

# The first 25 years:

## *A chronicle of the Health Sciences Association*

by DAN KEETON

**P**at Holisky recalls it as a scary time. The year was 1971 and the young medical technologist was doing the unthinkable: posting notices around Vancouver General Hospital announcing a meeting to form a local chapter of the fledgling Health Sciences Association.

A union, of all things, bringing into the field of collective bargaining a disparate group of professions that previously had little to do with each other – indeed, a collection of individuals who had never imagined when they enrolled in their first courses of physiotherapy or social work that they would wind up joining the likes of the United Steelworkers or longshoremen in the controversial ranks of organized labour. And it was likely that few desired such status. They were educated people, after all, with many possessing university degrees. Unionization of professionals simply wasn't done. Professionals didn't strike or walk picket lines. Instead, they discussed their wage requests or needs with management and, in the end, accepted what the administrators decided was appropriate.

So attitudes towards unionizing among the professions weren't always that supportive. Many paramedicals didn't really understand that they were in fact trying to start a union. And some managers could even be downright intimidating.

"I hung the notices, and then went to talk to my lab manager," Holisky recalls. "He said, 'How do I know you shouldn't be upstairs running some machine right now?'"

Few workers with professional status were unionized in the late Sixties when the first effort to organize what would become HSA began. Yet it is

in this period of relatively full employment and spiralling inflation that unionism started looking attractive to white-collar workers. They saw their blue-collar counterparts, whose unionization had origins in the Thirties, make significant gains at the bargaining table in the post-War period. As such, the wage gap between professionals and so-called unskilled workers was narrowing. Add to this factor that of institutionalized sexism. Women generally failed to make the wages of their male counterparts. Present-day benefits such as maternity leave were unknown. And many health care workers were and are today women.

HSA arose from diverse organizing efforts. It began in the late Sixties when the BC

branch of the Canadian Society of Laboratory Technologists formed a new organization to enable its members to enter the field of collective bargaining. One of their leaders gives a key reason:

*...the BC Branch, C.S.L.T., would meet each year with the [BC Hospital Association, the employers' group of the day] to discuss salaries and working conditions*

*for the laboratory technologists....These meetings degenerated from active negotiations with bilateral agreements to passive talks with unilateral terms*

*being presented on a 'take it or leave it' basis.*

B.J. "Bev" Twaites, who wrote that commentary in a thesis back in 1973, was president of the CSLT during this initial foray into organizing. Twaites also noted another pressure: namely, the Hospital Employees Union was beginning to flex muscle, claiming the right to represent all hospital employees who weren't nurses or doctors. Laboratory technologists were less than enamoured at the prospect. They didn't care for membership in an "industrially styled" union with "unprofessional" activities such as strikes, picket lines and work-to-rule. Writes Twaites: "Thus, with our backs to the

ll, either having to join the HEU or form our own union, our membership...chose the latter." The BC branch of CSLT was transformed into the BC Society of Medical Technologists, incorporated under the BC Societies Act. It applied for bargaining rights at the Labour Relations Board on May 5, 1970.

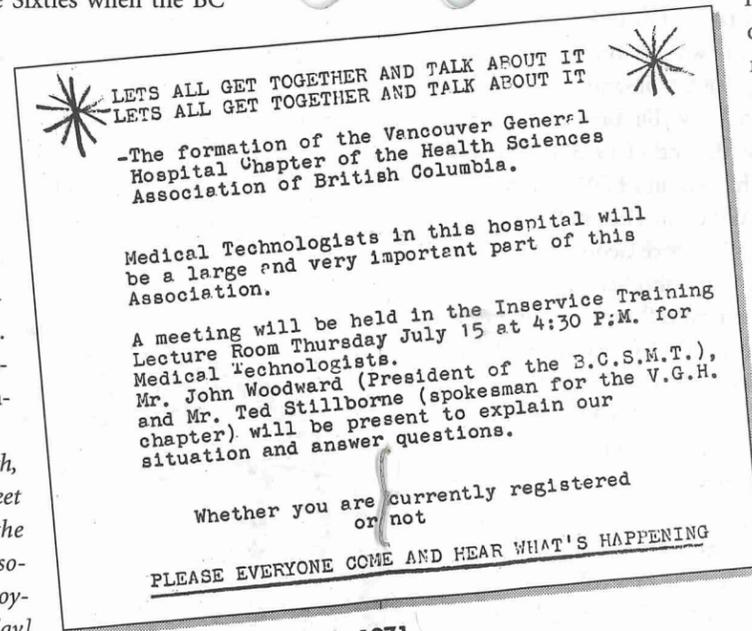
That year, a group of paramedical professionals at Lion's Gate hospital in North Vancouver met with the same aim in mind. Attending the April 24 meeting were representatives occupational therapists, physiotherapists, medical record librarians, x-ray technicians, laboratory

technicians, social workers, dieticians and pharmacists. Four days later they elected an executive and established their goals: to achieve collective bargaining rights with resort to binding arbitration, if needed. Strikes and picket lines were rejected. They also made this declaration: "Trade Union membership is inconsistent with our aims and objectives and no member should join an association which has a right to strike."

Shiela Begg was a social worker at Lion's Gate at the time. "The reason we got together was that HEU was taking a strike vote and hospital management was organizing us to replace them," she recalls. HEU "got wind of this" and started pressing its claim to represent all hospital workers. The paramedical professionals were concerned. They felt that the industrially-styled HEU would not represent their interests adequately. And there was the prevailing belief that professionalism and unionism were mutually exclusive. "There weren't many professional people in unions, period," Begg states. "It was a taboo we had to overcome."

BCSMT, meanwhile, was facing hurdles in its organizing effort. The LRB was under pressure to refuse recognition to a single professional group of paramedicals. The BC Hospitals Association assumed other professions would follow suite, and declared it had no desire to deal with dozens of different unions. The LRB suggested strongly that BCSMT seek joint application with other labour groups. After some wrangling, the Society com-

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Original meeting notice, July 1971.

