HSA members came to the table wanting to achieve wage parity with Alberta and Ontario - in effect a 14 per cent wage increase. Members were concerned about staff shortages, and wanted to see improvements to working conditions, including leave and on-call provisions.

Negotiations were taking

place under the restraints of the *Compensation Stabilization Act*, which capped annual public sector wage increases at eight to 14 per cent.

At HSA's 1986 convention, frustrated members unanimously called for strike votes.

"I really got a sense at that convention that we turned a page to a new chapter," said David Lowe, who served as HSA president from 1984-1986. He was 26 when he first entered the post.

"I'd like to think of it as a coming of age. We were thinking more like a union rather than an association of professionals," he said. "And we were ready to throw everything at it."

In preceding years, members had witnessed disparities between their contract and what had been achieved by

registered nurses. "We always considered ourselves on parity with an RN," said Lowe.

"The gap was just getting wider, so we were ripe for

**“**I'd like to think of it as a coming of age. We were thinking more like a union rather than an association of professionals," he said. "And we were ready to throw everything at it."

some radical action."

He said members were likely still perturbed by earlier negotiations in 1980, when the HLRA refused the union's request to reopen the HSA contract after the Nurses' Union won higher wage increases. While the union had won an average increase of 28.8 per cent for members over 27 months, Lowe said the nurse were offered 40 per cent.

"A lot of members were still stinging from that," he said.

"It wasn't just, 'we want a pay hike.' It was 'we want to be treated with respect and be treated fairly,'" said Lowe.

Strike votes were held from June 9-12, and members voted 83 per cent in favour of strike action. The union developed a plan to ensure essential service levels would be maintained during a strike, and strike notice was served on June 13.

One hour before, the HLRA applied for mediation. "The timing was crucial. HLRA le-



HSA's Bargaining Committee right to left is: Shirley Dorais (Lab Tech, Royal Inland), Fred McLeod (Nuclear Medicine Tech, Prince George), Berthe Hall (Ultrasonographer, Royal Inland) and Alternate Lai Lin Johnson (Dietitian, Royal Columbian).

gally could not unilaterally apply for mediation after strike notice was served,” reads an article published in Vol. 7 No. 7 of *The Report*.

A mediator was appointed, temporarily curbing HSA’s ability to strike. Meanwhile, HLRA President Peter McAllister was calling on the Minister of Labour to issue a 90-day “cooling off period” – a measure made possible through the *Essential Services Disputes Act* that outlaws strike action.

One month later on July 13, with little progress seen in eight days of mediation, HSA requested that the mediation process terminate. HSA was then in a legal strike position, and the union continued its strike preparations.

On the morning of July 21, a half-hour strike was held by members in Prince George. That afternoon, the then-Social Credit government imposed a 90-day cooling off period.

“The minute it started to become effective, there was cooling off. We got told we couldn’t be doing that,” said Lowe.

HSA took the province to court, challenging the legality of the cooling-off period. But the effort proved unsuccessful. On August 25, the BC Supreme Court ruled against HSA.

A second strike vote was held – the first one had expired after 90 days – and this time 88 per cent of members voted in favour of job action. The union developed a strike strategy which included rolling strikes with professions deemed “nonessential.”

“We had never been in that position before, learning who was essential and who wasn’t essential. And that was a learning curve for us to accept,” said Lowe.

“Pharmacists had to go in for



A NOON RALLY ON SEPTEMBER 3, 1986 AT VERNON JUBILEE HOSPITAL.

sure, and x-ray techs,” explained Lowe. “But myself, a remedial gymnast? Good God, was that essential? No, I don’t think so.”

On Thanksgiving morning at 7 a.m., stewards at Trail, Prince George, Vernon, Royal Columbian, and Victoria General served 72-hour strike notice. This would put HSA in a legal strike position seven hours after the cooling-off period expired.

But HSA leadership called off strike actions with news of a report from the Industrial Inquiry Commission (ICC) – a mediator tasked with producing non-binding recommendations.

Unsatisfied, members in Trail held a meeting and moved ahead with a picket line. Members walked out in Prince George, and Vernon members held a two-hour study session in the hospital cafeteria.

That evening, HSA Council met and chose to continue with strike coordination. The next day, members from Vernon, Victoria General, and Royal Columbian formed picket lines. More rotating strikes were coordinated at additional sites across the province, with 1800 of HSA’s 5500 members involved in strike activities. Other hospital workers stood with HSA in solidarity.

According to Lowe, “HEU were always there, supportive of any sort of strike initiative, and wouldn’t cross our picket line.” However, the hospital RNs were deemed essential and continued to work.

Throughout the dispute, members engaged in local actions to build pressure on the employer. Rallies were held and letter writing campaigns targeting hospital board members, administrators, and local newspapers were organized.

After a week of rotating strikes, HSA halted actions on October 23 with the release of the ICC report, which members voted on and widely rejected.

A new offer was made by the HLRA, and a tentative settlement was reached on November 11 on the eve of planned strikes. Ratification votes were held across the province from December 1 to 3, with members voting 86 per cent in favour of the new contract won by the strike.

Lowe considered the contract a success. “It wasn’t terribly much compared to what we were getting back then, but we achieved a lot in the language of the contract. We saw that as a victory.”

“At the end of the day, it was a lesson in how you really had to enter into this adversarial position just to keep the status quo and make some gains.”

## 1987: MEMBERS JOIN ONE-DAY GENERAL STRIKE AGAINST BILL 19

ON JUNE 1, 1987, 300,000 BC WORKERS PARTICIPATED IN A PROVINCE-WIDE GENERAL STRIKE IN OPPOSITION TO BILL 19, THE *INDUSTRIAL RELATIONS REFORM ACT*.

The act, imposed by Social Credit Premier Bill Vander Zalm, was a massive attack on collective bargaining rights and the right to strike.

Many HSA members across the province participated in the one-day walkout, which shut down schools, public transit, government offices, ferry services, liquor stores, sawmills, and garbage collection.

The combative bill rewrote the BC Labour Code and replaced the Labour Relations Board with the Industrial Relations Council (IRC). It appointed Ed Peck as the council's commissioner, who was given sweeping powers to prohibit strikes, define picketing powers, and roll back wages agreed to in arbi-

tration processes. Compulsory settlements could be imposed on both private and public sector unions.

Unions across the province were furious. The BC Federation of Labour (BC Fed) planned a ten-point program to respond to the bill. A central strategy was boycott of the legislation, including non-compliance with back-to-work orders and boycott of the council's adjudication and dispute resolution divisions. Unions across BC, including HSA, organized member-wide votes on the adoption of the BC Fed's 10-point program. HSA members voted narrowly to support it.

In August 1988, 11 HSA members manufacturing orthotics in Victoria defied the IRC and launched a four-day illegal strike in the fight for a fair contract. While the employer sought a ten per cent rollback of wages, workers – who were

then making between \$7-\$11 per hour – secured a tentative agreement with annual five per cent increases. The same members had won their first contract in 1986 after joining HSA in 1985.

That summer, the BC Supreme Court ruled that it would not back the IRC – a major victory for the boycott movement. In effect, IRC rulings could not be registered with the court, and court resources, including fines and policing, could not be accessed to enforce IRC rulings.

The Socred party would lose the next BC general election in 1991, and the legislation was withdrawn by the NDP in 1992.

## A CLIMATE OF RESTRAINT IN THE LATE 1990S PUSHES HSA RPNS, COMMUNITY SOCIAL SERVICE WORKERS, AND PARAMEDICAL STAFF INTO STRIKES

THE LATE 1990S WAS A PERIOD OF PUBLIC SECTOR AUSTERITY UNDER NDP PREMIER GLEN CLARK.

When public sector unions went to the bargaining table in 1998, they were confronted by a government-mandated zero, zero, and two per cent annual wage freeze. When factoring in inflation, public sector workers were being asked to accept wage decreases, and employers refused to budge.

“Even though the NDP were in power, it was a time of tightness and restraint,” explained then-HSA President Cindy Stewart. “They were trying to get all of the public sector unions on the same page, which made it difficult to deal with some of the nuanced needs in some of the individual collective agreements.”

The first to settle were HSA's 289 members in community health, when a tentative agreement was reached Au-

gust 3, 1998. Included in the deal were pay increases for HSA members matching pay received by other community health workers in the 1996-1998 collective agreement.

The first HSA members to strike in 1998 were HSA's 730 registered psychiatric nurses (RPNS). At the bargaining table, the nursing shortage was tied to deteriorating working conditions, which was further tied to worsening patient care. Meanwhile, the employer

# ALL OUT AGAINST BILL 19



was demanding significant concessions. After six months of talks, strike votes were held, and the Nurses' Bargaining Association received a strike mandate. Rotating strikes began on November 27, 1998 at five hospitals.

As the nurses were beginning strike action, HSA-led bargaining for the Paramedical Master Agreement was progressing slowly. The Health Employers' Association of BC (HEABC) was looking to gut the classification system in place, while HSA members wanted improvements to on-call pay, job security protections, and wages. By November 23, paramedical employees had given the Paramedical Professional Bargaining Association a strike mandate with 78 per cent of members voting in favour, paving the way for the second province-wide strike to take place in the history of the paramedical master agreement.

Strike notice was served in early January 1999. On January 11, HSA members began rotating job actions, but never erected hard picket lines. Other bargaining units in hospitals were not asked to respect picket lines and were not affected by the job actions, according to Stewart. "That made the labour movement quite uncomfortable," she said.

Rallies were held to draw attention to the work of paramedical professionals. "Professional days" were organized, whereby workers would take job action in groups. There were clinical days, rehabilitation days, and diagnostic days.

"We did rallies. We took members somewhere else. But the hospital was on essential service levels for HSA work," explained Stewart. She said hospitals had to gear down the services provided.

HSA members focused on raising awareness about the value of health science professionals in the healthcare system. Information was distributed outside hospitals.

"That job action in '99 was when we really stepped out of the shadows in terms of defining our own personality and our brand out there in the public eye," said Stewart.

Mediator Brian Foley was appointed to draft settlement recommendations for both the paramedical professionals and the nurses. HSA encouraged members from both bargaining groups to ap-

prove the Foley reports.

While the strikes failed to overturn the zero, zero and two per cent wage mandate, each bargaining group achieved gains in other areas. Nurses won a modest increase to on-call pay, \$50 million to create new nursing positions, and improved health and welfare benefits.

Perhaps most importantly, paramedical professionals protected their classification system. They won modest improvements to on-call pay, and money to create a new long-term disability plan through the Health Benefits Trust.

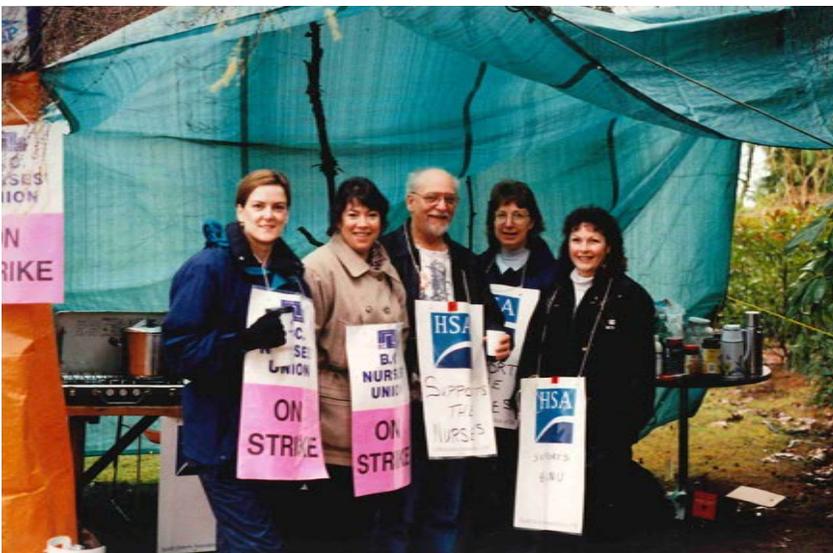
Stewart remembers advocating vehemently for the increase in on-call pay, which initially wasn't included in the mediator's report. While reviewing the recommendations with Foley on the 19th floor of a downtown hotel near Stanley Park, Stewart told the mediator, "I cannot take this back to our members. I might as well jump off that balcony because I will not be HSA president next week unless we have relief on this."

While the job actions didn't win a groundbreaking contract, it held off major concessions. "You never think it was enough, but it was a breakthrough," said Stewart.

She said the strike taught HSA about the strength of its members. "Nobody should underestimate them."

"They know how to stand up for themselves."

RPNS STRIKE IN 1998 AND 1999.



# COMMUNITY SOCIAL SERVICE WORKERS WIN WAGE PARITY WITH HISTORIC 11-WEEK STRIKE

AS HSA'S REGISTERED PSYCHIATRIC NURSES AND PARAMEDICAL PROFESSIONALS FINALLY REACHED SETTLEMENTS, 300 OF THE UNION'S 800 MEMBERS IN COMMUNITY SOCIAL SERVICES WERE GEARING UP FOR WHAT WOULD BE THE FIRST PROVINCE-WIDE STRIKE IN THE SECTOR.



COMMUNITY SOCIAL SERVICE WORKERS PICKET IN MARCH 1999.

