

**THE CAUSES AND EFFECTS OF THE 1981 HOSPITAL STRIKE  
IN ONTARIO: FISCAL CRISIS, CHANGING LABOUR PROCESS AND THE  
ROLE OF GENDER IN PUBLIC SECTOR CONFLICT**

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## ABSTRACT

In 1981 the Canadian Union of Public Employees (CUPE) staged a strike in Ontario Hospitals. This dissertation is an exploratory case study of the causes and effects of that strike. The dissertation employs elements of the labour process theory to evaluate the hospital worker's action and in so doing provides an opportunity to contribute to the on-going debate concerning this theory. The study is centred on the hospitals of Greater Hamilton and Burlington Ontario. It assesses the role of political environment, union structure and action, and gender in creating and sustaining the conditions for strike action in the public sector.

The economic and political situation leading to the strike is analyzed with a view to understanding how the fiscal crisis in Canada led to the strike. Labour legislation and the fiscal policies of the federal and provincial governments had an impact on hospitals and their workers. Labour legislation in the hospital sector destroyed collective bargaining at a time when changes unpopular with the workers were taking place in the hospital. This encouraged the decision to strike.

The majority of hospital workers in 1981 were women. The dissertation explores, through interviews and archival data, a possible link between gender and the decision to strike. Some changes in the organization of hospital work broke an important care-giving link between women workers and patients.



The repercussions of the strike include changes for the union, for women, and the wider political consequences such as the further undermining of the Hospital Labour Disputes Arbitration Act.

The dissertation concludes that the strike was caused by labour process changes made by management faced with government cost cutting measures. These changes were particularly upsetting to the majority of workers who were women. The illegality of the strike did not deter the decision to strike because the government labour legislation had destroyed the 'normal' bargaining process. Therefore workers felt that there was no real choice but to strike.

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## TABLE OF CONTENTS

	Page
CHAPTER ONE: INTRODUCTION	1
I. Preamble	1
II. The Strike	4
III. Labour Process and the Debate with Braverman	6
A. What is the Labour Process	6
B. The Debates	9
C. The Criticisms of Braverman	11
1. The Context of Resistance	12
2. Gender: Production, Reproduction, Consciousness and Resistance; a Braverman Blindspot	13
3. The State and its Relation to Work and Strikes	15
IV. Working Propositions	16
V. Outline of Dissertation	18
 CHAPTER TWO: METHODOLOGY	 22
I. Data Sources	24
A. Government Documents	24
B. Newspapers	24
C. Archival Materials	25
D. Interviews	27
II. Concluding Remarks	32

# TABLE OF CONTENTS (Continued)

	Page
CHAPTER THREE: THE STATE, FISCAL CRISIS MANAGEMENT AND THE SHAPE OF LABOUR RELATIONS	34
I. The State: Fiscal Crisis, Fiscal Policy and Industrial Relations	36
A. The Nature of the Fiscal Crisis	36
B. What Steps Were Taken	44
C. Federal Fiscal Policy and Its Consequences	45
1. Wage Controls	53
2. Measures to Weaken Labour's Power: The Hospital Labour Disputes Arbitration Act	56
a. The Origins	56
b. The Effect of the HLDAA	59
II. Concluding Comments	66)
CHAPTER FOUR: WOMEN, THE LABOUR PROCESS AND THE STRIKE	73
I. Introduction	73
II. From Home to Hospital: Women in Service	76
III. The Changing Nature of Women's Work in the Hospital	85
A. Women and Service in the Hospital	85
B. The World of Hospital Work	90
(1) Nursing	91
(2) Kitchens (Dietary; Food Services)	93
(3) Housekeeping	94
(4) The Laboratories	98
C. Reactions to Change	99

## TABLE OF CONTENTS (Continued)

	Page
IV. Women in Unions; Women on Strike	101
A. Women and Unions	101
(i) General Views	102
(ii) Data on Women's Unionization, Participation and Representation in Unions	107
1. The Unionization of Women	107
2. Women's Participation in Unions	110
(iii) Deterrents to Women's Participation in Unions	112
1. Time: When to Do Union Work?	112
a. The Triple Day	113
b. Gender Time	114
- Gender Time I	115
- Gender Time II	116
- Gender Time III	117
2. Action: What the Union Does	119
3. Structure: How the Union Does Its Work	121
- Union Meetings and Steward Meetings	122
- Conventions and Negotiations	124
B. Women in CUPE Hospitals	125
V. Women and Collective Action	127
A. Are Women Acquiescent and Non-Militant?	128
B. Men and Women as Strikers in 1981	130
C. Why Did Women Take Action In 1981?	131
VI. Conclusions	133
CHAPTER FIVE: THE STRIKE	144
I. Introduction	144
II. The Strike: A Chronology of Significant Events	145
III. The Origins of the Strike	148
A. The Story Begins	149
B. The Process of Negotiations Leading to the Strike	155