*Continued on next page*

**A UNION IS BORN: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE (PART 1)**

**"I was frequently taken for a bra salesperson - in those days, the only women on the road sold lingerie."**

plied. "It was the majority opinion of the Board of Directors of the BCSMT that the Society should recognize and support the HSA," writes Twaites in his thesis. The society's members supported that opinion in a referendum, leading to BCSMT becoming a charter member of HSA. The Association had faced its own challenge at the LRB; Board directors put on hold an application to certify about 100 members at Lion's Gate, stating the Association should first show it had support at other hospitals, Shiela Begg recalls. HSA subsequently recruited members at St. Paul's in downtown Vancouver. Opposition from the BCHA evaporated,

and on June 23, 1971, the LRB accepted certification "of the Health Sciences Association of British Columbia for a unit employed by St. Paul's Hospital and a unit employed by Lion's Gate Hospital..." By this time, HSA represented nine paramedical groups, now

including remedial gymnasts.

Helen Brown, a now-retired medical technologist who worked at Royal Columbian hospital in New Westminster, notes that lab techs at RCH were already HEU members when HSA was formed. "At the time, HEU was talking about going out on strike, and our position was that we weren't prepared to withdraw our services totally." HEU didn't always understand the paramedical professionals' special circumstances, such as being available on call at all hours, Brown notes. And, like others, she observes that social class played its role. Some paramedicals came from upper-middle class backgrounds. Conversely, others had working-class origins in which upward mobility was stressed. (When HSA came calling at Royal Columbian, it found many paramedicals were reasonably content in the HEU, says Brown. "We'd had a few years of a good contract. [HSA] had to talk to convince us.")

In September of that year HSA hired its first Executive Director. Kit Farrar was a dietician close to retirement who had been instrumental in setting up the Association at Lion's Gate. Farrar was

persuaded to put off her retirement until 1975. When 6 o'clock came, we'd have our fried eggs and hunker down for the night. So it was really actually eat, breathe and sleep HSA." Shiela Begg, the Lion's Gate social worker, came on staff in 1974 after a stint in Australia.

return for several years of frantic activity that characterized HSA's first years. Farrar recalled, in a 1981 interview in *The Report*, that wages weren't the immediate issue: "That was when people were very loathe to let you know what they were earning." None the less, money was an impetus for organizing. "We [paramedical professionals] found that as years went by, the gap between HEU members and their supervisors was closing. They'd get five per cent [after negotiating a collective agreement] and we might get two per cent," she remarks.

Maureen Whelan was a young dietician working as a casual at the former Vancouver General Hospital when she was urged to sit on HSA's Executive Council. "My response as the time was, 'What's HSA.?', " she relates. Whelan had interned in Vancouver but had left to go abroad during the birth years of the Association. She did, however, have the reputation of a "rabble rouser." In October, she joined the staff as HSA's first Field Officer.

It was on the road after that, criss-crossing the province in an antique Volkswagen that had a habit of expiring in small towns at inappropriate times. People were amazed to discover she was a union rep. "I was frequently taken for a bra salesperson - in those days, the only women on the road sold lingerie." Whelan was to log thousands of miles and put in countless 12-hour days, but the road trips and the hours paid off. By the end of 1973, HSA ranks had increased to 73 chapters and 1,800 members.

One of the early hurdles the HSA staff faced was an attempt by chapters in Prince George and nearby regions to leave and form another union. "They wouldn't even offer us a coffee!" says Whelan in recalling her first visit. Lab tech Roger Murphy was in Prince George at the time. "Prince George had a union ready to go at the time HSA was applying for certification. I believe it was called the Paramedical Workers' Association," says Murphy, who would later become an HSA president. Murphy says the Prince George group had suspended their application in favour of HSA's. But after the first collective agreement was signed, with its no-strike pledge, the Prince George people figured they'd had a better idea all along and moved to de-certify from HSA. Eventually, the differences were overcome.

Back in Vancouver, Farrar and Whelan worked long days out of a cramped one-room office at the Birk's Warehouse on Richards Street. "Kit

ould bring in fresh farm eggs," Whelan recalls. When 6 o'clock came, we'd have our fried eggs and hunker down for the night. So it was really actually eat, breathe and sleep HSA." Shiela Begg, the Lion's Gate social worker, came on staff in 1974 after a stint in Australia.

Begg had already been involved as secretary of the union in 1972. In the period immediately following HSA's first certifications, the work was done in her small apartment. "I can still see us putting the first collective agreement together," she relates. "I had to step over the cardboard filing boxes to get to my bed." When HSA was applying for certification, the LRB told the organizers all applications had to have dues receipts attached. "I had piles of applications from all these hospitals, and boxes of receipts of all different shapes and sizes. We spent the entire weekend in my tiny apartment, going from pile to pile attaching receipts."

The 1972 first collective agreement set provincial standards at 41 hospitals. "We worked with department heads establishing the classification system," Begg said. Shortly after negotiations began Farrar was called away by the illness and subsequent death of his son. "I had to take over, with Maureen to help me," relates Begg. "I'd never negotiated a contract before, but I knew the system inside out.

"There were 10 copies of the agreement with seven signing spaces on each one. I had to sign and sign until my hand just about fell off."

The agreement contained a guarantee not to strike, even after the pact expired. The HSA Constitution of 1973 pledged:

*To settle all disputes...by negotiation and if such negotiations are unsuccessful, to refer such disputes to final and binding arbitration.*

*To provide a high standard of patient care and to refrain from any concerted refusal to provide such care either by striking or honouring any picket line.*

Broadcaster Barrie McMaster in a news comment praised the new collective agreement:

*It forms the base, along with an across-the-board seven-per-cent salary increase, on which a hospital management can pay an additional amount to any person who is considered to be worth it. In other words, it's almost a case of having one's cake and eating it too - leaving the individual free to bargain, but providing a reasonable and fair base as a minimum.*

"It seems too good a setup to be true," McMaster glowed. "If this system works well next time around,

and the next, and the next...who knows?"

Not that relations with the BCHA were rosy. The employers' group realized early on that many of its department heads were HSA members - indeed, such people were instrumental in the founding of the Association - and challenged their membership at the Labour Relations Board. "Those challenges were a thorn in our side, and a very expensive thorn," says Maureen Whelan. "But we won most of them."