THE SUCCESSFUL 11-WEEK STRIKE LAUNCHED BY 10,000 WORKERS WOULD SET THE FOUNDATIONS NEEDED TO ACHIEVE WAGE PARITY WITH WORKERS IN THE PROVINCE'S HEALTH SECTOR.

Community social service (CSS) workers were facing significantly lower wages and inferior benefits compared to the same or similar professions in hospitals. Despite this, the employer was demanding concessions and trying to strip workers of rights they had won in previous agreements.

Workers went on strike to demand that the employer address longstanding inequities in the sector.

With the help of mediator Don Munroe, a settlement was

reached on May 28, 1999.

According to HSA Membership Services Coordinator for Classifications Derek Wong, the agreement established a pay floor for a large segment of work in the sector at no less than \$14 per hour. He said it "sounds horrible today, but at the time was a huge victory and confirmed that the classification system would be implemented to bring fairness across the sector."

Before the strike, "rates varied from pretty close to health care rates to minimum wage. The range was that big," said Wong.

Unfortunately, workers would see some of the other gains made lost down the line under BC Liberal Premier Gordon Campbell and his govern-

ment's Bill 29 in 2002. But the classification system stayed in place.

Wong, who was a child and youth counsellor and Canadian Union of Public Employees (CUPE) member at the time of the strike, knew first-hand the motivations behind hitting the picket lines.

"Social services workers recognized that they were at the bottom rung of the ladder in terms of public sector wages," said Wong. "And these are workers who are out there supporting and advocating for clients and residents – people who in society by and large are marginalized."

"Workers by that point were saying, 'Look, we need our services in this province to be sustainable.'"

The strike was the first time that four unions in community social services – HSA, the BC Government and Service Employees' Union (BCGEU), the Hospital Employees' Union (HEU) and CUPE – came together to co-ordinate bargaining. They demanded that a provincial collective agreement be established, consolidating hundreds of collective agreements, in order to level-up wages and working conditions in the sector.

HSA member Sheila Robertson, a transition house counsellor at South Okanagan Women in Need Society (SOWINS), sat on the HSA bargaining committee during the negotiations. She remembers when her contract was negotiated separately for her worksite. Then the table grew.



COMMUNITY SOCIAL SERVICE WORKERS PICKET ON MARCH 26, 1999.

“These changes happened very rapidly,” she recounted. “HSA really had to work hard to bring what we had already been talking about forward, to make sure that it would

“As workers speaking on behalf of and trying to teach empowerment to marginalized people, it only made sense that we finally came together as a group of workers and started empowering and advocating for ourselves.”

become part of the contract,” said Robertson. During the strike, HSA represented workers from eight facilities.

When negotiations broke down in December 1998, the bargaining team went to

members for a strike vote. Community social service workers delivered a decisive 95 per cent strike mandate.

“The decision to go on strike was very difficult because in many of those situations there were no provisions for strike pay. With over 200 collective agreements and 13 unions, everybody was in a very different boat,” said Wong.

“It was a pretty courageous and bold thing to do, yet we had that kind of solidarity across the province,” said Wong. Thousands of workers were united and ready to act.

Robertson felt strongly about the need for job action. “I really felt that we needed to strike. This was something that needed to be done to bring awareness to the general population about what we do, and the importance of our jobs,” she said.

Robertson, whose sister works as an occupational therapist in Interior Health, saw major disparities between her work and her sister’s in terms of wages,

benefits, and pensions. She believes the disparities were in part due to the fact that women traditionally work in community social services.

“I think we were standing up for women. We were standing up for the work we do,” she said.

“As workers speaking on behalf of and trying to teach empowerment to marginalized people, it only made sense that we finally came together as a group of workers and started empowering and advocating for ourselves,” said Wong.

Robertson had never been on strike before. The unions had chosen to keep the essential services delivered to vulnerable women and children at transition houses running and the strike strategy excluded transition houses from picket activity.

But members at those sites joined other members on other picket lines.

“There would be a schedule of when your times were, and so we went and picketed with another organization,” she recounted. She said it was a positive experience.

“I don’t remember any hostility from people who drove by us. The people who supported us would honk or wave.”

“And I really enjoyed talking to the people from other worksites and hearing why they were there, and feeling the support of us all getting together,” said Robertson.

It was this solidarity that led to a historic agreement. In addition to putting CSS workers on track to achieving wage parity with health care workers, it delivered greater employment security, a group RRSP plan jointly funded by the employee and employer, and new contract protections through successorship rights.

HSA used the success as a

launch pad for new organizing initiatives for non-unionized workers in the sector.

### **BUILDING OFF VICTORIES OF THE PAST: LOW-WAGE REDRESS IN 2021**

According to Wong, the most recent contract won by CSS members, in effect from April 1, 2019 to March 31, 2022, secured significant funds for low-wage redress in the sector that builds off of decades of work. Wong considers the recent low-wage redress program a resounding success connected profoundly to past efforts to organize for change in the sector.

“In this collective agreement we have achieved significant increases, and progressed further than we ever have before,” said Wong. “We’re moving towards the pay parity that we’ve been seeking with health care jobs since the sector came together in the late 90s and fought.”

“And we’re very close to fully achieving it now, in large part

to this collective agreement’s low wage redress program’s success,” he said. “That work started in 1999 and continues.”

He said that while every collective agreement has achieved another step closer to pay equity with the health sector, the 2019-2022 agreement is the largest step the sector has taken in low-wage redress. In this agreement, \$60 million was allocated to the redress program. With the pay improvements that took effect on April 1, 2021, the gap for all classifications in the sector has narrowed significantly, and for some classifications, the wage gap has closed completely.

“The whole sector and the unions in it have done an amazing job of bringing to the forefront and to the government’s attention the need for this kind of work to be recognized and respected in terms of equal pay in this province,” said Wong.

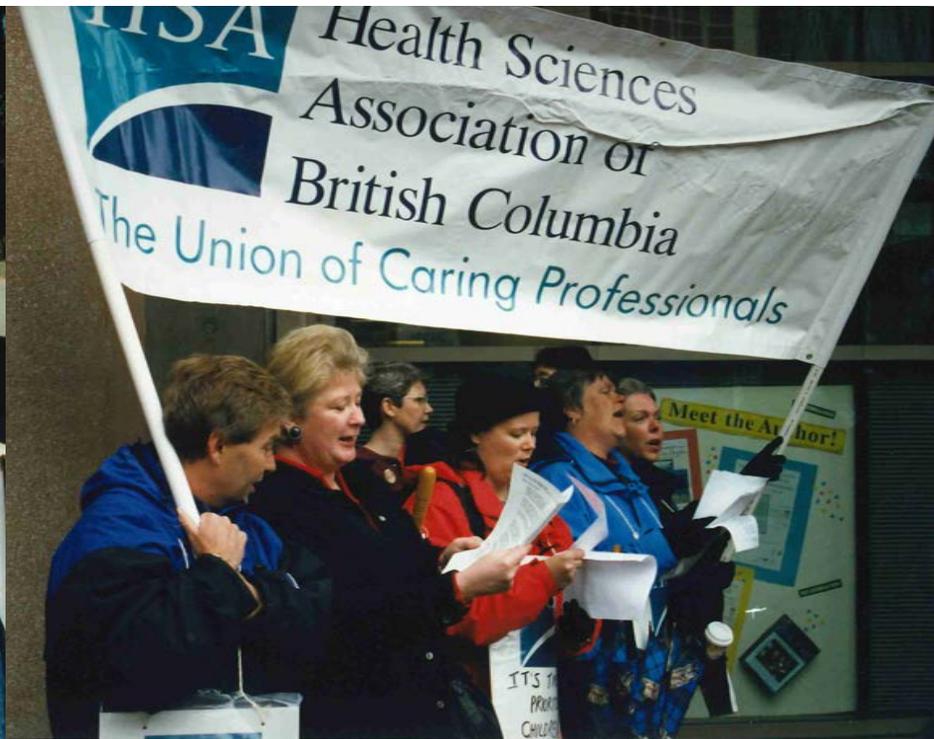
Wong has been involved in the design of the CSS classification system since its inception and worked on the joint wage redress committee alongside the employer. He said the classifications project was “an amazingly collaborative process” that centered the principle of fairness.

“In recent years so much of the need in CSS has been driven by recruitment and retention issues,” he explained. “The employers were just as interested as the union in making sure the kind of fairness that the union was seeking was going to be put into place.”

He said all classifications received significant increases during the life of the 2019-2022 contract.

“When you combine the two per cent general wage increases that have happened in every year of the collective agreement with the low-wage increases, the range of total compensation increases for HSA members over the life of the collective agreement ranges from 16.2 per cent to 39.1 per cent,” he said.

COMMUNITY SOCIAL SERVICE WORKERS PICKET IN MARCH 1999.



## 2001: HSA MEMBERS DEFY LAW TO DEFEND AGAINST TWO-TIERED WAGE CONTRACT



ON MAY 16, 2001, THE BC LIBERALS SWUNG INTO A MAJORITY GOVERNMENT UNDER GORDON CAMPBELL, DEFEATING THE NDP AFTER ITS TWO-TERM RUN IN GOVERNMENT. THE NEXT 16 YEARS WOULD BE FRAUGHT WITH AUSTERITY UNDER THE BC LIBERALS, AND IN JUST ONE YEAR, IT BECAME CLEAR THAT THE BC LIBERALS WOULD BRAZENLY REMOVE COLLECTIVE BARGAINING RIGHTS, ELIMINATE CRITICAL SERVICES, AND PRIVATIZE PARTS OF THE HEALTH CARE SYSTEM.

2001 was a bargaining year for the paramedical professionals, the nurses, and HSA members in community health. The Health Employers' Association of BC (HEABC) expressed little interest in reaching a collective agreement with the Paramedical Professionals' Bargaining Association (PPBA) before the May 16 provincial election.

Frustrated by a lack of movement around proposals to improve wages, on-call premiums, health benefits, and special leaves, HSA's health science professional members

voted 90 per cent in favour of strike action. Rolling strikes were organized from May 18 to June 18. Meanwhile, BC's nurses were carrying out an overtime ban initiated in mid-April to pressure movement in their negotiations.

Health science professionals organized rallies across BC. More than 700 members in Victoria protested on the lawn of the Legislature. Hundreds of HSA members marched from Prince George Hospital to city hall, and thousands rallied in downtown Vancouver. Protests unfurled in Kelowna and Smithers, and the smaller communities of Dawson Creek, Fort St. John, and Williams Lake planned other local actions.

Members staged rotating service withdrawals across BC. And many member job actions took on a creative and kind spirit. According to Vol. 22 No. 3 of *The Report*, "Thousands of members engaged in creative and interesting job action, including donating blood, registering to become bone marrow donors, producing information leaflets on

individual professions, delivering food for the food bank, leafleting in malls, volunteering with community agencies and writing to MLAs and local papers about the issues health science professionals face every day on the job."

In response, the Campbell government legislated HSA members back to work through Bill 2, passed in the legislature on June 20. It was the Campbell government's first major attack on union members. Nurses were ordered to end their overtime ban.

Just as in 1986, a so-called "cooling off period" was imposed, set to expire August 31. PPBA and HEABC were instructed to return to the bargaining table. HEABC was offering a two-tiered wage proposal that valued some professions over others.

HSA members had a choice to either accept the employer's offer, or defy the legislation. It was unlikely that members would be able to relaunch the strike after August 31. HSA President Cindy

Stewart told *The Report* in 2001, “The government didn’t introduce legislation just to delay a strike. It wants a deal, and it wants us to capitulate. That’s why they legislated our strength away.”

After extensive consultation with the membership, including a survey that determined that 80 per cent of members would participate in illegal job action, HSA’s Board of Directors voted July 18 to take strike action in defiance of the legislation. On July 23 and 24, members again hit the picket lines to fight for a fair contract. The employer’s divide-and-conquer bargaining strategy was met with solidarity.

The Labour Relations Board ordered HSA to cease and desist its strike activities.

HEABC went to the Supreme Court of BC to find HSA in contempt of court. The Board of Directors called off the strike, but the actions would go down in HSA history as a moment when union members took the courageous step to defy an unjust law to win a just contract.

On August 7, the BC Liberals introduced legislation that imposed the employer’s offer on paramedical professionals. A contract was also imposed on nurses, including 700 registered psychiatric nurses in HSA. The moves trampled on collective bargaining rights, and would be a taste of more to come.

In 2002, the BC Liberals imposed Bill 29, which gutted health care and community social service (CSS) contracts,

including the hard-fought 1999 contract for CSS workers that won major steps towards wage parity. The bill also handed over the management of important health care services to private corporations – a major hit to the public health care system.

Unions across the public sector were under serious attack. They fought back through the courts, and a significant victory was won in 2007 when the Supreme Court of Canada ruled that sections of Bill 29 violated the Canadian Charter of Rights and Freedoms. Some remedies were ordered. But to this day, public sector unions feel the impact of the Campbell government’s repressive assault on collective bargaining rights.