TABLE OF CONTENTS (Continued)	Page
C. The Rowhampton Massacre	159
D. The Situation Among the Staff: Differences Contributed to the Strike	160
IV. The Role of Management in the Strike	162
V. The State Wears a Uniform	167
VI. The Strike Collapses	170
VII. Conclusion	175
CHAPTER SIX: THE AFTERMATH: EXAMINING THE EFFECTS OF THE STRIKE	183
I. Introduction	183
II. The First Effect: Retaliation	183
III. Structure	188
A. Introducing Indicators of Change	188
B. The First Indicator	188
1. Democracy	189
2. Ineffective Leadership	192
C. The Second Indicator: Members Seek Changes Over the Years	194
D. CUPE Investigates Itself: Two Commissions	196
E. What Has Been Accomplished?	202
1. The Ontario Council of Hospital Unions: Addressing Membership Demands	202
a. Life Inside the Ontario Council of Hospital Unions	202
b. Hospital Workers in CUPE	206
c. Bargaining	207

TABLE OF CONTENTS (Continued)	Page
IV. The Changes for Women	209
A. Women and the OCHU	209
1. Style of Work and Organization	210
2. Women and Elected Positions	212
3. The Relevance of Bargaining to Women	214
B. The Effect on Women as Individuals	219
C. Women and the Right-to-Strike	223
V. The Right-to-Strike: The HLDAA and Compulsory Arbitration	224
VI. Conclusions	224
CHAPTER SEVEN: CONCLUSIONS	229
I. Introduction	229
II. Working Propositions: The Findings	230
III. Braverman's Lost Variables: Gender, Resistance and Actions of the State	236
1. The Underestimation of Resistance	237
2. Gender: Home, Paid Labour and Resistance	238
3. The State and the Role of Political Environment in Labour Process Changes	239
IV. Mythology and Apology: Popular Theories of the 1981 Hospital Strike	240
V. Significance of the Study and Further Research	245
BIBLIOGRAPHY	250
APPENDICES	
Appendix One: 1985 Bargaining Leaflet	275
Appendix Two: Interview Guide	278



# LIST OF TABLES AND FIGURES

	Page
Table: 2-1 Interviewees by Department and Gender	30
Table: 3-1 Changes in CPI 1966-78	37
Table: 3-2 Strikes and Lockouts 1967-1977	38
Table: 3-3 Annual Percentage Increases in Base Rates of Major Collective Agreements	39
Table: 4-1 Female Percentage of Selected Industries	77
Table: 4-2 Females As A Percentage of Selected Occupations (1981)	78
Table: 4-3 Female Labour Force Participation	80
Figure: 4-1 Characteristics of Work for Women Health Care Workers	82
Figure: 4-2 Women's Role in the Family	83
Table: 4-4 Characteristics of Work in Major Departments in Hospital	88
Table: 4-5 The Number of Women in Unions Over Time	108
Table: 4-6 Selected Executive Board Members (EBM's) for Unions in Canada	111
Table: 6-1 Report of Complaints Reported to Hospital Bargaining Review Committee	200
Table: 6-2 Major Recommendations of the Hospital Board Review Committee	201
Table: 6-3 Gender Composition of OCHU Executive	213
Table: 6-4 Percentage of Female Membership in CUPE	214
Table: 6-5 Comparison of Hourly Wages Between Male and Female Cleaning Staff in Selected Hospitals	217

## CHAPTER ONE

### INTRODUCTION

#### I. Preamble

In 1981 the Canadian Union of Public employees (CUPE) staged a hospital strike in Ontario. In many ways this appeared to be an exceptional action. Standard industrial relations models offer few insights into the causes of the conflict. Indeed, macro level indicators, such as unemployment levels, pointed away from strike action (see Anderson 1981). Here was a work place dominated by women workers. There was no right to strike in Ontario hospitals and many of the union leaders did not support the action.

These circumstances have caused many analysts to suggest the strike was an aberration and too unique to provide us with any insights or understandings. As a result, this conflict has remained a mystery.

Several "popular" theories of the strike were constructed by some of the major participants. The Ontario Hospital Association (OHA) states that the strike was engineered by a conspiracy of union leaders. The "hospital workers were manipulated and stage managed" according to the OHA members.

The Government publicly attached responsibility to "individuals seeking martyrdom". According to this theory, union members were "swept away" and "misled by union leaders" who did not serve the interests of their members (McMurtry 1981).