HSA and BCHA settled a second agreement in early 1974. In an HSA Newsletter - precursor to today's *Report* - Whelan informed members that, "The signing of the Proposed Terms of Settlement has taken much longer than we had originally anticipated." BCHA was balking at paying 1974 wages rates retroactive to January. The issue was resolved when the Department of Health promised the hospitals funds for the wage increases. But as talks began later that year for the next collective agreement, HSA found that things had changed.

"We were seeking about a 20-per-cent increase," recalls Shiela Begg. "The employers were offering us a six-per-cent decrease." As the year wore on, negotiations ground to a halt. Whelan recalls that funds advanced by the NDP government were used to address wage inequities among HEU members, but there was nothing in the pot for HSA - despite the fact that the traditional wage differential between support staff and paramedicals had been dramatically reduced, causing turmoil in the industry.

An attempt had been made at the May, 1974 Annual General Meeting to pull HSA's no-strike, no-honouring-picket-lines pledges from the Constitution. Jack Campbell, who was hired as Executive Director to replace Kit Farrar in October of that year, says the motion came from a group of activists in the union. It was defeated overwhelmingly. Says Begg: "We believed that two groups of intelligent people could sit down and talk." But by the time of the next convention in May, 1975, it would be a different story. **R**

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# The first 25 years:

## A chronicle of the Health Sciences Association

Part 2

by DAN KEETON

In 1975, HSA did not elect delegates to attend annual conventions. Any member in good standing was eligible to attend. After that, the only requirement was interest, and members were obviously interested in the 1975 Annual Convention. Close to 500 of them packed the ballroom at Victoria's Empress Hotel. The key item of discussion was the dragging pace of negotiations for a collective agreement, and what to do about that situation.

"They [the BC Hospital Association] had told us, 'You're not going to strike anyway,'" recalls HSA pioneer, Kit Farrar. "When we took that back to the members, they were furious." Sheila Begg, a staff member at the time, recalls, "It was a very raucous AGM. The debate was wild, and tempers

flared." But despite some opposition, members voted strongly to make a Constitutional change they had rejected only a year before. HSA's no-strike clause became history. "I felt it was long overdue," says Pat Holisky, a medical technologist at Vancouver Hospital (formerly Van-

couver General). Heather MacDonald, at the time a chief steward at St. Vincent's, states: "I'm glad I was there to see it taken out. That was the time we really became a trade union."

Later that spring and in the summer HSA conducted its first strike votes. (In June the employer

*This is part 2 in a series looking back at the history of our union. For part 1, see the May issue of The Report. Dan Keeton is a Vancouver-based freelance writer and photojournalist.*

had tabled a position far below members' expectations.) The 17 Chapters voted an average 88 per cent in favour of strike action, but in many sites, "we got 100 per cent, or damn close to it," recalls Begg. Circumstances had "pushed the members into union militancy." It was obviously, however, a difficult decision for the newly-minted militants. Holisky, as HSA's haematology rep at VGH, signed "with deep regret" a July 8 communiqué to the members outlining essential services guidelines in the event of a strike. Those tentative guidelines, representing HSA's first foray into labour action, included the following:

- No requests will be proceeded upon until a requisition signed by the personal physician is presented.
- All procedures requested must be essential to the life of the patient.
- Screening of all procedures is anticipated by a medical representative of the hospital. Medical priorities created during an emergency situation cannot be defined by the technologists present and will be dealt with on a 'first come, first served' basis...

They might have been amateurs, but the members' new-found militancy worked. Later that month they accepted a contract providing wage increases of more than 17 per cent. And then the state intervened.

On October 14, then-prime minister Pierre Trudeau, who had promised to "wrestle inflation to the ground," introduced the federal government's so-called Wage and Price Controls program. The name fooled no one in the labour move-

ment — it would be the people who worked for a living, not those who profited from that labour, who would be forced to pay the price to stop inflation. Although at that time a non-affiliate, HSA endorsed and helped finance the Canadian Labour Congress' "Out to Fight Controls" anniversary protest on October 14, 1976. Certainly the wage restraint program, armed with the powerful Anti-Inflation Board, succeeded in driving wages below the cost of living. By 1977, HSA Executive Director Jack Campbell reported: "...collective bargaining...was not at all a rewarding experience. The membership ratified the Agreement for a six per cent salary increase by a mere 62 per cent." One year later, in the 1979 Report to the Annual General Meeting, Campbell observed: "Contract negotiations since 1976 has [sic] experienced a pronounced shift on emphasis...we now concentrate our collective efforts on minimizing our losses." Inflation ranged from almost eight per cent to 9.2 per cent in that period, while HSA wage increases "were eight percent, six percent and four percent respectively."

Few were perhaps aware of it then, but the Wage and Price Controls legislation was the opening volley in a barrage of attacks on workers' living standards that continues until this day. A neo-conservative agenda was already in the works in the latter Seventies. Jack Campbell, in his report to the 1977 Convention, noted that the Employers' Council of BC (forerunner to the BC Business Council) was calling for "wholesale changes to the BC Labour Code — all of which were of a detrimental nature to organizations like HSA."

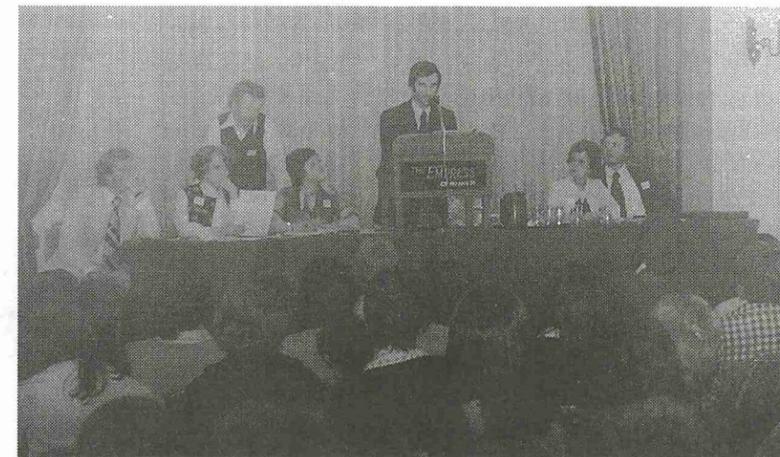
HSA's response was to increase its involvement with other organizations. It was already a member of the Professional and Managerial Employment Council, and held observer status on the Public Sector Employees' Co-ordinating Council. The