## OPERATION SOLIDARITY

Operation Solidarity was a broad-based coalition of unions, anti-poverty activists, peace groups, environmental groups, faith organizations, and women’s organizations who came together in 1983 to protest 26 bills introduced in the BC Legislature alongside the budget. The bills sought to dissolve the Human Rights Code, dismantle tenant rights, curtail employment standards, slash social services, and roll back the labour rights and workplace standards of public sector workers.

Civil society came together to organize escalating actions of protest, culminating in one of the largest protests in BC’s history. Former HSA President David Lowe remembers going to Victoria to participate in an Operation Solidarity rally.

“We rallied around the government buildings there and that was probably the first time I had a picket sign and wore a solidarity badge. There was a real good sense of camaraderie. And that’s when I got the feeling, well, we’ve come a long way. Here we are, not just stepping out to argue or to try to get a wage increase. These are social issues. These are going to impact not only our livelihood but bargaining in the future.”

He said the Solidarity movement was a major milestone for HSA. He believes the experience encouraged the union to form deeper alliances with the labour movement.

“That was our first opportunity as a union to start participating with other unions. And that signaled to me the need for alliances.”

Three years later, members voted to join the National Union of Public and General Employees (NUPGE).



# BUILDING BRIDGES ACROSS BORDERS

## HSA'S HISTORY OF INTERNATIONAL SOLIDARITY PARTNERSHIPS

“WHEN THEY WIN, WE WIN.” THIS LABOUR MOVEMENT SLOGAN HIGHLIGHTS THE CONNECTEDNESS OF WORKERS’ STRUGGLES AROUND THE WORLD.

When other workers in BC make gains, it lifts the bar for everyone. And the same can be said on an international scale.

And when workers’ rights are attacked around the globe, there are ripple effects here in Canada. If public services are privatized elsewhere, it becomes easier to justify privatizing them here.

Neoliberalism – defined by the deregulation of businesses and the defunding of public services – is a global system that requires a global response. Since the early

1990s, the architects of neoliberalism have been collaborating across borders, and its opponents must also do so.

It is this viewpoint that sits at the heart of international solidarity. In the early 1990s, HSA began its partnership with international solidarity organization CoDevelopment Canada (CoDev). Three decades later, HSA continues to provide financial support through CoDev to like-minded organizations in Latin America who fight for a fairer world. Mutual learning is a key feature of these relationships, benefiting both HSA members and its partner organizations.

In 1989, HSA launched a Solidarity Committee in response to a convention resolution. According to the committee’s

first chair and former cyto-technologist Ernie Hilland, the committee emerged during a period of growth for HSA. Members were seeking more direct participation in union activities. This led to the creation of more member committees.

Committee members spent a year developing the committee’s mandate and terms of reference. It had its own budget and was responsible for the allocation of union donations.

“We decided we needed to do things locally and internationally. Internationally we thought we should define it geographically,” explained Hilland. “So, we decided we would look at Central America.”

The committee promoted international solidarity among HSA members and supported organizations that promoted trade union and human rights, the right to a healthy environment, the elimination of poverty, and the right to adequate healthcare. It was also tasked with organizing a process to send advocacy letters and telegrams in response to urgent appeals from organizations like CoDev and Amnesty International.

A decade later, the committee was reconstituted into HSA’s current Committee for Equality and Social Action.

HSA members again affirmed their commitment to international solidarity in 1993, when convention delegates passed

SOLIDARITY COMMITTEE TABLE AT HSA CONVENTION 1995



a resolution that directed HSA, “through the Solidarity Committee, to continue to increase its contributions to working people of Third World countries.”

Convention mandated HSA to allocate no less than 0.45 per cent of the union’s general revenue to international solidarity.

“I think unions have a different perspective on what the world should look like,” said Hilland. It’s this alternative vision for the world that drove the committee to provide financial support to CoDev.

“It was our committee’s choice to go to CoDev. One of the things that really struck me was their partnership model. We could find out exactly where the money went and we knew that it was getting in the right hands.”

#### **BUILDING RELATIONSHIPS WITH LATIN AMERICAN HUMAN RIGHTS DEFENDERS**

Since the partnership began, HSA has hosted human rights defenders from Latin America visiting BC to share information about the human rights situation in their respective countries. The first person to visit with HSA from the south was Santiago Diaz from Asociación para la Salud y el Servicio Social Intercomunal en El Salvador (APSIES).

“It was CODEV’s idea that he should come up to strengthen our partnership, and we should go down and reciprocate,” explained Hilland.

And so in 1994, Hilland and four other HSA members went to El Salvador and Guatemala.

The previous year, Guatemala experienced what was called the Guatemalan Constitutional Crisis, when on May 25, 1993, President Jorge Serra-



FORMER HSA MEMBER ERNIE HILLAND AT HSA CONVENTION 1995.

no Elías suspended the constitution and attempted to dissolve Guatemala’s Congress and Supreme Court. While the president ultimately failed to overturn these institutions in the face of domestic protest and international pressure, human rights defenders, including critics of the military’s genocide of the Mayan people, still faced violent repression.

Meanwhile, El Salvador was living in the aftermath of 12-year civil war. While the country’s peace negotiations had concluded two years prior in 1992, its agreements had not been fully implemented, and human rights atrocities continued.

The HSA delegation, recognizing that people in Canada are in a unique position to influence Canadian regulatory, trade, and diplomatic policies that affect international human rights abuses, brought attention to HSA members about these issues.

“The people in El Salvador need international attention now as much as they ever have. There are still over 100 disappearances each month. Whether the UN observers stay or not, the best protection these people have is international attention. Indeed, without that, the chances of peace are very slim,” wrote Hilland in the Vol. 15 No. 6 issue of *The Report* in 1994.

When Hilland and fellow HSA members announced they would be visiting Guatemala and El Salvador alongside other Canadian labour representatives, Rosa Escobar, Guatemalan trade union activist and co-ordinator of the Food and Allied Health Workers, organized a conference to bring groups from across Central America together.

Organizations representing families of the disappeared from countries in Central America were present.

“We learned a lot at that conference,” said Hilland. And afterwards, a press conference was organized and reporters were eager to ask questions of the HSA delegation.

On June 13 of that year, the delegation participated in a local parade to honour the disappeared, marking the anniversary of an atrocity affecting labour activists. “That was the date that the government

“The HSA delegation, recognizing that people in Canada are in a unique position to influence Canadian regulatory, trade, and diplomatic policies that affect international human rights abuses, brought attention to HSA members about these issues.”



THE 2016 LABOUR SOLIDARITY DELEGATION WITH MEMBERS OF THE HONDURAN WOMEN'S COLLECTIVE (CODEMUH) AND GUATEMALAN TRADE UNION ACTIVISTS ROSA ESCOBAR AND BIANCA RODRIGUEZ IN 1995.

descended on a union office, and lots of people were killed and disappeared – union organizers. So we went there and were basically protection against the authorities coming down and stopping the parade,” explained Hilland.

“They laid flowers at the door of the office where it happened, with impunity,” he said.

“The next day, we were headline news in the newspaper. There was a picture of us marching and we were right behind the front banner.”

“It was really a remarkable display of how our solidarity was at least as important or even more important than the money we were sending,” reflected Hilland.

### MEETING MAQUILADORA WORKERS IN NICARAGUA AND HONDURAS

St. Paul’s Hospital Radiological Technologist Anita Bardal is another HSA member and former regional director who participated in a labour solidarity delegation through CoDev, on behalf of HSA. In 1996, she visited Nicaragua and Honduras.

She was interested in visiting with HSA’s partners to gain greater perspective into the impact of HSA’s financial support.

“At one of our conventions, a member had come to the microphone and questioned where our money was going,” said Bardal.

She said the member questioned why HSA was supporting international causes.

“So that sparked in me an interest in CoDev,” she explained. She wanted to be able to answer those questions from her own experience.

Bardal’s delegation met with two organizations partnered with HSA – The Honduran Women’s Collective (CODEMUH) and the Maria Elena Cuadra Movement of Employed and Unemployed Women (MEC).

CODEMUH actively supports women workers in maquiladoras – garment factories in export processing zones – facing serious musculoskeletal conditions developed through their work. They organize women to defend their occupational health and safety rights at work, and defend injured workers who have been illegally fired due to workplace injuries.

MEC also promotes labour rights in the maquila industry, and provides organizing, legal, and counselling supports to women workers in the face of grave labour rights violations.

For both MEC and CODEMUH, the labour rights of women are tied closely to the issue of violence against women.

In 2014, Honduras had the

highest rate of violent deaths for women in all of Latin America. Despite this, laws against gender-based violence have been weakened.

Bardal sees a clear connection between MEC and CODEMUH’s work and the work of HSA members in healthcare and transition houses, who understand the impacts of violence against women from working directly with people who have experienced violence and trauma.

“I’d like our membership to know that while we should help those within our own territories and within our own province, it’s important for us to understand what we see to be happening here actually happens on a much greater scale in other countries.”

Bardal empathized with the struggles facing HSA’s partners and the communities they support.

“It had a link for me in the sense that my family is origi-

“It had a link for me in the sense that my family is originally from China, and I could feel the struggles that they have in a Third World country because it resembles the struggle that my grandparents had.”

nally from China, and I could feel the struggles that they have in a Third World country because it resembles the struggle that my grandparents had.”

She explained that her grandmother faced barriers to education because she was a woman. But thanks to encouragement from a neighbour, her great grandfather allowed her grandmother to attend two years of school in China at the age of ten. Many of the women working in maquilas have likewise faced barriers to accessing education.

Some men in Bardal’s family came to Canada under the head tax, and while they experienced racism, they were able to send back money to China. Her mother also came. “She had that tough life too, but she was able to see her children grow up and was able to see us finish high school and go to college and be successful,” said Bardal. She said many of the women she met on the CoDev tour share similar desires for their families.

“The impact of the trip for me was that I came to realize that in many parts of the world, the struggle is the same for women. In terms of mothers, they love their families, they love their children, and they love their communities. They try to work together to make a better community and a better world.”

## SOLIDARITY WITH FARMERS IN INDIA

IN SEPTEMBER 2020, THE GOVERNMENT OF INDIA PASSED AGRICULTURAL REFORMS THAT DEREGULATE INDIA’S AGRICULTURAL MARKETS, BENEFITING LARGE AGRIBUSINESS OVER SMALL FARMERS. FARMERS ARE CONCERNED THAT THESE REFORMS WILL DISPLACE THEM FROM THEIR ANCESTRAL LANDS AND DESTROY THEIR LIVELIHOODS. HUNDREDS OF THOUSANDS OF INDIAN FARMERS AND FARM WORKERS FROM PUNJAB AND HARYANA HAVE BEEN PROTESTING THE REFORMS, AND THE GOVERNMENT OF INDIA HAS RESPONDED WITH VIOLENCE.

HSA HAS LAUNCHED AN ONLINE TOOL THAT CAN BE USED TO SEND A LETTER TO CANADIAN OFFICIALS AND INDIA’S CONSUL GENERAL IN VANCOUVER. SHOW SOLIDARITY WITH PROTESTING FARMERS BY VISITING: [HSABC.ORG/SUPPORTFARMERS](https://hsabc.org/supportfarmers).

### TAKING ACTION SIDE BY SIDE

During the trip, the delegation helped CODEMUH distribute literature on the country’s labour laws outside the garment factories.

“And some people wouldn’t come near us because they were afraid for their jobs,” explained Bardal. But she remembers some workers engaging with the organization.

“We gave a booklet to a young woman who was visibly pregnant,” said Bardal. “She looked at something in the book that talked about maternity leave, and she said, ‘My employer has said that if I cannot do my work, I’m going to be let go.’”

The team directed her to their staff lawyer. “He was able to explain to her what her rights were, and that no, she will not

be fired.”

“He was there and he was willing to help set her up a file and advocate for her,” explained Bardal.

For maquila workers in Honduras, it takes courage to engage with labour rights activists.

“There was a young girl and she looked to be no more than 10 or 12, and she was walking into a maquiladora and we gave her the booklet. And she took it, and she opened it, and she started reading it while she was walking. I thought, ‘Well, that’s a start, right? To have the courage to do that.’”

For labour rights activists, the work can be very dangerous.

Bardal also met with a group of men who were union organizers in the maquiladoras. “One of their members within the last year or so had just about been assassinated for the work he was doing.”

Amidst these dangerous circumstances, the solidarity expressed through HSA’s partnerships is powerful.

“Solidarity is letting them know that there are groups outside of their country who understand their journey and support them side by side, instead of just giving them the money and having someone decide for them what they need.”

PHOTO FROM THE CODEV 2016 LABOUR SOLIDARITY DELEGATION TO NICARAGUA AND HONDURAS.



# A DECADE OF GROWTH

## MORE ECEs, RPNs, AND TRANSITION HOUSE WORKERS JOIN HSA IN THE 1990s

IN THE 1990S, HSA RAMPED UP ITS EFFORTS TO ORGANIZE NON-UNIONIZED WORKERS. SINCE 1996, HSA'S MEMBERSHIP HAS DOUBLED IN SIZE, FROM 10,000 TO 22,000 MEMBERS TODAY.