Senior union negotiators and the Ontario CUPE district director claimed that the strike occurred because of the manipulation of a small group of radicals and leftists - a "core of persons" who "wanted to go to war" and "change the system". The Ontario District Staff Director, Pat O'Keefe, was of the opinion that much of the national office staff and some others "were not interested in getting a contract, they wanted a revolution...The Department of Organization and Research stirred things up". (O'Keefe Interview 1986)

These "agitator theories" have little explanatory power and they divert attention away from failings in legislation, general labour relations, growing problems in the functioning of hospitals in Ontario and problems in the union.

An initial investigation into the strike revealed that the change in the labour process in the hospitals had an important role in promoting the strike, particularly for the women workers. This dissertation will employ elements of the labour process framework to evaluate the hospital workers' strike. In this way the case study provides a basis for an alternative way of looking at the long standing debates around the labour process.

In 1974 Braverman reopened this long neglected area of investigation and controversy. In his Labour and Monopoly Capital (1974), he made an insightful attempt to study the changing nature of work over the last 100 years. The ensuing debate over his conclusions has carried on well into the 1980s. While Braverman has received much well deserved praise, there has been a consistency and cogency to the criticisms. Scholars have identified three areas of weakness where the

relationship between labour process and resistance by workers has been ignored by Braverman. These include: (1) the relationship of workers' unions to resistance and the labour process, (2) the role of gender (conditioned by the relationship between home and paid workplace) and, (3) the role of the state and the fiscal crisis. Critics have called for empirical studies to look at these three areas of perceived weakness. The 1981 strike provides an excellent opportunity for looking at these factors. The action is by definition an act of resistance and, as we will see, allows us to look at the range of variables mentioned above. These are variables that have been left out of both traditional industrial relations and many modern labour process studies.

This dissertation will attempt to unravel the causes and effects of this strike. It is an important study for three reasons. At the concrete (or unique) level it explains the strike - a collective action that is relatively inexplicable to date. On the general (or abstract) level it contributes to the development of labour process theory and the debates over the Braverman thesis. The study contributes to our theoretical understanding of women and work, women and unions, and the role of the state in industrial relations. The final importance of the study lies in the fact that it addresses a relative dearth of information on public sector unions and public sector workers. The dissertation examines the nature of public sector union structures and the effect of collective action on those public sector union structures. It opens a window on the nature of the work in the public sector and on the workers themselves.

## II. The Strike

At midnight, January 25th, 1981 the Ontario hospital strike began. Within 36 hours, more than 10,000 workers from 50 of the 65 hospitals, organized by the Canadian Union of Public Employees (CUPE), were participating in the illegal strike. The strikers included housekeepers, food handlers, nursing assistants, maintenance workers, laboratory technologists, orderlies and porters. In Ontario, hospital workers are denied the right to strike. Impasses in bargaining were supposed to be passed to an arbitrator. This procedure was set by the Hospital Labour Disputes Arbitration Act (HLDAA) of 1965. Doctors may strike, but the non-professional service worker cannot. The absence of the service worker would, according to the state, endanger public health.

The strike was unusual in many ways. In the fall of 1980, CUPE's negotiators had signed a tentative agreement with the Ontario Hospital Association (OHA).. This agreement was put to the members for ratification and the hospital workers were encouraged to accept it. Despite this encouragement, the members voted 91% to reject the agreement. CUPE staff members who had negotiated the contract, and many middle and upper CUPE leaders, counselled against strike action. The government launched a publicity campaign against the strike and tried to deter strike action through intimidation. These actions intimidated some workers but did not stop the strike.

There had been little support for the strike from the official structures in the union. Consequently, there was virtually no formal

organization for it. This meant that the strike depended primarily on the determination of the rank and file members. With virtually no formal organization for the strike, the province-wide action collapsed after ten days. This collapse was precipitated when hospital workers in Toronto began returning to work. In the aftermath of the strike both government and employers took reprisals: 3,400 workers were suspended--some for up to one year; thirty-four people were fired outright; and, three senior union leaders received jail sentences. The strike and its consequences prompted the Canadian Union of Public Employees (CUPE) to enter a period of self examination that culminated in the production of two reports on the causes of problems in the union's hospital jurisdiction and collective bargaining. The long-term outcome of this soul searching was an internal reorganization of CUPE, including the formation of an intermediate body in the Ontario District called the Ontario Council of Hospital Unions (OCHU). This council brought together all the local unions of CUPE in the hospital sector.

Other significant by-products of the strike also emerged. Later in 1981, the original tentative agreement with slightly improved wages was imposed by an arbitrator. This was the same agreement that the rank and file unionists had originally rejected. Since 1981 there have been two rounds of negotiations. The 1983 round ended in a negotiated settlement that workers claim is one of the best ever. The 1985-86 round had to go to arbitration as have the 1987 negotiations.