union also sought to increase links among similar unions in other provinces, with the aim of creating a pan-provincial organization. Roger Murphy, HSA president 1977/78, asserts: "We got militant just in time. We would have gotten screwed by the Wage and Price Controls." The union also moved to formalize the bargaining process, with the first Wage Policy Conference in September, 1978. The conference replaced the old system whereby HSA staff "ran around from region to region, asking each discipline, 'What do you want?'" recalls long-time staff member, Maureen Whelan. The delegated conference "represented a mark of maturity on our part."

Meanwhile, maturity was also reaching the HSA office. The Health Sciences Staff Union officially came into being on August 8, 1977. Noted Campbell in his 1978 report: "Executive Council granted voluntary recognition to the staff and we are pleased to report that an excellent union-management relationship continues..."

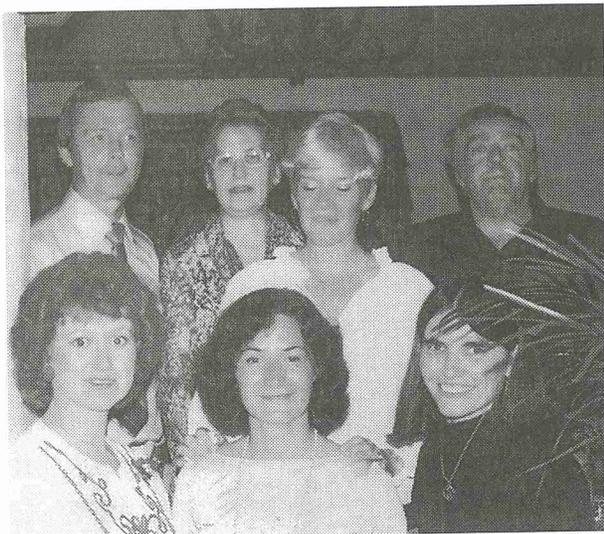
Staff also worked under a new roof, when the office moved in February, 1978, to a renovated, two-storey building at 6170 Kingsway in Burnaby.

**1975 Annual Convention: (at table, from left) Derek Dawes, Maureen Whelan, Ralph Buckley, Joanne Stan, George Bosnick, Kit Farrar, and Jack Campbell**



A UNION COMES OF AGE: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE (PART 2)

# A union comes of age



**HSA staff 1977: (clockwise, from left) Jack Campbell, Eddrie Quinell, Pam Chapple, Joe Madden, Josianne Meili, Sheila Begg, and Maureen Whelan**

The price was \$182,000 for 3,400 square feet and parking for seven cars.

On the merger front, HSA's attempt to form a single union with the Alberta HSA was declared dead by June of that year. Nonetheless, hope was expressed by 1979 president Ron Lindstrom that an Inter-provincial Federation with the other western provincial associations could be achieved. That year the associations established a joint labour research facility with a director to assist in bargaining and related matters.

Meanwhile, assault by government continued. Through the latter Seventies, HSA had to contend with the triple whammy of the Essential Services Act (1977), amendments to the Labour Code and a five-per-cent ceiling on hospital budgets. The Act attempted to limit health care workers' right to strike; the amendments ushered in the threat of redefining some employees as managers, and once these were proclaimed, "Health Labour Relations [Association, which replaced BCHA as the employers' representative] wasted no time in lining up

Department Heads in various hospitals and applying to the Labour Relations Board for their exclusion from the union," reported Jack Campbell to the 1978 convention. HLRA was unsuccessful in its first trial attempt, but Campbell warned that the employers' group would keep trying. He was right, although HSA was successful in defeating most attempts to exclude department heads.

Despite the cap on hospital funding, HSA in November, 1979, negotiated a 27-month collective agreement that included an average 28-per-cent wage hike. It only took five days to reach an agreement and it marked, noted president Stephen Barnes, the first time a pact had been reached before the old one expired. The feeling of victory was short-lived, however, with the news that Registered Nurses had been offered a pact that granted an average 44-per-cent wage hike during the same period. Commenting on this in the 1980 Annual Report, Barnes remarked, "...RN wages would be higher than the starting wages of any of our members except Pharmacists. If this agreement is signed, HSA has requested that our contract be reopened." Not sur-

prisingly, the HLRA rejected the request. The union then organized a petition drive "protesting the disparity between HSA and other health care union contracts," Jack Campbell told the delegates to the 1981 convention.

The petition, he wrote, "urged local management to intercede by instructing HLRA to grant HSA members a special rate adjustment effective January 1, 1981." Members also donned buttons bearing the slogan, "Square Deal For HSA"

The Executive Council recommended a defence fund, similar to a strike fund but designed for situations such as a lock-out. Campbell's report used language that was strong for the formerly "professional" union, talking of members' anger and frustration over HLRA's "double standard." Sheila Mannell, HSA's president, told the convention: "We have learned our lesson, albeit the hard way. The rewards from our employers are given to those determined enough to fight for a square deal. It does not pay to be polite and reasonable."

HSA was no longer the new kid on the block; it had grown up and was marking its tenth anniversary, with contracts at 104 hospitals and other health care institutions, and a membership of between 4,000 and 5,000. **R**

**1976 Executive Council: (from left) Joanne Stan, Pam Chapple, Heather Croll, Bruce Clark (President), Roger Murphy, Berthe Hall, Frank Chappell, and John Hope**



## HISTORY FEATURE (PART 2)

# The first 25 years:

Part 3

## A chronicle of the Health Sciences Association

by DAN KEETON

In 1982, delegates to HSA's Wage Policy Conference watched in shock and anger Premier Bill Bennett's televised announcement of the Compensation Stabilization Program. The Socred leader vowed to cap public spending at 12 per cent and impose wage restraint. But HSA was still smarting over the last contract settlement, when hospitals gave nurses a wage hike that greatly exceeded that earlier won by HSA. The result was the end of historical parity and HSA members were determined to rectify the imbalance in this year's negotiations.