In 1992, a groundbreaking arbitration decision pertaining to Variety Child Development Centre (CDC) in Surrey delivered to early childhood educators wage increases totaling nearly 60 per cent over three years. For preschool teachers with six years' experience, this meant a pay increase from \$12.04 to \$19.09 an hour. This decision was a major stepping stone for integrating early childhood educators into the pay grid of the HSA Master Agreement, which has since evolved into the HSPBA Master Agreement. The decision came down the same year that the Ministry of Women's Equality announced plans to stabilize and expand childcare services in BC.

HSA then advocated for staff at other CDCs to receive the same wages. According to HSA Organizer Janice Davis, a former preschool teacher at Variety CDC, "HSA used this big win to go and organize 13 child development centres in the province. HSA is now the union representing workers in the most CDCs in BC." Davis played a key role in this organizing work.

In 1993, delegates passed a resolution at HSA Convention committing HSA to expand new member organizing, including in community facilities. This directive was

prompted by the reduction of full-time equivalencies in acute care by the province. The reforms initiated under Health Minister Elizabeth Cull transferred many jobs in acute care into the community sector.

And that year, health care unions entered into the Health Labour Accord, a negotiating process whereby HSA, the Hospital Employees' Union, and the BC Nurses Union (BCNU) were seeking commitments around job security and retraining in the face of major healthcare restructuring and downsizing.

In July 1993, the three health care unions signed on to the three-year Employment Security Agreement, which secured a commitment to union and public consultation in health care restructuring, and unemployment protections for health care workers.

As 1993 came to a close, the year saw the certification of ten new bargaining units, including Comox Valley Transition Society and the Salvation Army's Wiseman House. And in January 1994, Vancouver Island Haven House joined the growing list of transition houses on Vancouver Island organized with HSA as a result of active union drives.

HSA welcomed into its membership community social service workers including youth care workers, addiction counsellors, transition house workers, and child care workers. And throughout the 1990s, transition houses across the entire province be-

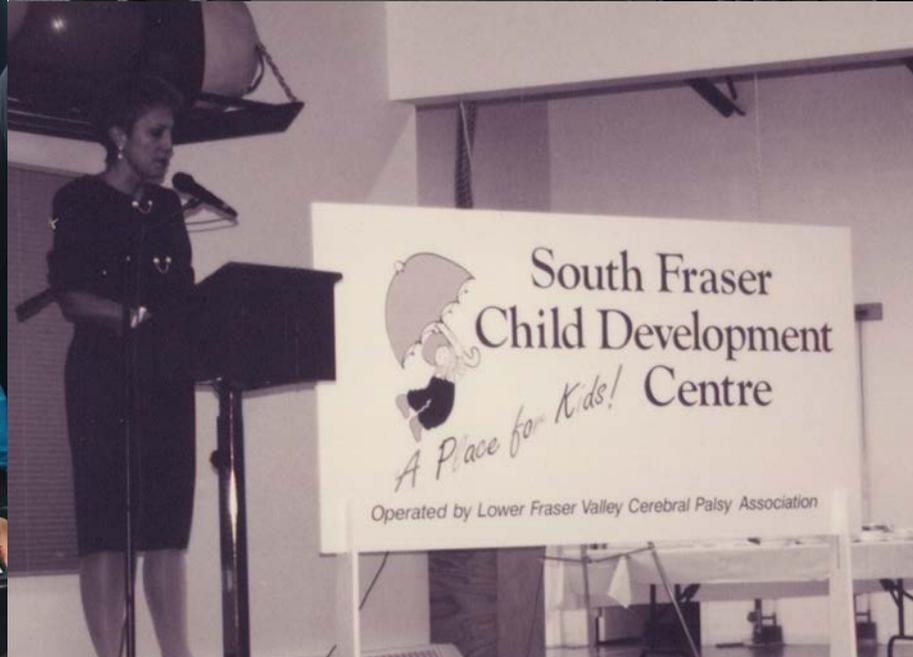
came organized with HSA.

In 1995, 220 registered psychiatric nurses working in 79 facilities in long-term care and the community entered HSA, joining with RPNs in acute care who had already had longstanding representation in HSA.

That year, the Labour Relations Board ordered a profession-wide vote of all RPNs in acute care, long-term care, and the community. RPNs were asked to choose which union they would like to represent them: HSA or BCNU. RPNs overwhelmingly chose HSA.

And on November 24, 1995, HSA received certification for all RPNs in BC who were not in direct government employment. At the time, there were approximately 650 RPNs in BC's entire health care sector. While a small number of RPNs have since left HSA due to raids in the past decade by BCNU, HSA now represents almost 1,400 RPNs across the province.

Today, workers are continuing to join HSA in order to achieve fairness and equity at work through collective strength. In recent years, workers from the PET and Cyclotron facility at BC Cancer, the Canadian Mental Health Association staff in Vancouver and Victoria, spiritual health professionals on Vancouver Island, and Mackenzie Counselling Services Society staff have joined HSA.



CLOCKWISE FROM TOP LEFT: CAROL BILSON FROM VICTORIA WOMEN'S TRANSITION HOUSE SOCIETY AND TERESA FORBES FROM ISLAND WOMEN AGAINST VIOLENCE, LAUREN FOUGNER FROM THE PET AND CYCLOTRON FACILITY AT BC CANCER, HSA PRESIDENT VAL AVERY SPEAKS AT THE 2015 REGISTERED PSYCHIATRIC NURSE (RPN) SUMMIT ON WORKPLACE VIOLENCE, VARIETY CHILD DEVELOPMENT CENTRE IS RENAMED THE SOUTH FRASER CHILD DEVELOPMENT CENTRE IN 1996, AND AN RPN MEETING AT ST. PAUL'S HOSPITAL ON OCTOBER 30, 2014.

# A STORY OF COURAGE IN THE FACE OF INTIMIDATION

TRANSITION HOUSE COUNSELLOR SHEILA ROBERTSON REFLECTS ON A 1996 UNION DRIVE THAT LED TO FOUR WORKERS BEING FIRED - THEN REHIRED - AND ONE ARBITRARILY FORCED ON LEAVE.

SHEILA ROBERTSON HAS BEEN WORKING AS A TRANSITION HOUSE COUNSELLOR FOR 27 YEARS AT THE SOUTH OKANAGAN WOMEN IN NEED SOCIETY (SOWINS) IN PENTICTON.

In 1996, Robertson and her co-workers experienced one of the most challenging union drives facing prospective HSA members in that decade.

When workers tried to join a union, the executive director launched an intense union-busting campaign that culminated in four workers being dismissed - and later reinstated.

When staff at the transition house decided that they wanted union protections, they contacted a few unions, including HSA, to learn more about their options for representation. As this was happening, the employer began reprimanding employees.

Workers ultimately chose to unionize with HSA, and on April 1, 1996, HSA filed for certification of 15 workers in Penticton and Princeton.

Late that night, after 9:30 p.m., the society's executive director visited three employees at their homes and informed them that they were dismissed. In one instance, an employee was dismissed in front of her child. An additional employee was fired afterwards, and another was arbitrarily placed on leave.

HSA responded quickly, and filed an unfair labour practice complaint with the Labour Relations Board, charging the

society with contravening the Labour Code and engaging in intimidation and coercion. Within three days of filing, a hearing was held in Penticton and a settlement was reached the same evening with the help of a mediator.

The employees were reinstated with full back pay and punitive documentation was removed from the five employees' files. Equitable shift scheduling was guaranteed. One employee accepted a cash settlement and resigned.

Despite the hardship, Robinson said she is incredibly glad that she joined HSA. "I went and listened to the information when it was presented, because I wasn't sure what I wanted to do. And I just see tremendous benefits in so many ways since 1996."

The workers' experience with intimidation is a sobering reminder of how difficult it can be for workers to come together and organize for their rights. But it is also a beautiful story of how in the face of hardship, the courage of workers can lead to meaningful transformations, including a fair and safe workplace for all.

A lot has changed in the organization since 1996. Approximately 80 workers at SOWINS now have good, unionized employment, with union representation in HSA. And 25 years later, Robertson is able to look back on the experience and understand the deep value of belonging to a union.

She wasn't very interested in

unions when her workplace first unionized. "It wasn't something that had been necessarily on my mind as much as my colleagues' minds at the time we certified," she said.

But the experience motivated her to get involved in the union. She stepped up to serve as Chief Steward of the chapter from 1996 until 2000, and sat on the HSA bargaining committee during contract negotiations for community social services in 1999. Now Robertson is an occupational health and safety steward and an active union member. "I really could see the importance of belonging to a union after this experience and I wanted to be part of making a better workplace for all of us," said Robertson.

In the following interview, Robertson reflects on what happened at her worksite when workers organized a union. It has been edited for length and clarity.

## DO YOU REMEMBER SOME OF THE REASONS WHY YOUR CO-WORKERS WANTED TO UNIONIZE IN 1996?

There were a lot of worries in the workplace about the executive director and management. We were seeing what we thought were unfair work practices towards the workers, and the thought was that we would have some safety with a union. That was what drove those calls to be made.

## WHAT HAPPENED AFTER HSA FILED FOR

## **CERTIFICATION WITH THE LABOUR RELATIONS BOARD?**

The executive director and the manager or supervisor of the transition house decided to come to several of our homes and terminate our positions. I was one of those people. They came to my home in the evening and handed me a letter.

We were able to get on the phone and advise other workers that this was happening. They showed up at another worker's home but she didn't answer the phone or the door. It was very traumatic.

Of course, the employer didn't say that the union was why they were terminating us. They said it was because of something that we had done at work. It was awful. I was a single mother and my job was very important to me.

Then HSA and their lawyers got involved. The five of us got our jobs back.

## **FOR FOLKS WHO ARE INTERESTED IN JOINING A UNION, WHAT WOULD YOU SAY TO THEM IF THEY'RE EXPERIENCING FEAR?**

Because of my experience, I can understand why they might feel fearful. I can understand that they're going to wonder what will happen if their employer finds out. But the union has really protected us over these many years.

I've seen the contract help provide a fair workplace, where there's understanding of how staff are hired, and what would happen if there's a grievance. It really lays out a foundation. We have workers' rights, representation, and

access to HSA – to people who understand the contract. If there's a problem, the contract helps move things forward. So, I certainly would do it again. I think the outcome was positive.

## **IF YOU HAD A FRIEND WHO WANTED TO ORGANIZE THEIR WORKPLACE, WHAT INSIGHTS WOULD YOU SHARE WITH THEM? WHAT IS THE BEST WAY FOR WORKERS TO PROVIDE SUPPORT TO EACH OTHER?**

The majority of us felt strongly that we needed some protection. So that united us. And we were very supportive of each other going forward, and we got information.

We had certain people in my workplace who knew more about unions, and people who could educate us. I didn't know what it meant to belong to a union. I didn't know what unions did or how they worked. I had heard about them but it didn't have any real meaning in my life.

One thing that I really appreciated over time was the work that has been done to increase wages and provide pensions and extended benefits. When I started, my pay was very, very low – just above minimum wage. On the bigger stage there are people who are actively working to ensure that we receive fair compensation for the work we do.

And a wonderful change that I saw was the arrival of the Municipal Pension Plan. It is one of the things I'm most proud of. Often, I tell the girls at work, you make this a career and know that you will leave with a really decent pension. If they started when the pension plan was in place, they're going to get a fair pension at the end. And that's going to help them not slip into poverty after they retire.

## **AT YOUR WORKPLACE, HOW HAVE GAINS MADE BY WORKERS BENEFITED CLIENTS?**

We work with very vulnerable people, and many of us are there because we really want to make a difference or we really care about the people that come to us for services. We have a big heart for it.

In many ways, when workers win, for example, gains in occupational health and safety, that's going to have a spill-over effect onto the clients in terms of improving the environment that they enter into. And when these places can attract strong staff, it's also going to improve the services that can be provided.

## **DID YOU SEE THE ORGANIZATION BECOME STRENGTHENED AS A WHOLE AFTER UNIONIZATION?**

It took a while for all of us workers to really understand what a contract is and how that works, and what we can do if we feel like we're being treated unfairly. But I definitely feel that over time, we became a much more professional-looking organization. We started at the grassroots, with big hearts, and people who really cared about the social injustice that's happening. We wanted to help make a difference.

There's a real professionalism that came. And I really do think that it helps the people we serve. They see that. They see that what makes it safe for me is what makes it safe for them.

I'll give you an example. When we moved to our new transition house, it didn't have some safety features. And as workers, we wanted to add those safety features, which we have done. But they also keep someone who is fleeing abuse safe.

Cameras, making sure that there are two entries before you can get into the building - all those things help the client feel secure in case her partner shows up. And I hear all the time in my work that they feel safe.

“The majority of us felt strongly that we needed some protection. So that united us. And we were very supportive of each other going forward, and we got information.”



A BC HEALTH COALITION ACTION ON JANUARY 20, 2016.

# IN DEFENSE OF THE PUBLIC GOOD

## THE EVOLUTION OF POLITICAL ACTION IN HSA

WHEN HSA DEEPENED ITS CONNECTIONS TO THE LABOUR MOVEMENT IN THE 1980s, IT ALSO REFINED ITS POLITICAL VOICE.

HSA worked alongside other labour unions to unearth the connections between the public interest and the interests of working people, and this enhanced the union's ability to advocate on behalf of members. Through relationship building and coalition building with like-minded organizations, HSA strengthened its reach as an organization.