### III. Labour Process and the Debate with Braverman

#### A. What is the Labour Process?

We can see from the description of the strike that it is an action which is not easy to explain. It was felt that the exploration of labour process changes in the work-place would be useful in unravelling some of the causal factors. On the one hand the labour process approach is a dynamic and useful procedure to develop explanations for the strike. On the other hand the strike provides, as we shall see, a framework for exploring and resolving debates within the labour process approach itself.

It was Karl Marx who introduced the concept of labour process as an element of analysis. In Capital (Vol. 1) Marx notes that the labour process consists of " ... first purposive activity, or labour itself; secondly, its subject matter; and thirdly its instruments...In the labour process therefore, man's activity ,with the help of the instruments of labour, brings about changes in the subject matter of labour..." (Marx 1967: 170,173). The subject matter is that which is being worked on and the instruments are "things which the worker interposes between himself and the subject matter of his labour, and one which serves as the conductor of his activity." (Ibid,171). These are tools and methods of work.

This is not all there is to the analysis of labour process. Marx saw the labour process in the light of his general notions of human nature and human needs.

"What happens is not merely that the worker brings about a change of form in natural objects; at the same time, in the nature that exists apart from himself, he realizes his own purpose... The less attractive he finds the work in itself, the less congenial the method of work, the less he enjoys it as something which gives scope to his bodily and mental powers..."

(Marx 1967,170)

For Marx, the labour process is the human activity of production. It differs qualitatively from the instinctually driven work of animals. The work of humans, carried out in a labour process, is purposive, conscious, and conceptual. In Marx's earlier writings, such as the 1844 manuscripts, there is more emphasis on the human nature, personal growth, and the consciousness that takes place in the context of work (Marx 1964,139). In later works, such as Capital, Marx concentrates on the structural determinants and general patterns that characterize the production processes. Even with this emphasis on structure we can see the continuing acknowledgement of the interaction between the evolving human beings and structural determinants. This dissertation follows in the tradition of examining the labour process in its widest sense, examining the foundation of this process, which is the activity of work, and the wider questions involving attitudes and consciousness.

As a labour process is established, people develop relations within their work world. These relations have three dimensions:



(1) Social relations

People form relationships at the social level when they are in continuing contact with each other, as in work places. The relations are characterized by "shared values, intimacy and a partial [work place] culture" (Salaman 1986:31-32).

(2) Normative Component

People who associate share "values, norms and knowledge" (opus cit:32)

(3) Personal Identity

People develop a portion of their identity of self in the labour process and the interactions defined by it. These are interactions between fellow workers and with the environment.

These aspects are conditioned by several factors. First is the expectations, ideas and understandings people bring with them into the job. Secondly, the process itself conditions attitudes and self identity. Thirdly, forces outside of the work place, such as the business cycle, condition the entire process.

Changes in the labour process will alter the organization, social interactions and the actors themselves. Many studies note that change breeds resistance (Penn 1982; Blauner 1964; Burawoy 1979; Friedman 1977). The forms of resistance are many. Some people will absent themselves, some will sabotage and some will strike. The external factors may influence the selection of tactics. The labour market and business cycle, consistent with other models, will discourage a strike if they are turning down. Sometimes, altering the labour

process significantly diminishes the quality of work. Goldthorpe (1968) found that workers respond in an instrumental fashion: they demand a payment for the undesirable, monotonous and uncreative environment in which they work. In such cases, work is seen as a hardship carried out for a reward. However, we must be careful when we look for instrumentalism based on the findings of Goldthorpe's influential study, for as Thompson (1983:185) notes: Goldthorpe ignored women in the study of rewards. In our study gender differences are of importance because the men did act instrumentally but the women did not.

Others, such as Blauner (1964), argue people do not work for external (extrinsic) rewards alone. People are seen as having a real need and drive to fulfill themselves through work. The fulfillment, or realization of one's nature, comes from working productively (Marx 1967). Fox (1980:178-79) notes:

"When men (sic) strike for higher pay the passion of their campaign may sometimes be strengthened by resentment against intrinsic deprivations ... those demands may not be articulated if only because in our society men are expected to strike for pay".

People bring ideas and consciousness to the work process. These understandings determine, to a degree, their needs from their work. In working, people are changed. Their ideas, attitudes and their root feelings are slowly and subtly transformed as they confront the environment of men, women, law and the material world. This is in part what Marx (Capital Vol.I) meant when he said that as we transform nature we transform ourselves. Modifications in the labour process disrupt the systems of evolving change. This affects the people involved and can create resistance such as a strike.