So they ignored Bennett's address and established a bargaining table position that included a 33-per-cent wage hike. "To do less," wrote Executive Director Jack Campbell in the 1982 Annual

Report, "would have been tantamount to approval of public sector employee bashing."

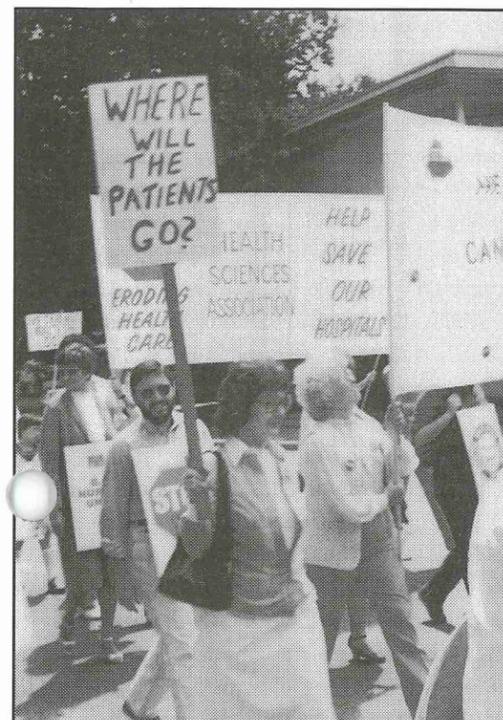
Health care in the province had already experienced underfunding problems. The restraint program would only worsen matters. Alarmed, HSA helped found, with other health care unions, the Alliance to Save Health Care (health care unions had already

formed the BC Health Coalition, dedicated to protecting Medicare, the previous year). Its first action was to survey the collective membership of 46,000 on problems they'd experienced in the pre-re-

straint period. Members were asked to report on service cutbacks in their facilities. The Alliance also produced an arresting STOP Eroding Health Care button in the form a traffic stop sign. Mass demonstrations took place, outside Vancouver General Hospital and on the Legislature grounds. Alliance members launched a radio ad campaign.

HSA in this period was undergoing its own changes. The union applied for membership in the Canadian Labour Congress following a decision at the 1980 convention. (It would not be accepted, however, until 1986.) Internal changes were also on the order paper, although not without controversy. Executive Council split down the middle, in a 5-5 vote just before the convention in 1982, over the question of changing Council representation from one based on profession to a regional system. That proposal, along with another calling for a purely delegated annual convention, set the cat among the pigeons at the AGM in May. Each side of the debates charged the other with undermining democracy. "Going into this system," contended one delegate in reference to a regionally-based Council, "I'm not sure how we're going to be represented. I.e., Lab and X-ray will probably take 90 per cent [of Council seats]." Another thundered back, "I see you...representing 22 remedial gymnasts, and you have one-tenth of the council votes. Do you call that fair representation?"

The call for a convention at which only delegates could vote generated similar heat. It was the Lower Mainland versus the Interior, with the former defending members' current ability to simply show up at convention and vote, and the latter complaining that the system unfairly discriminated against out-of-towners who of course couldn't show up in such large numbers. When the smoke cleared, the changes were set, HSA moved to a regionally-based Execu-



1982: Protest against the provincial government's restraint program

Council, and a convention at which only delegates could vote.

By 1983, HSA found itself in the largest alliance of all, with the formation of Operation Solidarity and Solidarity Coalition. In the spring of that year, the newly elected Social Credit government brought down a budget and 26 Bills. These amounted to a legislative onslaught on everything: trade union rights, tenant rights, basic human rights. Collectively the legislation aimed to rend the current social fabric and replace it with something coarser. The response was swift. Trade unionists, community and social activists, churches, men's and anti-racist organizations, and health

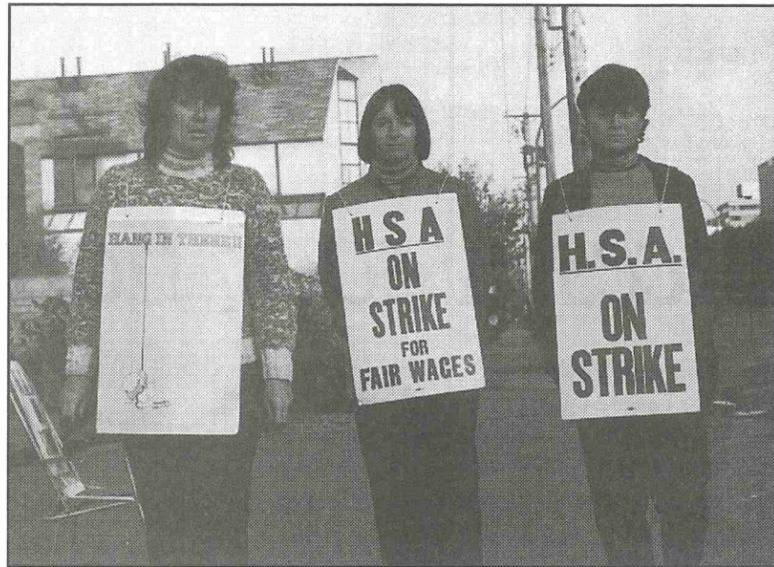
care groups quickly coalesced, first into an entity called the Lower Mainland Budget Coalition, and then into the province-wide Operation Solidarity. The summer and autumn were rocked with major demonstrations as tens of thousands took to the streets and filled football stadiums at rallies. The government offices in downtown Vancouver were occupied, and provincial Opposition leader Dave Barrett was dragged from the legislature during a filibuster attempt in an all-night session. The fight escalated with the walkout of government workers in November, quickly followed by public school teachers.

Commenting on the 26 Bills, Jack Campbell stated in the July/August Report: "It's hard to comprehend the gravity of the situation. These are not left-wing, right-wing, free enterprise or socialist issues at stake. This is a very serious attack on the fundamental values and rights people from all economic and political perspectives hold as an inviolable part of our democratic system."