But the power of the union, ultimately, has rested with its members. And HSA is now 22,000 members strong.

As HSA activist and physiotherapist Rachel Tutte said, "People in unions working together around the things that they believe in can have a substantial impact on both the public and union members themselves." She has seen awareness of this impact grow over the course of her involvement with HSA.

Tutte's track record of HSA activism is extensive. She was

a chief steward and member-at-large in the 1990s. She has since been a labour council delegate, an occupational health and safety steward, a Constituency Liaison, an HSA representative to the BC Health Coalition board, and a member of the union's Board of Directors.

"I've seen HSA become better at seeing the bigger picture of what people working together with a common interest can achieve."

Tutte appreciates the influence members have when



FORMER HSA MEMBER  
FANNY MONK.

sharing their expertise regarding the systems that they work in. This has proven particularly valuable in the work to promote and defend quality public services.

While just a snapshot of HSA's activities, the following examples provide some insight into how HSA has made important contributions for members and the broader community through social and political action over the course of its history.

### 1987: HSA'S ROYAL INLAND HOSPITAL CHAPTER BECOMES THE FIRST TO JOIN A DISTRICT LABOUR COUNCIL (DLC)

The Royal Inland Hospital chapter was the first HSA chapter to join a labour council. Its 155 members affiliated with the Kamloops and District Labour Council (KDLC) in 1987 after HSA's Executive Council approved the request. At the time, dues to join the KDLC was 20 cents per member annually.

Royal Inland Hospital Radiological Technologist Fanny Monk attended KDLC meetings for a year alongside Region 8 Councillor Shirley Dorais before the chapter officially affiliated. Monk, who was a steward at the time, saw the importance of participating more in the labour movement after attending Canadian Labour Congress (CLC) workshops at Harrison Hot Springs. She saw value

in how the labour council pooled resources and provided mutual support to fellow delegates' unions.

After the chapter reported that many concrete benefits resulted from their affiliation, HSA Executive Council encouraged other HSA chapters to affiliate with their local labour councils.

"HSA members are impressed by the wide variety of professions and lifestyles represented in the labour movement, by the free exchange of information, and the spirit of sisterhood and cooperation," Monk told the HSA Executive Council in 1988, according to an article in Vol. 9 No. 9 of *The Report* magazine.

In the article, Dorais and Monk reported that "education forums and promotion of public control over health care are two important contributions of the district labour council," noting that the council worked to highlight the negative effects of health care privatization.

During this time period, the KDLC carried out a number of notable actions, including co-ordinating education materials in schools, organizing inter-union strike support, supporting International Women's Day, and supporting the election of a candidate to a local credit union, according to *The Report* article.

### 1988: HSA AFFILIATES WITH THE BC FEDERATION OF LABOUR (BCFED)

At HSA's annual convention in 1987, Monk successfully moved a motion that mandated the HSA Executive Council to investigate affiliation with the BCFED. The following convention, members voted to join the federation.

For Monk, who was an active HSA member from the 1980s until 2011, said this marked an important point in HSA's political maturation. She saw immediate benefits from affiliation, including improved networking and communication with other unions. She said through its affiliation, HSA members were able to participate in excellent courses at Harrison Hot Springs.

"The trainings were really valuable," she said. "We made contacts

HSA MEMBERS MO NORTON AND RACHEL TUTTE TAKE PART IN A 2009 WORKSHOP FOR LOCAL LABOUR CONCIL DELEGATES.



with the other unions and they were helpful when we needed to get information or advice. And we could talk to each other about how government decisions may or may not be going, and how they could be influenced.”

“When we had job action, we had support from the other unions. And we supported them.”

### 2002: HSA OFFICIALLY JOINS THE BC HEALTH COALITION (BCHC)

HSA has been a longstanding member of the BC Health Coalition, a respected group of organizations and individuals – including unions, seniors’ groups, health care workers, health policy experts, and people with disabilities – who work together to advocate for a quality, well-funded, and well-designed public health care system in BC.

Tutte, who served as a BCHC co-chair from 2009-2014, believes that HSA’s incredible support of the BCHC has been the organization’s most important partnership.

HSA MEMBER JING-YI NG WITH BC PREMIER JOHN HORGAN



“In the wake of the COVID-19 pandemic, the BCHC is advocating vigorously for the creation of national standards to improve long-term care.”

“I think that’s where there’s been the big impact,” she said.

Over the years, HSA’s elected representatives have participated in the coalition’s work. HSA has provided staff support and funding to the Coalition, which Tutte said has been used to educate the public and politicians about the importance of a robust public healthcare system and public services more broadly.

Tutte highlighted the role HSA played in supporting the coalition’s work defending against the Brian Day court case, which threatened to introduce US-style profit-driven healthcare through a legal challenge against the *BC Medicare Protection Act*.

“I think that was huge,” said Tutte. “HSA put so many resources towards that, and I think it made a difference in the outcome of the court case, and in the politicians’ ability to support public health care as best as they can.”

The BC Health Coalition organized grassroots opposition to the decade-long legal challenge, and as an intervenor in the court case, presented evidence to support the protection of public healthcare. In a major victory last year, BC Supreme Court Justice Steeves ruled against Dr. Brian Day, President and CEO of Cambie Surgeries Corporation.

HSA also worked to involve other unions in supporting the work of the coalition. In 2014, HSA President Val Avery presented a cheque to the BCHC for \$20,000 on behalf of the National Union of Public and General Employees (NUPGE). The funds were used to support the BCHC’s legal defense

in the case.

In the wake of the COVID-19 pandemic, the BCHC is advocating vigorously for the creation of national standards to improve long-term care. It’s calling for increased staffing levels, minimum care standards for residents, and increased transparency around the use of public funds. Furthermore, the coalition is calling for new reforms that would significantly curtail privatization in the sector.

The BCHC has been a longstanding advocate for a strong, public long-term care system, and was quick to criticize the dramatic reduction in publicly-funded long-term care beds announced by the BC Liberal government under Premier Campbell in 2002. The same year, the BCHC ramped up its political activism and officially became a non-profit. HSA joined as an organizational member following years of previous involvement in its work.

### 2003: HSA LAUNCHES ITS CONSTITUENCY LIAISON (CL) PROGRAM

HSA’s CL program was established in 2003 to build the capacity of HSA members to lobby their elected members of the legislative assembly (MLAs) on important issues.

Developed by HSA staff member Rebecca Maurer, who led the union’s communications and government relations work, the program started with ten constituencies, focusing on regions where there was interest from members, combined with consideration for politicians’ portfolios. The program equipped members to build relationships with their MLAs and “feel comfortable having the knowledge to



HSA PRESIDENT VAL AVERY AND BC HEALTH COALITION CO-CHAIR EDITH MACHATTIE AT A BCHC EVENT ON JANUARY 20, 2016.

go and meet with someone,” said Tutte.

She worked closely with HSA communications officer Carol Riviere to bring the program to fruition. “We thought it was important for us to raise the profile of what HSA members do to support bargaining,” she said, “but also to educate the public and politicians about the importance of HSA members within the system – that it’s just not doctors and nurses.”

“One of the strategies we came up with was to get meetings with the MLAs,” said Tutte. “We found it was easier to get meetings when you were an actual voter in that region.”

HSA members “don’t just like to go and toot their own horns. They like to have solid information and solid research behind them,” said Tutte. “And sometimes – say

if you are working with some of the MLAs with parties that would not traditionally support all aspects of public healthcare – some of that hard research and hard facts are what they appreciate.”

HSA provided the research, training, and support to prepare members for their lobbying meetings.

After an initial run, the program quickly expanded.

“It was very successful. We just ran from there. And now we try to have a Constituency Liaison for every single constituency in the province.”

### THE CL PROGRAM TODAY

Burnaby Hospital Pharmacist Jing-Yi Ng has been a CL since 2017, and has been active in a variety of HSA’s political action campaigns for over a decade.

She grew up in a progressive riding in Burnaby, and from a young age, valued fair access to public services like education and healthcare.

“I wanted to stand up for things that were just – things that I believed in. I wanted to make sure that things were fair for others,” she said.

She joined the CL program when she moved to the Burnaby-Deer Lake riding. Anne Kang had recently been elected as the MLA, and there was an opening in the CL program. She felt she had common interests with Kang.

Ng has found it useful to work with other people in the CL program who also care about similar issues. “It was really good to be able to build on what’s been created. Sometimes it can be really daunting to get involved in a task not knowing how to approach it. Having the right people around you, you can get

things done,” said Ng.

Ng has been able to bring her experience and passion as a pharmacist into her lobby work with HSA.

“Ultimately the politicians want to learn from their constituents.” She said it can be effective for politicians to hear her stories.

“For example, pharmacists see patients that don’t take all their medications,” explained Ng. “You find out there’s hospital readmission. You ask, ‘Why haven’t you been taking your medication?’”

She has heard patients say, “‘I’m trying the best I can, but I am having to cut the pills in half because I can’t afford it.’ Or, ‘I have to choose between paying my rent and taking my medication.’”

Ng is able to share these stories with her MLA.

“If you become passionate about a topic and speak to it, it’s easier to get stuff done,” said Ng.

She said that getting involved with the CL program helped her build a relationship with Kang. She sat on her riding executive for two years. “HSA helped me and I helped HSA,” she said.

“I’ve always been a doer,” she said. “I care about people and I think that does come across.”

She said that through working to build a genuine connection, the intimidation factor is lost. “You can talk to them as a person and not be fearful of them being an ‘untouchable’.”

### LOOKING TO THE FUTURE

When it comes to political and social action, Ng said she would like to see HSA continue to expand its work around fairness.

“I would like to see HSA continue to advocate for fairness and equality. Members need to be treated with dignity and respect.”

“Racism, that’s got to stop.

“I wanted to stand up for things that were just – things that I believed in.”

The bullying and harassment – that shouldn't occur," said Ng. She said it's important for HSA to promote respectful workplaces. "It's on the frontlines, but it's the bigger picture as well. Whether it be a full-on anti-racism campaign, or teaching about anti-bullying."

"What I would like to see is the members speak up in whatever capacity is useful." She would like to see members engage with stewards around their concerns.

Tutte said that over the years, she's learned the impact members can make when empowered with the right tools.

"Everyday people can be incredibly passionate and knowledgeable. And if you give them the reins, they can really do incredible things."

She believes that members can benefit significantly from more education about why unions matter, union history,



HSA CONVENTION DELEGATES RALLY IN SUPPORT OF PUBLIC HEALTH CARE, ON APRIL 18, 2008.

and economics.

"I think that the more we can empower HSA members to be advocates for the public system that they work in, then that can go a long way in spreading the word to the public and politicians."

According to Tutte, it is important to tap into the areas that people are passionate about.

She said that top-down approaches don't always make for the best outcomes. "Giving people information, training them, and letting them loose with support to engage the public can be really incredible."

## 50 YEARS OF LEADERSHIP

### HSA PRESIDENTS FROM 1971-2021

**Kit Farrar**, Dietitian  
1971-72

**David Rushworth**, Physiotherapist  
1972-73

**Betty Third**, Occupational Therapist  
1973-74

**Ralph Buckley**, Social Worker  
1974-75

**Derek Dawes**, Pharmacist  
1975-76

**Bruce Clark**, Physiotherapist  
1976-77

**Roger Murphy**, Medical Technologist  
1977-78

**Ron Lindstrom**, Radiological Technician  
1978-79

**Stephen Barnes**, Pharmacist  
1979-80

**Sheila Mannell**, Physiotherapist  
1980-81

**Keith MacDonald**, Pharmacist  
1981-82

**Joanne Johnson**, Registered Psychiatric Nurse  
1982-83

**Keith MacDonald**, Pharmacist  
1982-83

**Diane Kpty**, Pharmacist  
1983-84

**David Lowe**, Remedial Gymnast  
1984-86

**Jerry Keenan**, Medical Technologist  
1986-87

**Berthe Hall**, Ultrasonographer  
1987-88

**Jackie Henwood**, Occupational Therapist  
1988-93

**Cindy Stewart**, Physiotherapist  
1993-2007

**Reid Johnson**, Social Worker  
2007 – 2013

**Val Avery**, Physiotherapist  
2013 – 2021

# A LOOK AT HISTORIC OCCUPATIONAL HEALTH AND SAFETY VICTORIES

HISTORICALLY, WORKPLACE ACQUIRED INJURIES AND DISEASES WERE CONSIDERED BY EMPLOYERS AND GOVERNMENTS TO BE PART OF THE COST OF DOING BUSINESS.

Up until the 1970s, the major focus for most unions was to negotiate provisions such as danger pay and higher wages for workers in jobs considered to be hazardous, with little attention paid to eliminating or mitigating those hazards. In the early part of the 20th century, workers' compensation systems were established to provide insurance for workers injured on the job, but the prevailing view was still that injury and disease went with the work.

In the 1970s, the "internal responsibility" system was incorporated into occupational health and safety (OHS) legislation in BC and the rest of Canada, recognizing a worker's right to know about workplace hazards, participate in decisions about dealing with those hazards, and refuse unsafe work. Gaining these rights was significant for workers, but in practical terms, the health and safety systems were still employer-controlled and with a focus on compensation rather than prevention.