## B. The Debates

As was mentioned above the current debate over the labour process and its shape, role and importance was kindled by the 1974 publication of Braverman's Labour and Monopoly Capital. There was a subsequent flood of both supportive and critical research. Many excellent summaries of Braverman's work exist (see Littler 1982b, Wood 1982). Essentially, Braverman argued that the monopoly stage of capitalism demanded the proliferation of a management strategy that would make workers increasingly interchangeable and relatively passive. Scientific management was that vehicle. Scientific management, or Taylorism as it is often called, deskills work through a detailed division of labour and automated technologies. Taylor's program divided work into more and more sub-routines that required a reduced skill level. This made the workers doing those jobs replaceable and reduced labour's power vis a vis capital. The scientific management system changed the labour process by fragmenting tasks, introducing automated technologies and codifying a system of close, detailed and authoritarian supervision. This affected workers' attitudes to work by taking away many creative aspects from work (see Braverman 1974, Zimbalist 1982). Braverman saw this Taylorist management system as the vehicle for the deskilling of the working class.

The simplicity of the argument is both its strength and weakness. Braverman's characterization of the "fourth" stage of capitalist development as a logical extension of Marx's three stages (simple cooperation, manufacture, machinofacture) captured people's

interest. This stage of monopoly capitalism involved a homogenization of the working class through deskilling. This transition to the monopoly stage involved a real subordination of the working class. This challenged the leading functionalist interpretations which were based on Durkheim's Division of Labour. Durkheim had reasoned that new technology would lead to increased skill levels and greater differentiation in the working class.

The critique of this general deskilling thesis has taken different forms. Daniel Bell (1973) on the one hand supports Durkheim's contentions and refuses to recognize job loss and deskilling. He sees an extension of skills as a logical and inevitable consequence of technological advancement. On the other hand British Weberians and neo-Marxists have taken issue with Braverman selectively. They point out that different amounts of deskilling occur in different economic sectors. Some see the deskilling of the craftsman that Braverman notes in his thesis and some do not. Different national experiences and different gender experiences have also been pointed out (see Beechy 1983; Burawoy 1978; Coombs 1978; Thompson 1983; Wood 1982).

The criticism of Braverman's thesis that it overestimates the extent of scientific management and deskilling is not explored in this work as it does not directly impact on our study.<sup>1</sup>

#### C. The Criticisms of Braverman

One major criticism of Braverman's thesis is his underestimation of the resistance that workers show to changes in the labour process.

A second criticism is that Braverman does not treat gender in the context of the relationship between home (family) and the paid labour force. He ignores women's consciousness with regards to the labour process.

The third criticism of Braverman is that he failed to specify the role of the state in his theory. Management decisions on changing the conditions of work are also conditioned by the political and economic environment created by the actions of different levels of the government.

These three criticisms reveal the basis on which we can construct our case study. The following more detailed explication of the criticisms is designed to provide a basis for commenting on the role that alterations in the labour process may play in determining strikes.

#### Critique One:

##### The Context of Resistance

Braverman sees the working class as passive, inert and accepting of the degradation of work.

"Indeed, one of the main criticisms that has been leveled at Braverman is his rendering of the working class 'as passive, inert, living in accordance with the forces which act on it' (Wood 1982:15).

Employing the classic Marxist dichotomy, he sets as his task the description of "a class in itself", not "a class for itself". Thus he avoids describing how the working class resists changes in work 'for itself'. We know change produces frictions and conflicts constantly. The strike is by definition resistance and as we assess the other

variables, such as gender, in the context of the strike we capture the factor of resistance. The context of resistance raises yet one more avenue of analysis. This is the role of the union itself. The dissertation examines the union as a vehicle for organizing the strike and the effect of the strike on the union. We would contend that Braverman left union structures out of his investigation as a result of his presuppositions concerning the passivity of the working class. Implicit in Braverman's analysis of the passivity of the working class is a presupposition that the organizations of workers will not mount a resistance to labour process changes. Indeed, we can see Engel's position that the unions may become vehicles to facilitate management's introduction of labour process change. As we will see, there were union officials who did wish to accept forced changes in the hospital; however, the workers themselves did not.

#### Critique Two

##### Gender: Production, Reproduction, Consciousness and Resistance; a Braverman Blindspot

Braverman has been congratulated for looking at women as workers and has "fully incorporated this understanding into his analysis" (Baxandall et al 1976; see also Beechy 1982). However, his concentration on continuous process wage labour work and his splitting of the discussion of women and family off to the sphere of consumption creates a void in his analysis. This void is the effect and interaction of home and paid labour market on women as workers. Beechy (1982:54-73) notes two sets of feminist criticisms that have been made. One set

criticises Braverman "...for failing to analyze the ways in which monopoly capitalism has affected the domestic role of women as housewives" since "...women's specific location in the family and the labour process affects their consciousness" (Beechy, 1982:54). The second type of critique questions the applicability of the wholesale application of Braverman's wage labour, production industry models to work places where women are concentrated. It is felt that the situation is more complex with regards to deskilling and the creation of a reserve army of labour.