That month's issue of *The Report* observed that the budget and legislation negatively affected health care by allowing extra-billing, and doctors to opt out of Medicare. It limited spending on health care, including wages, and cut back the powers of hospital boards, "making them little more than puppet advisory agencies." Bill 3, the Public Sector Restraint Act, allowed for the dismissal without cause of public employees. Bill 11, the Compensation Stabilization Amendment Act, continued the 1982 legislation limiting public sector wage hikes.

HSA worked closely in November with the BC Government Employees' Union with the aim of coordinating bargaining and strike activities. HSA conducted votes at several hospitals for job action in November. These never took place. In November, Premier Bill Bennett met in his Kelowna home

A UNION FIGHTS BACK: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE (PART 3)



1983: Vancouver Neurological Centre – HSA's second strike

with then-president of the International Woodworkers, Jack Munro. The resulting "Kelowna Accord" effectively ended Solidarity protests by modifying some of the proposed legislation, although Operation Solidarity continued on for another couple of years.

For the second time since HSA's formation, members took to the picket line that year. Eleven members at the Vancouver Neurological Centre

struck on October 5 after the employer offered a zero wage increase — to members who had received no pay hike in three years (the first job action, at the same facility, was in 1975, the year HSA dropped the no-strike clause from its constitution). Press coverage was favourable to the strikers, states *The Report*, which also cites strong

support from parents of the children served by the members. The strike ended 10 weeks later with a new contract. HSA credited pressure from parents on the centre's board of directors. The members achieved parity with Master Agreement members.

But it was never easy sailing for the union. HSA along with the other public sector unions bar-

**"Women's increased role in the labour market demands a new look into the relationship between family life and work life, and women's role in the workplace hierarchy and union structure."**

gained under the shadow of the Compensation Stabilization Program. One of the worst threats to free collective bargaining came in August, when Premier Bill Bennett made his infamous comment: "...it may be that the public now has come to the conclusion that the public sector right to strike...is not in their interest." Bennet never acted on his threat, but the tension sparked by the government's hostility to trade union rights, and along with the layoffs and dimming employment prospects for youth made 1984 "a sad year," commented Campbell in the 1985 Annual Report. "HSA members' collective agreement expires March 31, 1986," he wrote. "If the Compensation Stabilization Program is still in place at that time, HSA will have been under wage controls...for all but one contract over the past eleven years."

HSA was a union largely founded and run, in its early days, by women. Yet members had elected mostly male presidents since then and did not apparently give much attention to women's issues. That changed in 1984, when the union received a modest grant from Labour Canada "to investigate the experience and perspectives particular to women in HSA," in the words of *The Report*. The Education Committee incorporated into a survey of members questions dealing with concerns facing women and constructing a profile on women's position at work. "Of particular interest is investigating the way HSA's contract may be improved to accommodate changing parental and lifestyle preferences," states *The Report*. "Eighty-five per cent of HSA members are female," noted committee chair Sue Richings in the January, 1985 issue. "Women's increased role in the labour market demands a new look into the relationship between family life and work life, and women's role in the workplace hierarchy and union structure." Richings wrote a series of articles in *The Report* that year, and HSA established a library on women's issues.

Although HSA members had approved seeking membership in the Canadian Labour Congress back in 1980, it wasn't until 1986 that the u-

was actually accepted. The problem had been that HSA was not a national or international union, and its candidacy was opposed by other unions claiming similar jurisdiction. That was resolved when HSA joined the newly formed National Union of Provincial Government Employees (NUPGE, now called the National Union of Professional and Government Employees). "NUPGE is a federated union: it is a union made up of unions...and its membership is more like ours than any other national union," explained HSA President David Lowe in urging members to approve joining NUPGE at the 1986 convention. "Affiliation with NUPGE also responds well to our desire to be able to speak out with a much louder voice on issues that affect the educational, professional and economic welfare of our members and society as a whole."

The move to CLC membership reflected a widening of the union's perspective that had already been in evidence a few years earlier. The 1985 annual convention, the first to be held with a "delegates and resolutions" format, broke with the tradition of dealing solely with constitutional and financial matters. HSA's first two-day convention included resolutions in its regular business; more than 50 had been sent in by Chapters, dealing with issues such as socializing private, fee-for-service clinics and salaries for hospital physicians. The delegates were not quick to move into the realm of controversial stances, however. An emergency resolution opposing the provincial government's obsession with costly megaprojects at the expense of health and social services was referred back to Executive Council; another urging support for the nuclear disarmament movement was defeated.

The period between the 1986

and 1987 conventions was to be one of the most challenging in the union's 15 years. By mid-year, negotiations for a new collective agreement with the Health Labour Relations Association were going nowhere. In a period when hospitals were having trouble attracting qualified professionals, and those professionals were in fact leaving the BC health care field in droves, HLRA balked at paying better wages. "HLRA has also tabled a bundle of concession proposals..." wrote Assistant Executive Director, Peter Cameron, in the April, 1986 *Report*. By May *The Report* carried the headline, "Slow Progress," above an article that complained, "...so far, the employer has shown little willingness to make significant moves in the areas of most importance to HSA members." By convention time, members had had enough. Delegates unanimously called for a strike vote; in June, members voted 83 per cent in favour of strike action. The union hoped HLRA would listen, but on July 13, after eight days of mediation and no progress recorded, HSA asked the mediator to book out of talks. It set the stage for HSA's first strike over a Master Agreement. **R**

1983: HSA in Operation Solidarity march in Victoria, July 27



**A UNION FIGHTS BACK: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE (PART 3)**

# The first 25 years:

Part 4 of 4

## A chronicle of the Health Sciences Association

by DAN KEETON

**H**SA members covered by the Master Agreement hit the bricks for the first time on July 21, 1986, when Prince George workers staged a half-hour work stoppage that morning (the previous contract had expired in March). By the afternoon, it was over; the Bill Bennett government had imposed a 90-day cooling-off period.