Over the past 50 years, a focus of the labour movement globally - including for HSA - has been to bring real meaning to workers' right to know, to participate in hazard identification and control, and

to refuse unsafe work. These goals can only be achieved when workers are empowered through effective OHS education and involvement in their workplace health and safety systems. Today there are still many gaps in these systems and injury rates remain unacceptably high.

In the last round of collective bargaining, HSA - along with all other BC health sector unions - negotiated a framework for a new provincial OHS organization. One of the main goals of the BC Health Sector Occupational Health and Safety Society will be to

reduce injuries by refocusing sectoral health and safety systems to more meaningfully involve workers.

Here are highlights of some of HSA's commendable OHS victories over the years that highlight a collaborative and worker-centered approach to health and safety. If this approach is expanded throughout the health and community social service sectors, it would bring about meaningful and much needed change in our fight for safer workplaces.

2015 DAVID BLAND AWARD WINNERS AND MEMBERS OF THE VICTORIA ECHO LAB WORKING GROUP CAROL PETERSEN (DIAGNOSTIC MEDICAL SONOGRAPHER), CLARE LANGLEY (CARDIAC ULTRASOUND TECHNOLOGIST), AND BERNADETTE GONZALES (CARDIAC ULTRASOUND TECHNOLOGIST).



## REDUCING WORKPLACE INJURIES FOR ULTRASONOGRAPHERS

In 1994, diagnostic medical sonographer and former HSA President Berthe Hall asked two Workers' Compensation Board (WCB) board members to hold up apples at arm's length during her 15-minute presentation to an WCB ergonomics subcommittee. Neither board member succeeded.

"I had a third person holding up a piece of dowelling like a wand—just like technologists are required to do during a scan," she told HSA's *The Report* magazine in 1994. "There were a lot of chuckles. He was having a lot of trouble with it."

At the time, Hall had been the longest serving ultrasound technologist in the province. But her work caused repeti-

tive stress injuries, and for the last three and a half years of her career, she was placed on long-term disability.

Royal Jubilee Hospital (RJH) OHS steward and Diagnostic Medical Sonographer Carol Petersen explained why occupational injuries are common in ultrasonography. "It is a job of minute movements held with force." Over the course of a career, these movements happen multiple times a day. "So, what ends up happening is we place abnormal strains on small muscle groups and it cuts off the blood supply to them, and you end up damaging the nerve. And once the nerve becomes damaged, you've changed a person forever."

In 1994, HSA was advocating for improvements to equipment design and caseload to prevent workplace injuries for

ultrasonographers. Over the next two decades, HSA made major progress on this serious issue affecting a significant segment of its membership with the help of OHS stewards like Petersen.

Throughout the 1990s, research emerged worldwide that documented the high risk of injury faced by ultrasonographers. Injury claims submitted to WCB were routinely rejected, then approved on appeal. HSA pressured WCB to alter its approach to injury claims, without much success.

Over the years that followed, researchers formed ergonomic guidelines for the profession. And in 2010, HSA approached the prevention department of WCB with a proposal to collaborate on a best practices guide for reducing injuries for diagnostic medical sonographers. The

MEDICAL LABORATORY TECHNOLOGIST BEV BANFIELD RECEIVES THE 2007 DAVID BLAND MEMORIAL AWARD FROM HSA PRESIDENT CINDY STEWART.





“We discovered there was a 30 per cent injury rate with the staff in the department. And the department was about 12-14 people,” said Petersen.

proposal was approved, and WorkSafe BC and HSA agreed to jointly fund the publication. It was published in 2011 and distributed across the province. These guidelines are still in place and endorsed by WorkSafe BC.

Three years later, in 2014, HSA’s Enhanced Disability Management Program (EDMP) notified the chief steward at RJH that there was a problem with workplace injuries in the hospital’s Echocardiology (Echo) Lab.

“We discovered there was a 30 per cent injury rate with the staff in the department. And the department was about 12-14 people,” said Petersen.

An accident investigation was launched with support from HSA head office. A survey was circulated, which received a 90 per cent response rate from staff. The findings were taken to the hospital’s joint OHS committee with the recommendation that a working group be struck to reduce injuries in the Echo Lab.

Petersen sat on the committee alongside the Echo Lab manager, Echo Lab staff members, and OHS representatives from the hospital. The group also looked at practices at Victoria General Hospital.

The working group was successful at reducing the number of injuries in the department. Petersen described a number of changes that were brought about that made this possible.

“When we went into the project thinking, ‘Let’s just have people do fewer cases.’

But the solutions ended up being multi-factorial. There’s a number of things that can be done to make people safer in what they do,” said Petersen.

“We were able to get the staff actively involved with the equipment purchases from an ergonomic grading standpoint,” she said. Ergonomics became an important consideration in equipment purchases.

She said policy changes were implemented around portable exams, which cause challenges to ergonomics. Staff received more support for ambidextrous scanning, “so that all the load was not on one side all the time, so they could relieve ergonomic stresses,” explained Petersen.

Although it disrupted the personal schedules of staff, expanded service hours into the evenings and weekends improved capacity to maintain individualized ergonomic settings on equipment. Additions to the space contributed to similar improvements. “We managed to get some extra space and another site up and running doing cardiac ultrasounds,” said Petersen.

But the process wasn’t a quick fix, she said. “It required some patience and buy-in.” The process required participation from everyone involved, including management and staff, which she said can entail a lot of work.

“Safety culture is on all sides,” she said. “But with enough information we can work together and solve problems and make workplaces safer for people.”

The achievements of the working group had a ripple effect around the province. Its work was used in training sessions for HSA’s OHS stewards, and cardiac sonographers from around BC took interest in the working group’s findings.

#### **WORKERS’ COMPENSATION CLAIM FOR MISSION MEMORIAL HOSPITAL CANCER CLUSTER UPHeld BY SUPREME COURT OF CANADA**

Beginning in the late 1990s, lab workers at Mission Memorial Hospital began to voice concerns regarding an alarming pattern of cancer diagnoses among staff. A number of cases had emerged within just months of each other. Incineration fumes and air quality in the lab had been the topic of complaints for years. Steward and medical laboratory technologist Bev Banfield identified the problem, and spent years investigating the suspected cancer cluster. This eventually led to workplace compensation claims from HSA members Katie Hammer and Anne MacFarlane, and HEU member Patricia Schmidt.

Banfield’s work was remarkable. As Hammer commented in a 2007 issue of *The Report*, “She has even collected her own samples when the air ducts were being cleaned and management would not do any testing.”

In 2003, Banfield began a letter-writing campaign to employer representatives about the issue, and HSA entered discussions with Fraser Health Authority (FHA) about conducting a scientific study. The Occupational Health and Safety Agency for Healthcare (OHSAH) was commissioned to investigate the high number of cancer cases in the lab.

The study examined the prevalence of cancer among staff who had worked in the lab since the 1980s. It included 63 people, 11 of whom had can-

cer. Five of those individuals had breast cancer.

In 2006, OHSAH released a final report that determined that there was in fact a cancer cluster in the lab, but could not determine its cause. The employer, Fraser Health Authority, would spend the next 10 years challenging the workers' compensation claims made by the members who got sick.

Initially, WorkSafeBC denied that the workers' cases of breast cancer were occupational diseases. The unions appealed the decision, and the Workers' Compensation Appeal Tribunal (WCAT)

standard to measure causation, without having that standard rejected by the courts in favour of a different standard.

The victory was particularly meaningful in light of HSA's nearly two decades of support for the Canadian Breast Cancer Foundation's Run for the Cure. HSA began supporting the event in 1996 and continued until 2014, raising awareness about the role of health science professionals in the diagnosis, treatment, and rehabilitation involved in breast cancer. HSA supported members' participation in the annual important event to support research into breast cancer.

### **TAKING ACTION AGAINST WORKPLACE VIOLENCE**

In 2005, HSA member and vocational rehabilitation counsellor David Bland was killed by a former patient at his workplace in Richmond. His death brought needed attention to the issue of workplace violence affecting workers in the health care sector.

In 2007, the HSA Board of Directors established the David Bland Memorial Award to commemorate the achievements of members in occupational health and safety, and to draw attention to the pressing issue of workplace violence affecting workers in psychiatric units, hospitals including emergency rooms, residential facilities, and the homes of patients.

Between 2005 and 2012, 3722 workers were injured from violence at work, according to WorkSafe BC statistics. As of 2015, every health authority in BC had received penalties from WorkSafe BC after incidents of violence in health care facilities towards staff. According to HSA Health and Safety Officer David Durning, failure to comply with regulations contributed to the problem.

In December 2014, as two more cases of violence against health care workers in BC came to light, HSA took leadership in the sector and called on the BC Liberal government to organize an emergency violence in health care summit. HSA proposed that the government bring together stakeholders in health care, including health union representatives, frontline workers, health authority management, Ministry of Health staff, and workplace safety experts, to develop long-term solutions to this serious issue.

HSA's proposal was accepted by the Ministry of Health, and Health Minister Terry Lake convened a summit in April 2015 at a Richmond hotel. The summit gave HSA members an opportunity to provide valuable input into gaps in safety practices.

### **RESPONDING TO INFECTIOUS DISEASE HAZARDS**

When the global coronavirus pandemic hit in 2020, safety protocols in the face of a new workplace hazard became a paramount concern for HSA members and the union

“She has even collected her own samples when the air ducts were being cleaned and management would not do any testing.”

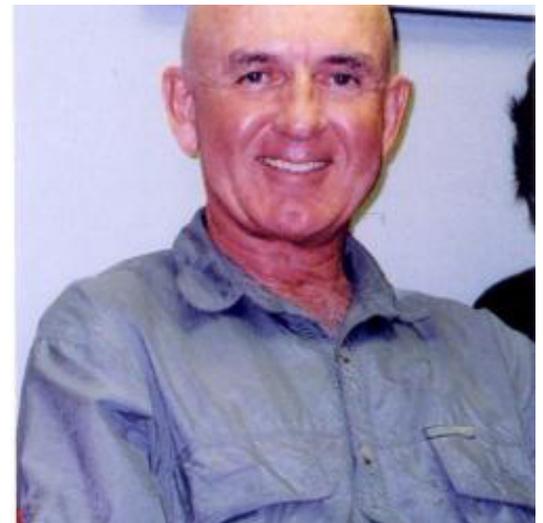
overturned it, approving the claims.

FHA challenged the WCAT's ruling in the courts and both the BC Supreme Court and BC Court of Appeal sided with the employer on the grounds that HSA and HEU had failed to present evidence of causation.

The unions, with HSA lawyer Tonie Beharrell appearing as lead counsel, appealed to the Supreme Court of Canada.

In a major victory for workers, the Supreme Court of Canada upheld the WCAT decision to approve the lab workers' compensation claims. The 2016 decision affirmed that as an administrative tribunal, the WCAT had specialized expertise and could apply a stan-

DAVID BLAND, VOCATIONAL REHABILITATION COUNSELOR FROM RICHMOND MENTAL HEALTH.



as a whole. HSA's response was swift. It worked quickly to compile resources and information for members. It launched a COVID-19 member hotline, and turned its eyes to the province's pandemic safety protocols.

During the initial stages of the pandemic, members' access to PPE, particularly N95 respirators, was top of mind. HSA commented on gaps in the province's pandemic plan in a March 2020 memorandum addressed to the Ministry of Health and the Health Employers' Association of BC. It called for immediate engagement with health sector bargaining associations in the ministry's framework for personal protective equipment (PPE) allocation. HSA also called on the government to include clear language in the framework around the employee's right to refuse unsafe work.

And at the local level, worksite stewards in health-care and community social services jumped into action to ensure workplace OHS protocols were effective. Members collaborated closely with HSA staff to protect workers.

The Health Science Professionals Bargaining Association (HSPBA), under the leadership of HSA, commissioned a report on health care workers' PPE needs in the context of the pandemic. The report, authored by University of Toronto Adjunct Professor Dr. John Murphy, emphasized that the N95 respirator is important protection for workers performing aerosol generating medical procedures (AGMP). And as the Ministry of Health was establishing PPE protocols, HSA urged the government, with success, to recognize the need for fresh masks after change in locations and after breaks.

This work is part of a longer history of union advocacy around PPE standards and protocols. In September 2013, BC health employers applied



HSA LEGAL REPRESENTATIVES TONIE BEHARRELL AND RANDY NOONAN WITH HEU LAWYER KAITY COOPER AT THE SUPREME COURT IN 2016.

to WorkSafe BC for an exemption to annual fit testing requirements for N95 masks. HSA opposed the application, and said the cost-saving move would increase members' risk of exposure to airborne pathogens. The application was unsuccessful.

The COVID-19 pandemic is not the first time HSA has jumped into action in the face of infection disease hazards. When an Ebola virus outbreak hit West Africa in 2014, HSA was concerned about how the disease could become a potential workplace hazard for health care workers. As in 2020, HSA was critical of the lack of participation from workers in the improvement of infection control measures, and spoke out on the gaps in preparedness.

In October 2014, HSA released a survey to members at the five sites the Ministry of Health had designated to treat suspected Ebola cases. Nearly 90 per cent of workers surveyed said they did not

feel adequately prepared to deal with an Ebola outbreak.