Braverman does not ignore the family but centres his analysis on the transfer of goods production from the family to the "universal market". Clothing, and other such needs, once produced for use in the family setting, are now produced for sale to workers. This transfer of production means the family "...retains the sole function of being an institution for the consumption of commodities (Beechy 1982:57).

Women then "move from producing use values within the domestic economy to producing them as ...wage labourer[s]..." (Ibid) As women are drawn into the labour force because of this shift in production, and the inability of working families to survive on one wage, they become an industrial reserve army of labour.

While Braverman argues that women constitute a reserve army and tend to enter low-wage occupations, he does not explain why or how. This problem will be explored in Chapter Four.

Braverman extends his analysis of the deskilling of labour to include women. Women as "domestic craftspersons" are deskilled through the transfer of "productive" work out of the home. In the work force

outside the household, women take up both deskilled jobs (i.e. jobs that are degraded through the detailed division of labour) in industry and newly expanding "feminized" jobs such as clerical work and service. But critics point out that some work is "feminized" as women are brought in to the labour force (i.e. teaching) and some are newly created or recreated before women are moved in (i.e. clerical). This debate has only peripheral application to this study and will only be touched on in passing.

This study will explore the linkages between women's role in the family and the paid labour force. In addition we look at women's place in unions in relation to this linkage between home and paid labour. Both sets of relations are placed in the context of resistance to the changing labour process.

### Critique Three

#### The State and its Relation to Work and Strikes

A third general criticism of Braverman's thesis relates to his treatment (or lack of it) of the relationship between class relations and state institutions. Elger (1982) argues that Braverman fails to analyze the actions of the state apparatus that impact on the general conditions of work. This implies that an examination of the activities of the state would reveal what effects state actions have on the labour process and resistance. Such an analysis would be even more important in public sector work places where state involvement is, by definition, more pronounced. The general importance and applicability of an



examination of state policies can be defended by pointing to the increasing role of the public sector in the economic life of advanced capitalist economies.

The corollary to this is the importance of assessing the relationship of unions to such an analysis. This dissertation examines the union's actions and reactions in light of the state's legislative and fiscal manoeuvres.

#### Fiscal Crisis: Forcing Change

A second area of criticism related to the state touches on the fiscal crisis. "There is little indication [by Braverman] of the manner in which... [management strategies] and related initiatives arose out of any crisis in the process of accumulation" (Elger:1982:41). The problems of the fiscal crisis of the state and the effect this has had on the organization of work, and types of resistance displayed by workers, receive no mention by Braverman.

This study will look at how the state's fiscal crisis impacts on the public sector work place and evaluate its effect on the strike.

#### IV. Working Propositions

We noted above that an initial investigation of the strike revealed indications that labour process changes had taken place in the period leading up to the strike. Given these indications and others concerning budgetary changes, it was<sup>a</sup> decided that a set of hypotheses could be constructed for evaluation. This is an exploratory case study and as such it is not a good vehicle for hypothesis testing. It is

preferable for us to work with a set of propositions that have some explanatory power. The propositions below were derived from information gathered during the initial assessment of the feasibility of the study.

#### Proposition One

It is proposed that the changes in the labour process impelled hospital workers to take action in order to safeguard their appreciated sense of the job. That is to say, the workers struck because the complex set of rewards they gained from work was being eroded through labour process changes. There was a gender specific response where women perceived a need to stop this erosion and men expressed a need to increase compensation for the changes. This is related to the differing reward structures the men and women have, conditioned by the gendered division of labour.

#### Proposition Two

The political and economic situation in the country played an important role in creating the conditions for the strike. The federal and provincial levels of the state, in trying to deal with an on-going fiscal crisis, embarked on a series of measures which emasculated the union, distorted collective bargaining and encouraged a deterioration of working conditions. These problems frustrated hospital workers who felt compelled to take the option of the illegal strike.

### Proposition Three

The organization, structure and functioning of the union contributed to the decision to strike. The perceived lack of a decision making ability, the centralization, and infighting among leadership levels contributed to the workers disagreeing with the leadership proposals and forced a confrontation with the management and the Ontario government.

### Proposition Four

The strike precipitated a union reorganization which benefited workers. It brought pride to the hospital workers and slowed the deterioration of the labour process. It was not successful in reversing changes in the labour process nor did the strike secure any exceptional compensation for the workers.

These propositions are examined in light of the data collected. The following outline of the remainder of this dissertation indicates how each of these propositions will be examined.