The union hit back with a legal challenge, but on August 25, the BC Supreme Court upheld the government's action. In the subsequent months, the government appointed an industrial inquiry commissioner and the union took a second strike vote; the results, released October 3, showed 88-per-cent support.

Under the threatened imposition of a new cooling-off period, members prepared strike action, and on October 16, Prince George walked. Trail and Vernon also went out, and by October 22, 1,800 members were on picket lines.

On October 23 the industrial inquiry commissioner handed down his report, recommending a three-year rather than a four-year pact. HSA recalled

its pickets, giving bargaining until November 12 to work. At the same time the union urged members to reject the report and on October 30, HSA members held province-wide study sessions. Members subsequently rejected the report by 76 per cent. HLRA rejected the

union's call for further negotiations.

The government called in mediator Vince Ready, and the rest was history. On November 12, the day the strike was to resume, the parties reached a tentative agreement. The new agreement provided for modest wage hikes – standard for the period, given that the agreement had to be submitted to the Compensation Stabilization Commission – but broke ground by revamping the moribund classification system, through a committee comprising employer and HSA representatives. CSP commissioner Ed Peck subsequently approved the pact, rejecting HLRA arguments. An HSA *Bargaining Report* to the members called it, “the best contract settlement in the public sector....We achieved this settlement standing up and by sticking together,” stated the report. “We learned that the hard reality is if we want respect for ourselves...we have to stand up and fight for it.” Members subsequently backed the pact by 86 per cent.

All was not well within HSA's house, however. Increasing conflict led to a split between Executive Director Jack Campbell and the Executive Council. Ernie Hilland, a Councillor at the time, recalls that the friction resulted from a feeling that staff withheld too much information from Council. At any rate, it led to Campbell's dismissal in February, 1987. The rest of the staff walked out in protest, and stayed out for one week. An arbitration ruling reinstated Campbell, but the friction continued. Eventually, NUPGE president John Fryer and secretary-treasurer Larry Brown were called in to broker a deal. The result was that Campbell was seconded to BCGEU for a one-year term, while BCGEU's Bob Moore was brought in as Executive Director for the same period. Terms of the agreement included excluding that position from the HSSU bargaining unit, and that spring Council and staff headed off to the Sunshine Coast for a two-and-a-half-day retreat. The

sulting “Sechelt Accord” produced an agreement setting up processes for regular exchanges of information between Council and staff.

It was well that HSA eased its internal problems, because it needed all its energy to fight Bill 19, the anti-labour legislation ushered in by the recently elected Socred government of Premier Bill Vander Zalm. With other trade unionists, HSA members participated in a one-day general strike on June 1, 1987 to protest the new legislation which basically allowed the government to dictate wages and stifle union organizing. The Industrial Relations Council replaced the Labour Relations Board. The labour movement reacted by boycotting the legislation and IRC council. HSA members ignored IRC regulations at private clinics, striking both Paragon Orthotics and Fairmont x-ray clinic, winning a first collective agreement at the latter. (Bill 19 was withdrawn by the newly-elected NDP government in 1991.)

That year, HSA became a member of the BC Federation of Labour and President Jackie Henwood was elected to the federation's executive council. Royal Inland had already become the first HSA Chapter to join a local labour council.

By early 1989, the effects of government-imposed restraint on women had become clear. An HSA survey found that members' wages were 24 per cent below “men with a comparable education,” according to the February issue of *The Report*. Since HSA's membership usually runs about 85 per cent women, fiscal restraint was revealed as gender discrimination. The survey, performed by an outside consultant, found glaring inequities. For example, an HSA physiotherapist possessing a baccalaureate and internship experience earned \$16.74 per hour; a senior hydrological engineer at BC Hydro, with only a baccalaureate, made \$24.84. Pay equity therefore became a demand in 1989 negotiations for a new Master Agreement.

Negotiations led to a tentative agreement for HSA and the Hospital Employees' Union. Members of the BC Nurses' Union, however, walked out in June for what was to become the longest strike in the history of BC public health care.

HSA and HEU members respected the picket line, but felt frustration because an overwhelming number of nurses continued working under their Essential Services agreement with the HLRA (HSA had hammered out an agreement with management designating about 20 per cent of the membership as essential). On one occasion, wrote Executive Director Peter Cameron in *The Report*, the nurses “agreed on an essential service level that was 110%.” The nurses' strike was won, Cameron asserted, thanks to the strong support from HSA and HEU. Disputes around the essential services issue continued after the strike, despite attempts at negotiating a tri-union accord. It was finally resolved in March, 1991, on the eve of the expiration of the HEU and BCNU master agreements.

HSA went through another constitutional change in 1989, with the re-election of Jackie Henwood as President. Previous presidents had been elected by Executive Council; this year, delegates directly chose their leader at convention.

The early Nineties found HSA questioning its role in the broader picture. The March-April, 1991 *Report* carried a lengthy article, actually a position paper, urging that the union become involved in political and human rights issues. “Some HSA members believe that we should confine our Union activ-



1990: Picnic-rally for seven striking infant development workers at Peace Arch Community Services

1988: President Jackie Henwood receives HSA's certificate of affiliation to BC Federation of Labour; BC Fed officers Cliff Andstein (left) and Ken Georgetti



A UNION STANDS STRONG: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE

Continued on next page

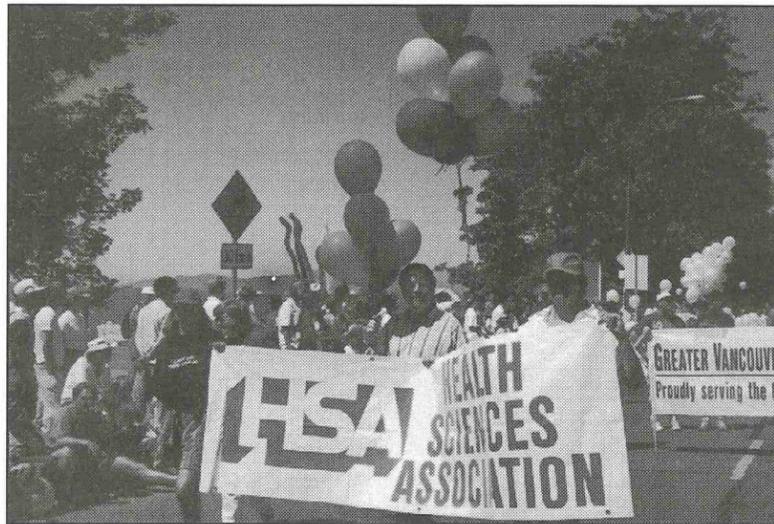
ity to collective bargaining and grievance handling. They say that unions should be involved only in these 'bread and butter' issues," stated the article. But, it noted, so many issues relevant to HSA members are grounded in political and legislative realities outside the union's immediate purview. Stated *The Report*:

**"Every time we promote fair labour legislation or better health care policies, we engage in politics."**

"Every time we promote fair labour legislation or better health care policies, we engage in politics."