HSA compiled resources on Ebola as it related to the health care system, and shared these resources with members. The union continued to press the government and the health authorities to improve staff training, communication, and co-ordination, noting that the lessons learned during the Ebola outbreak will play a crucial role in shaping future public responses to infection disease hazards.

As articulated eloquently by HSA OHS Advocate David Durning in a 2014 issue of *The Report* magazine, "The current outbreak will be brought under control, but the work being done now to establish Ebola standards should set a new benchmark for strong infection control measures for epidemics and outbreaks which are expected to accelerate in the coming years."

# THE UNION IS AS STRONG AS ITS MEMBERS

# BUILDING CONNECTION THROUGH MEMBER ENGAGEMENT

IN THE 1990S, HSA'S ORGANIZING DEPARTMENT WAS FOCUSED ON ORGANIZING NEW WORKSITES INTO HSA.

This important work expanded HSA's membership and raised workplace standards for a number of newly-unionized workers in the health and community social service sectors.

But beginning in 2001, HSA's organizing efforts faced a major hurdle. "With the change in government from NDP to BC Liberals in 2001, the ability to organize new members into the union became much more difficult because of changes to the Labour Code," explained HSA Organizer Janice Davis.

She said this led to a switch in focus for the union. While there were some efforts in the 1990s to enhance member education and increase sup-

port for stewards, according to Davis, "It wasn't until 2001 that we became more focused on member engagement."

Around this time, HSA staff began to work closely with steward teams to develop leadership and build chapters. New workshops were developed to train stewards.

In recent years, Assistant Chief Steward Kane Tse, an assistant bioinformatics co-ordinator at BC Cancer (Vancouver), has worked with organizers and fellow stewards to build the HSA chapter at his worksite. But his entry into HSA activism happened slowly. When he first became a union member in 2005, he didn't know a lot about unions.

At that point, he knew he was paying union dues, "But I didn't know what those gave me, or what they did," he explained.

He started attending chapter meetings, but still felt a bit like an outsider there.

"I was trying to get one co-worker to come so I wouldn't feel alone, not realizing that that meeting was a room full of union members," he reflected.

"So really, I wasn't alone."

He went to meetings wanting to engage, but was not quite sure how to. During union business, Tse would ask himself, "Do I speak up now? Do I ask questions? Is he just telling me information?" I was trying to be engaged."

After years of union membership, he stepped up to become a steward in 2013 when an HSA labour relations officer requested a steward for his department, the Genome Sciences Centre. "I thought, 'Yeah, I might want to sign up for that,'" said Tse. "This was when my experience with the union just took off."

Tse said he fully embraced his steward role after attending an HSA stewards' training session.

"I went to basic stewards' training, which I still think today was one of the greatest trainings. It totally changed my perspective on what it means to engage with the union."

Over the past two decades, HSA has widened the spectrum of education it provides members.

In addition to basic stewards' training, members can now participate in workshops that explore social justice top-

## 1997 BASIC STEWARDS' TRAINING.



ics such as decolonization, racism in health care and social services, and workplace support topics including psychological health and safety in the workplace, and supervisors in the union.

### THE RISE OF MEMBER ENGAGEMENT TEAMS

Davis believes that HSA's first modern-day member-to-member contact campaign was launched in 1995 when registered psychiatric nurses (RPNs) reached out to other RPNs across the province. Today, HSA has a robust member engagement program, which provides resources and support to help members create connections with their peers and promote member-driven campaigns.

That member-to-member engagement has been a key element of more recent HSA member campaigns, including HSA's nearly 20-year involvement in the Canadian Breast Cancer Foundation Run for the Cure from 1996-2014, the anti-raid campaign outreach in 2015, the 2016 workload survey, the 2018 Proportional Representation campaign, the 2018-2019 Stomp Out Period Poverty campaign, and the 2019 Presumptive Coverage campaign.

Tse joined HSA's core member engager program in 2020. In this role, he worked alongside six other member engagers to encourage participation by members in HSA's Sick Leave for All campaign. The campaign called on the province to legislate 10 annual paid sick days as part of employment standards.

The campaign strengthened the call for paid sick days by inviting members to send letters via an HSA webpage to Premier John Horgan, Minister of Labour Harry Bains, and Minister of Health Adrian Dix, while providing ways for members to feel connected to their union, and contribute to building a stronger presence at chapters.



OHS STEWARDS' TRAINING 2020.



RUN FOR THE CURE, OCTOBER 3, 2010.



VERNON JUBILEE 2016 ANTI-RAID TEAM.



KANE TSE (THIRD FROM LEFT) WITH MEMBERS OF THE BC CANCER (VANCOUVER) CHAPTER, 2018.

Despite the challenges posed by COVID-19, the campaign was successful.

“We had to rely on things like virtual chapter meetings, phone banking, and text banking – those types of activities,” said Tse.

Collectively, the member engagers presented at 52 meetings, made 857 phone calls, and sent over 6,329 texts. More than 25 per cent of those texts received replies. Members sent over 1,000 letters to the province, and more than 130 new HSA activists and stewards were recruited over the six-week outreach period.

According to Tse, the core member members welcomed the campaign, which was timely given the effects of the COVID-19 pandemic.

Access to paid sick days is a public health issue that affects the spread of infectious disease and impacts workplace safety. Tse said HSA members working in long-term care facilities – whose workplaces have been particularly hard hit by tragedy over the course of the COVID-19 pandemic – were especially supportive of HSA’s work on the issue. “They were definitely very happy that HSA was coming to bat for them, doing things that would make their situation better,” he said.

Tse said he has learned a lot about other HSA members through his union involvement. He thinks member engagement is important because it can strengthen the connections members feel with each other, and establish links they don’t realize exist.

“The reality is we are all in clusters of professions, and we all feel isolated in the union,” said Tse. “The things that we want are the same. Maybe we carry out our work differently but our goals are actually for the most part very similar.”

“It helps to realize that we have more things in common than not, even though we tend to think of ourselves as separated.”



ST. PAUL'S HOSPITAL STOMP OUT PERIOD POVERTY ACTIVISTS AND FORMER REGION 6 DIRECTOR NANCY HAY.

## ADDRESSING SOCIAL BARRIERS

IN RECENT YEARS, HSA MEMBERS HAVE FOCUSED ON INCREASING THE PARTICIPATION OF GROUPS OF MEMBERS – NOTABLY WOMEN, YOUNG WORKERS, AND BLACK, INDIGENOUS, AND PEOPLE OF COLOUR (BIPOC) – IN THE UNION.

IN 2011, THE WOMEN’S COMMITTEE WAS ESTABLISHED BY CONVENTION TO EXPLORE BARRIERS TO WOMEN’S PARTICIPATION IN THE UNION AND TO DEVELOP STRATEGIES FOR OVERCOMING THOSE BARRIERS. TODAY, THE WOMEN’S COMMITTEE WORKS TO RAISE AWARENESS ABOUT ISSUES THAT IMPACT WOMEN, AND PROVIDES EDUCATION AND OPPORTUNITIES FOR WOMEN TO BECOME MORE INVOLVED IN THE UNION AND THE BROADER LABOUR AND SOCIAL JUSTICE MOVEMENTS.

IN 2017, THE UNION HOSTED ITS FIRST YOUNG WORKERS’ FORUM, AIMED AT INTENTIONALLY EXPANDING SPACE IN THE UNION FOR YOUNG WORKERS TO BECOME MORE ENGAGED. LATER THAT YEAR, THE BOARD OF DIRECTORS STRUCK A YOUNG WORKERS’ ADVISORY GROUP, WHICH DEVELOPS STRATEGIES AND RECOMMENDATIONS FOR THE UNION TO SUPPORT YOUNG WORKERS INVOLVEMENT ON ISSUES IMPORTANT TO THEM, INCLUDING CLIMATE CHANGE, INTERNATIONAL SOLIDARITY, AND INCREASED AWARENESS ABOUT THE WORK OF HEALTH SCIENCE PROFESSIONS AND CAREER OPPORTUNITIES IN THE DOZENS OF SPECIALIZED PROFESSIONS REPRESENTED BY HSA. MOST RECENTLY, YOUNG WORKERS TOOK A LEADERSHIP ROLE IN HSA BY PARTNERING WITH HSA LABOUR COUNCIL DELEGATES AND THE UNION’S COMMUNICATIONS DEPARTMENT TO DEVELOP AN ON-LINE INTERNATIONAL SOLIDARITY CAMPAIGN SUPPORTING INDIAN FARMERS IN THE WORLD’S LARGEST PROTEST AGAINST REGRESSIVE GOVERNMENT POLICIES.



THE 2019-2020 YOUNG WORKERS’ ADVISORY GROUP

# 100 CHAMPIONS FOR CHANGE GO BACK TO BASICS

AFTER FOUR YEARS OF A CONSERVATIVE GOVERNMENT UNDER PRIME MINISTER STEPHEN HARPER, NUPGE LAUNCHED THE 100 CHAMPIONS FOR CHANGE INITIATIVE IN 2010 - A MEMBER-TO-MEMBER EDUCATION CAMPAIGN THAT FOUGHT BACK AGAINST HARPER'S RIGHT-WING AUSTERITY MEASURES TAKING HOLD ACROSS CANADA. HSA MEMBER RACHEL TUTTE WAS ONE OF FOUR HSA MEMBERS TO SIGN UP AS A CHAMPION. SHE BELIEVES THE CAMPAIGN CAME AT AN IMPORTANT TIME.

“That campaign was really aimed at basic economic education, which I think is something that unions have stopped doing for decades, and was really needing to be done. I remember [then-NUPGE Secretary Treasurer] Larry Brown relating a story of being at a political - I believe it was a municipal election - townhall.

And there were a lot of firefighters in the hall, and they were obviously paid through municipal taxes. And these firefighters were cheering every time the local politician was talking about how we all need to cut taxes. The light went on that even people who are in unions and whose wages are paid through people's taxes were not really necessarily connecting the dots of what are taxes are used for, and how that was a cost-efficient way for us to all have the kinds of public services that keep us healthy and safe.

That campaign was meant to help educate the union members - the different unions that make up NUPGE. It was a train-the-trainer model where the people at the start went to campaign school, and there was lots of education and opportunities to ask questions. And we got PowerPoints and information to then take back, and we were involved in training the trainer in our local areas... We engaged quite a bit but I think it could have been much bigger than it was. There's always competing priorities within unions, but the information and education that we were given through that, and then passed on through various different ways to our members, did address an area of background education about public services that was really necessary.”

IN THE LEAD UP TO THE 2015 FEDERAL ELECTION, ACTIVISTS TOURED THE COUNTRY TO HOST TOWN HALLS ON INCOME INEQUALITY. HSA PRESIDENT VAL AVERY WAS JOINED BY REGIONAL DIRECTORS ANNE DAVIS, ALLEN PETERS, AND JANICE MORRISON ON STOPS ACROSS BC.

CHAMPION FOR CHANGE AND SUPPORTED CHILD DEVELOPMENT PROGRAM ASSISTANT CONNIE MUSSEL PRESENTS TO HSA ACTIVISTS IN OCTOBER 2010.





EASTER Tocol, BURNABY HOSPITAL SOCIAL WORKER AND AN ORGANIZER OF HSA'S FIRST BIPOC CAUCUS.

## BUILDING A BIPOC CAUCUS

HSA MEMBER EASTER Tocol IS WORKING WITH FELLOW MEMBERS TO CREATE A SPACE FOR BLACK, INDIGENOUS, AND PEOPLE OF COLOUR IN HSA TO SHARE EXPERIENCES AND ORGANIZE AROUND ANTI-RACISM.

IF YOU ARE INTERESTED IN BEING PART OF THE CAUCUS AND ITS' INITIATIVES, YOU CAN CONTACT EASTER AT [ETOCOL@STEWARD.HSABC.ORG](mailto:ETOCOL@STEWARD.HSABC.ORG)

In August 2020, HSA launched the report “Confronting Racism with Solidarity: An Analysis of the 2020 Workplace Racism Survey.” The report analyzed over 200 surveys completed by HSA members identifying as Black, Indigenous, and People of Colour (BIPOC) on their experiences of racism at work.

Respondents also provided HSA with feedback on how the union can better support BIPOC members. The report summarizes recommendations provided by members for combating racism at work and bringing transformative change to HSA.

HSA member and social worker Easter Tocol contributed to the report, and has since worked to establish a BIPOC Caucus at HSA to provide leadership to the union on pathways forward for achieving racial justice. In the following interview, Easter reflects on HSA’s anti-racism work to date and shares insights on opportunities for action, learning, and support. It has been edited for length and clarity.

### **EASTER, YOU’VE BEEN AN ACTIVE LEADER IN HSA ON ANTI-RACISM. CAN YOU TELL US ABOUT YOUR JOURNEY WITH THIS WORK? WHAT HAS ANTI-RACISM LOOKED LIKE FOR THE UNION SINCE YOU’VE BEEN INVOLVED?**

I’m still on that journey. I’m always learning more about myself as issues come up with race – learning more of my values, attitudes and beliefs.