## V. Outline of Dissertation

The study is based on extensive archival and interview material. Archival material was collected across the province while interviews were largely restricted to the Hamilton area and the central offices of CUPE and the OHA. The following chapter describes the methodology, including who was interviewed, how they were interviewed and the manner in which their commentaries were verified. The methodology section

touches on the strengths and weaknesses of some archival sources used and makes a case for integrating these different sources. The second chapter also addresses the question of how much generalization is possible from the Hamilton-Burlington area to the entire province and union.

The next chapters set the context and contributing factors of the strike, moving from the general structural factors to conditions in the workplace. In Chapter three we explore the role of the state. We examine the fiscal crisis, its impact on the health sector and the responses taken by different levels of the state. The chapter delves into how the crisis measures employed by the Canadian state altered the industrial relations in the hospital sector.

Chapter Four introduces gender in relationship to the labour process changes and the strike. The relationship between work in the home and work in the paid labour force is examined. The relationship between family life experience and hospital work is discussed. The chapter explores why women work and what they want from work; how the changes in the organization and processes of work affect them; the role of unions in women's working lives and problems they experience taking part in their unions. Common assertions about women and collective action are examined and an explanation of why women voted for, and participated in, the strike is offered. The chapter contrasts male and women unionists' attitudes concerning work and their reasons for striking.

With the context set, we move on to an exploration of the strike itself in Chapter Five. The events leading up to the strike, the

process of the strike and its final demise are chronicled. The union's problems are highlighted and the workers' view of the need to strike is explained. Chapter Six, The Aftermath, concentrates on the effects of the strike. We discuss the changes that came to the union and to the negotiating process. Themes initiated earlier are continued. These include, among others, changes for women in the union, the legislation forcing arbitration, and women and the denial of the right to strike.

The dissertation ends with a chapter which draws some conclusions from our findings and working propositions. We conclude that the working propositions are very useful in describing and explaining the actual processes involved in creating the strike. The study concludes that the labour process changes were precipitated by external pressures placed on the hospital administration by the state's management of the fiscal crisis. These changes had gender-specific effects which led women, despite union indifference, to strike.

#### FOOTNOTES

1. There are several theoretical/empirical critiques of this line of reasoning. See Elger 1982, 1979; Penn 1982; Crompton and Reid 1982.

## CHAPTER TWO

### METHODOLOGY

Methodology is essentially the procedure used to understand or explain an event or phenomenon. One can investigate a phenomenon from several directions. One method is to set rigid hypotheses and, observing established statistical procedures, test these hypotheses. This demands that the data be gathered under strict rules and it requires a sample that can yield organizable and testable information. While this has its place in research, this study is in a different tradition. This is an exploratory case study, a widely used form of sociological investigation. The case study is ideal for exploring strikes in the public sector. It focusses on the "event" to cast light on the wider complexities of structural and individual/group determination of action. The case study approach is flexible as Selltitz, Johoda, Deutsch and Cook (1959:60) point out:

"What features of this approach make it an appropriate procedure for evolving insights? A major one is the attitude of the investigator which is one of receptivity, of seeking rather than testing. Instead of limiting himself to the testing of existing hypotheses, he is guided by the features of the object being studied. His inquiry is constantly in the process of reformulation and redirection as new information is obtained"

This study was conducted in this way. The role of women in the strike became clearer during the study and demanded a reformulation of some conceptions previously accepted. It became clear that the women

strikers had significant differences from the men. This was true in terms of motivation, the relation with the union, and the general relationship between women and their work. This had to be investigated. The case study approach allowed this change of direction.

A final positive aspect of the case study is the detail that is possible. The great quantity of data we collected ranged from general union policies to the daily thoughts and conversations of individuals. Various ways of reanalyzing this information uncovered hidden or obscured relationships between factors. It also permits the use of more than one method of analysis.

On the other hand, the case study format has several drawbacks. It usually does not allow one to generalize the findings to other situations. The researcher must be content with claiming the findings "suggest" certain relationships between actions or among the individuals studied. A second weakness concerns comparability. The flexibility that is inherent in the method implies that different studies may have significant differences in approach so that the basis for comparing and contrasting studies is made more difficult or impossible. The third problem concerns the use of statistical techniques. The data collected in the exploratory case study most often do not conform to the sampling rules and therefore do not allow one to perform many statistical manipulations.



## I. Data Sources

The four sources for the data used in this study were:

- (1) Government documents/publications; (2) newspapers; (3) Archives and;
- (4) Interviews.

### A. Government Documents

Repeated studies have been done to evaluate labour legislation and the overall effectiveness of the health care system. This provided a wealth of information on the situation in the hospitals. Despite the interest exhibited by the government, and the participants in the system, there has been very little interest in the academic community. Informative works from the 1971 commentary by Isbester to Kruger's 1985 evaluation of hospital industrial relations are exceptions to the rule.