Wage controls reared their ugly head again in 1991, with the Socred government's Compensation Fairness Act. The new program, "has everything to do with keeping public sector wage settlements behind the rate of inflation," wrote Executive Director Cameron. The Act was a re-hash of 1983 controls, with worse elements, Cameron observed. He suggested that, "What HSA members can do about it is part of the driving force behind Council's proposed position on political and human rights issues."

HSA participants at the 1994 Gay Pride March in Vancouver, August 1



That year brought a change of government to BC, and, perhaps fitting for the first year of the decade, radical changes to health care. The new NDP government hoisted the worst of the old Socred legisla-

tion. It did, however, introduce public sector wage guidelines of its own. And, in line with other provinces, BC began the process of rationalizing health care in the face of rapidly declining public revenues. This meant the transfer of traditional acute-care services to community clinics, under the names, New Directions and Closer to Home (the latter term was the title of the report of the Royal Commission on Health Care and Costs). The restructuring meant layoffs – the loss of thousands of jobs. HSA, along with HEU and BCNU, called on the government to halt layoffs and freeze hiring until a strategy for job preservation was in place. "Our members support changes that will improve the way services are delivered in the community and, at the same time, respect those who do the delivering," stated Henwood in *The Report* of July, 1992. HSA was prepared to accept change, but not at the expense of workers' living standards, professional standards and the quality of service. She noted that some aspects of the Commission's report were not acceptable. HSA – for example, a suggestion that the Ministry of Health allow private laboratory firms to bid for hospital contracts.

The health care unions urged an orderly transition to community-based care. The government responded, and negotiations among the unions, the employers and the government began in early 1993. By March the first Employment Security Agreement had been reached; HSA Executive Council recommended acceptance and members backed it by 82 per cent. However, the Health Labour Relations Association – never keen on the power-sharing implied by the agreement – balked, sparking demonstrations by the unions including a boisterous rally in front of HLRA offices.

Mediator Vince Ready was brought in, and in July, a new ESA was handed to union members for ratification. They accepted it, and for three years health care workers enjoyed what might be termed relative stability with the throes of major change.

The Health Labour Accord – the full name for the process which guaranteed virtually no layoffs, job retraining, job sharing and fully paid re-education with the operations handled by local committees w-

union representatives – gave labour a voice in the changes which affected its destiny.

When the Accord was implemented, it replaced the master collective agreements already in place. When it expired on March 30, 1996, HSA and its fellow unions buckled down for hard bargaining. They sought a new Employment Security Agreement and once again, the employers' group – now renamed the Health Employers Association of BC – resisted. BCNU, HEU, HSA, the BC Government and Service Employees Union, and the International Union of Operating Engineers, all took strike votes with members approving job action. The government stepped in, appointing mediator Vince Ready and laying down a hefty piece of legislation – Bill 21, the Education and Health Collective Bargaining Assistance Act. It forbade strikes and lockouts and allowed Ready, now appointed Industrial Inquiry Commissioner, to make recommendations which could be imposed as a settlement. Following a provincial election and the return of the NDP to office, the government did just that. The new pact was a mixed bag. It extended employment security, but only for a year after displacement. It denied province-wide seniority, which HSA considered essential since paramedical professionals were working under a new, provincial system. Several other contentious items were handed to employer-employee committees to resolve by early 1997.

By the time of its 25th convention in May 1996, HSA counted some 10,300 members – full time and casuals – representing 150 paramedical professional disciplines.

In the beginning this account dealt with the specifics of establishing and nurturing a union of paramedical professionals. But as we moved through the decades, the picture broadened. Partially this is because it's easier to assess earlier periods in which key issues have been clarified by time and evolution. The closer one gets to events, ironically those in which many details are still fresh in the memory, the harder it is to assign their proper place for posterity.

But it's equally valid to observe that as time passed, its battles became part of the broad struggle for



1994: President Cindy Stewart addresses a health care rally outside St. Paul's Hospital, Vancouver

the preservation of public health care, in which all health care unions, and the public, have a stake. At the time of this writing, the period of the so-called global economy, vast changes are taking place in the way we are meant to live. Corporations are merging, growing richer, and funding for public services is declining rapidly. Vast layoffs are creating a permanent, large underclass. Unions, responding to the tumult, are merging, and some predict that there will be only five or six super-unions by the end of the millennium. Collective bargaining now takes place on a provincial level, and often involves more than one union. So it is that the last two Master Agreements, beginning with the Health Labour Accord, have involved all the health unions.

HSA's own evolution has paralleled this development. It started out in 1971 grouping nine paramedical disciplines at two Lower Mainland hospitals. The union now represents workers in hospitals, long-term care facilities, transition houses, seniors' residences and a host of other facilities around the province. HSA is making inroads into smaller, community institutions.

As it has grown in a linear manner, so has its consciousness grown. From an organization of professionals who traditionally negotiated their own salaries, an organization that began in part because its members wanted to avoid being in a union, HSA now bargains in concert with others and sets as its goals nothing less than the preservation of public health care. As the 1996 Convention theme declared, "Twenty-five Years, and We're Not Turning Back!" Nor should we. **R**

A UNION STANDS STRONG: HSA'S 25TH ANNIVERSARY SPECIAL HISTORY FEATURE