I’ve always been passionate about anti-racism. I think it really impacts us in the workplace. Systemic racism is so embedded in our health care system and in our communities. I think society is recognizing the wrongs of clear hate and racism, but most of it is still so subtle.

One couldn’t get through social work school without understanding colonialism. I’m a Filipina and I’m still learning about my own culture and all its history, and how that has impacted the values and beliefs of a lot of Filipinos.

In 2005, I became active with other Filipino social workers who developed a Filipino social worker association in BC. We were social workers both here in Canada or previously in the Philippines. Most of us work in health, child protection, and non-profits. As a group we would talk about various issues regarding our culture, family, settling in Canada, difficulty with recognizing credentials, finding work, and how racism has impacted these things.

Our jobs are hard and we needed each other for support, which we couldn’t always get in our workplaces. We educated and

advocated for each other, we laughed at some of our craziest moments, and we also cried. This is why union work is important to me. We all need support.

When the opportunity arose to review HSA's "Confronting Racism with Solidarity" report, I was able to take part in the report and provide feedback. I really wanted to stay on the issue and help HSA move forward. There were a lot of good ideas in its recommendations regarding education and policies. And these educational workshops are taking place now, but I want to put some of these recommendations into action, and that's how we started the BIPOC Caucus.

**IN 2020 YOU ORGANIZED A BIPOC MEET AND GREET AT HSA'S VIRTUAL 2020 CONVENTION. HSA HAD ITS FIRST EVER BIPOC CAUCUS MEETING, WHICH WAS A BIG MILESTONE FOR THE UNION. WHY ARE SPACES LIKE THESE IMPORTANT WHEN IT COMES TO ADVANCING RACIAL JUSTICE WORK?**

These spaces are really important because we want to bring together BIPOC folk, share experiences, and learn from these experiences. And the caucus is really an opportunity to get together and talk about the issues.

It's really important to recognize all the work that's happened in the past. We've had members pioneer initiatives, and the work continues. With the Black Lives Matter movement and new news coverage on anti-Asian hate, all of a sudden, we're dealing with racism now. But it's always existed.

The report was really clear that there's a lot of bullying and harassment in HSA workplaces. And it's very subtle. Racism is a public health issue.

The beauty of organizing a caucus is that it gives us



RENE AUSTIN (CMHA), SHIVANI THAKUR (CMHA), MRIDULA MORGAN (CMHA), DANIELLE DIONE (CMHA), AND SERINA DHESI (ST. PAUL'S HOSPITAL) AT A LABOUR NOTES TROUBLEMAKERS' SCHOOL IN 2019.

**HSA'S CANADIAN MENTAL HEALTH ASSOCIATION (CMHA) CHAPTER PUT FORWARD TWO MOTIONS ON ANTI-RACISM FOR CONVENTION 2020. MOTION 93 CALLED ON HSA TO ADDRESS "OVERT AND COVERT DISCRIMINATORY AND RACIST INCIDENTS OR BEHAVIORS IN THE WORKPLACE AS ILLUSTRATED BY THE ANTI-RACISM AND EQUITY SURVEY FACILITATED BY HSA." MOTION 94 CALLED ON HSA TO LOBBY THE PROVINCE "TO FUND INDIGENOUS CULTURAL SAFETY ("ICS") TRAINING FOR ALL HEALTHCARE PROFESSIONALS." BOTH WERE ADOPTED BY DELEEGATES.**

space to develop a collective voice, make decisions collectively, and have collective conversations. It's been a really good experience. From there we can put motions forward.

The group is also important for providing mental and emotional support. I still struggle. I really do. I also feel isolated, and I know a lot of us in HSA do. But I've been meeting a lot of positive people along the way. It's been nice to have conversations and talk about our experiences. I think that's what we need - the space to have these conversations. Through this process, you feel empowered.

**WHAT ARE YOUR HOPES AND ASPIRATIONS FOR HSA WHEN IT COMES TO CARRYING OUT RACIAL JUSTICE?**

I want to keep this conversation up front. And there's so much that we can do. We're putting a resolution forward at our 2021 HSA Convention to create a Racial Justice Committee. We really need resources to do this kind of work. But I still really want to be able to have this BIPOC Caucus space where we as members can come together and share.

And eventually I would like to see more visibility in our union. There's a lot to do within our organization regarding policies and initiatives.

We're going to be entering collective bargaining soon, and I'd like to see some of our ideas put forward in the collective bargaining process. We need new ideas from people, and I know they're there in our union. And so, I hope that people can come out and share these ideas with us so we can move forward. I think there's so much that we can do. But it's "we," not "I." As a union, everybody needs to participate. And that's why that caucus is really important. It's an opportunity to hear ideas.

**WHAT SHOULD WE KEEP IN MIND AS A UNION AS WE MOVE FORWARD?**

Everybody's experience is different among BIPOC folks. There's racism, there's anti-Indigenous racism, and there are other intersectional experiences as well - being a woman, being transgender, or having a disability. There's all of that that comes into play, and so it's important to hear from those voices as well.

# THEN AND NOW

## TAKING ACTION FOR CLIMATE JUSTICE

THE MOVEMENT FOR CLIMATE JUSTICE WAS REAWAKENED IN 2019 WHEN YOUTH AROUND THE WORLD, INCLUDING SWEDEN'S GRETA THUNBERG, LAUNCHED GLOBAL STUDENT STRIKES TO DEMAND GOVERNMENT ACTION ON THE CLIMATE EMERGENCY.

In what was one of the largest marches ever organized in BC, 100,000 people participated in a September 2019 climate march in Vancouver,

with tens of thousands more gathered across the province and across the country. As strikes unfolded in more than 100 countries around the world, the Fridays for Future movement was profound in its impact.

A swell of energy around climate action in HSA's own membership was witnessed at the following HSA Convention in 2020, where a record 20 motions were up for debate on the topic. The outcome

was the adoption of Composite 4, a packaged resolution that brought together the ideas and strategies of ten chapters from across the province, and mandated HSA to create a climate action plan.

HSA Secretary-Treasurer and Region 1 Director Becky Packer is the chair of HSA's Climate Action Plan Working Group, which was struck following the 2020 convention to make headway on Composite 4. She said the working group still has a lot of work to do, but envisions a future where space is created in the union for climate activists to collaborate.

"I'm hoping that this working group continues on and that it can be populated by activists who maybe aren't very involved in the union, but who can become involved through their passion for this and their knowledge of these issues," she said. "We're looking for leadership in this area."

Packer said that an area for action is for HSA to do a more thorough examination of its investment portfolio to ensure that it isn't investing in

CAMBIE BRIDGE, VANCOUVER CLIMATE STRIKE, SEPTEMBER 27, 2019. PHOTO: DAVID NIDDRIE, FLICKR.



environmentally destructive industries.

“There’s still more work we can do around our investments, but we got rid of the obvious things,” said Packer. In 2020, HSA’s Finance Committee divested from two companies producing nuclear power and seven oil and gas companies involved in the production of fossil fuels.

“These big oil and gas companies have known the burden that they have been causing and they have had 40 years to retool,” said Packer.

### “TENDING THE GARDEN YOU CAN REACH.”

According to Packer, a good way to tackle the climate crisis is through “tending the garden you can reach.” She encourages HSA members to think about actions they can take in their own households and in their own communities, and consider “how all the cogs in the wheel in your own community contribute or don’t contribute to impacts on the climate.”

“Every economy and every community are different,” said Packer.

For her, environment justice is not just about carbon footprint. “It also comes down to the agriculture and the quality of the drinking water in your community.”

“We get boil water advisories in the Comox Valley, believe it or not. And we shouldn’t have that in this day and age.” Packer, while hailing from Peace River, Alberta, currently lives in the seaside hamlet of Royston, BC, down the road from Cumberland.

“And then you think of all the remote communities that are out there in the areas where they are actually extracting fossil fuels, and there have been boil water advisories forever – I don’t know how long.”

She noted that many First Nations communities are adversely impacted by this issue. “So, if you want to talk about climate justice, it’s right there,” said Packer. “We more than owe it to Indigenous communities to make sure that they have clean drinking water.”

“We’ve got to make things right with Indigenous communities.”

Packer is asking, “How does one connect with the land defenders and the water defenders?” She believes that HSA can play a role in bringing members together who can help facilitate some of this work.

Meanwhile, she is embracing opportunities for local action, as a self-described “small town girl on Vancouver Island.” She supports the conservation efforts of the Cumberland Forest Society as a donor and community volunteer. “We buy up the land around the wetlands and around the waterways so that they can’t get logged, so that we can have clean drinking water and protect the forest and the ecology out here.”

She’s also reflecting on her own lifestyle choices. And despite being a meat lover from northern Alberta, she has committed to “Meatless Mondays” and buying local. She is also challenging herself to use electric heat in place of natural gas, despite the cost difference. “I’m having to make decisions around values priorities and what dollar amount I am putting on my values priorities. It’s been really good for me.” This is a relevant exercise for society as a whole.

When it comes to the climate emergency, the clock is ticking. “The longer we take to do things, the harder it’s going to be to do things that are going to have the impact that we need,” said Packer. “We are

now at a 10-year window of opportunity.”

### TOWARDS A CLIMATE LENS IN BARGAINING

There is significant potential to advance priorities around climate action through collective bargaining – a sentiment echoed by Composite 4, which calls on HSA to work “with NUPGE’s National Environment Committee to investigate possible actions that can take place at the bargaining table to bring broader environmental concerns into workplace activities.”

In March 2020, HSA’s national union, the National Union of Public and General Employees (NUPGE), held its first Advisory Committee on the Environment (ACE) meeting, bringing together representatives from NUPGE’s components to collaborate on climate action. ACE continues to meet every three months to exchange ideas, discuss lobbying approaches, and explore areas for alliance building.

HSA President Val Avery rep-

“It’s a new lens for us in terms of asking, ‘What proposals could we put forward that would relate to more sustainable practices in health care and social services?’”

resents HSA on this committee. She said the group is also looking at how environmental concerns relate to the employee-employer relationship at worksites. Avery said they are asking, “How do we bring this to the bargaining table? How do we get changes in collective agreements that will support a green economy?”

NUPGE is reaching for an important tool in the labour movement’s tool box. Collective bargaining is a key tactic for unions to influ-



HSA 2019-2020 FINANCE COMMITTEE:  
CHERYL GREENHALGH, BECKY PACKER,  
CATHY DAVIDSON, AND NANCY HAY.

ence policies and procedures and mandate action that is legally binding. And through collaboration on a national level, there's potential to see gains not just in BC, but across the country.

"It's a new lens for us in terms of asking, 'What proposals could we put forward that would relate to more sustainable practices in health care and social services?'"

"If you start to look at health care and you start to look at the products that are used - the plastic, the waste - there's obviously huge issues there that could be addressed," said Avery.

As part of this effort, NUPGE has collaborated on a project out of York University. "It's around adapting Canadian work and workplaces to respond to climate change," according to Avery.

She said the committee is also looking at the link between occupational health and safety rights and the environmental impacts of work.

### ENVIRONMENTALISM IN THE 1980s

The global climate strikes of 2019 and the recent upsurge of member support for climate action are recent stages of a decades-long struggle to protect the environment and public health. Advocates

today are standing on the shoulders of the many environmental advocates who have come before them.

This includes the scientists who, 30 years ago, spoke about ozone depletion as part of the greenhouse effect, and sounded the alarm on average global temperature increases. Today's movement is likewise grounded in scientific evidence, but the need for action feels even more urgent. Then and now, ordinary people have raised their voices, motivated by a desire to protect the world they hold dear.

The 1980s, in particular, was a decade of pronounced environmental action in HSA.

Beginning in 1986, the labour movement was galvanized by a third California Grape Boycott by the United Farmworkers of America, which earned major media attention through the 36-day fast of UFW President Cesar Chavez in 1988. At the heart of the boycott was the pervasive use of toxic pesticides, which UFW said was connected to cancers and birth defects in some communities, and threatened farmworkers, the environment, and consumers. The union called for a ban of five compounds found in pesticides: captan, parathion, methyl bromide, dinoseb, and phosdrin.

In October 1988, HSA's Executive Council passed a motion in support of the boycott, and the union encouraged members to honour it. The union noted that "if progress is achieved in California, that will be leverage for more responsible use of chemicals on farms everywhere."

The boycott resulted in improved food safety practices in California, and remains a shining historic example of how the labour movement can win environmental protections while also fighting for occupational health and safety

At HSA's 1989 Convention, members debated a motion

to "support environmentally sound solutions and recycling in hospitals." The motion noted that BC hospitals produce 16 tonnes of biomedical waste every day. Interestingly, the word "hospitals" was removed to emphasize the need for wider action, according to *The Report*. The motion then passed unanimously with enthusiastic support from delegates.

The same year, HSA implemented recycling of its office paper, and the Executive Council proposed an environmental audit of HSA's operations.

During this period, forestry was BC's largest industry, and forest management policies raised serious public concerns around ozone depletion. Environmentalists were pushing for the preservation of old-growth forests.

HSA was also speaking out on this topic. According to a special 1989/1990 Labour and Environment issue of *The Report*, "Preserving old-growth forests is essential to maintain genetic diversity. That diversity provides a greater ability to respond to fundamental environmental change."