### B. Newspapers

Newspapers are an often underrated source of valuable information. We reviewed the print media for the period just prior to, during and for several months after the strike. This was facilitated by the new computer search techniques combined with manual searches (The decade prior to the strike was not accessible electronically). Newspapers provided some management views, union opinions and public perceptions. Newspapers were also used to follow up leads. For example, during an interview, a contact mentioned that she had been interviewed years earlier, by a newspaper reporter, on the wage problems in the hospitals. Researching these earlier articles provided some

informative data on wage problems and staff turn over in the early 1970s. This eventually helped to explain strike motivations.

C. Archival Materials

The four major archival sources for this study were: (a) Minutes of meetings; (b) Union-management documents; (c) Union Publications and; (d) Personal Correspondence.

Before going on to outline the contours of these data sources it is interesting to make some notes about gathering this material. This type of data is not found in filing cabinets alone. The approximately 5000 pages of material gathered were found in basements, closets, attics, estates and even abandoned automobiles. The help of union people in gathering material was phenomenal. Hospital workers and union officials, 'bent over backwards' to find materials such as old leaflets, membership lists, strike reports and much more. Once someone woke the author up, during the night, to pass over personal notes from meetings that were over five years old. Archival material is very important in two respects. The material is obviously data in and of itself but it can be more. The material acts as a check on the recollection of the participants. Interviews provided one view of the happenings at meetings that took place five years earlier. People's notes, and the official meeting minutes, can be used to verify the accuracy of the interpretation given in the interviews.

Minutes are any form of material that record the events of a meeting. They can be the official record of the meeting or someone's personal notes on the event. Both types of minutes were used and the

two types provided a check on each other. The resulting information told the story of some key periods. The "Rowhampton massacre" (discussed in chapter five), for example, took on added meaning after evaluating the various records. It is important to note that individuals attending these types of gatherings tend to take personal notes and many keep these records (but did not file them).

Documents that pass between the union and management provide a record of the industrial relations and shed light on the aspirations, plans and failed enterprises of the participants. We examined the collective agreements, memoranda of conditions to bargain, preparatory research for bargaining, union submissions to bargaining, documentation around the arbitrations of agreements, bargaining reports and correspondence between the parties. These create a picture of the evolving interaction of the major players in the event we are investigating.

The third area of archival research was union publications. This included newsletters, magazines, journals, bargaining updates and information bulletins. These helped to place issues in a wider context.

The last archival source used was personal correspondence. The researcher had access to many letters written to the union staff and officials from union members. These provided a perspective on how the rank and file saw the actions being taken and helped us verify the interview data. The debacle around the appointment of the hospital coordinator (discussed in chapter five) came alive in the critical letters sent to CUPE's leaders. The members made their displeasure with the choice for coordinator clear. There were some accidental finds that

were also of interest. The correspondence between the administrator of a large public general hospital and the Mayor of Hamilton gave our research its only accurate assessment of the danger facing patients during the hospital strike.

#### D. Interviews

There are several types of interviews, including the focussed or structured interview, the semistructured interview and the open interview. Each interview method has its advantages and disadvantages. The focussed interview allows each of the interviews to be compared because the questions, the content of presentation etc. are identical. The interviews are similar to extended questionnaires although, as Merton argues, "the manner in which the questions are asked and their timing [can be].. largely left to the interviewers discretion" (Merton 1958). These types of interviews are important in gathering data for statistical manipulations.

The open interview, on the other hand, leaves 'one's hands untied'. There is no predetermination of the exact questions or the range of response permitted (see Sellitz Et.al. 1959:262-63). This approach allows the discovery of hitherto unimagined relationships. The people being interviewed are allowed full input into defining the subject of the interview. The difficulty posed by this method is comparability. The non-focussed nature of the interviews means they differ and therefore responses can not be easily compared.

The semi-structured interview is a cross between the two other formats. It uses the same set of questions in each interview but these

are open ended and can be followed up with supplementary questions when the interview seems to warrant this approach. This form of interview was employed in our study.

The respondents for the interview (henceforth referred to as interviewees) were selected from the Hamilton-Burlington area. The case study is restricted to this area in terms of rank and file workers. The upper echelons of the union, the Ontario Hospital Association (OHA) and government officials interviewed were located in different areas of the province. Hamilton-Burlington was selected because it was a "typical" area in some ways. The mix of characteristics in the hospitals available for study made it a representative centre. It is a major urban centre and the majority of hospital workers are located in such centres. It was possible to select hospitals which paralleled both the various types of institutions that exist in the province, i.e., chronic versus acute, and the differing involvements in the strike. It was an active strike location as were Ottawa and Sudbury. Some of its hospitals were only peripherally involved (such as Joseph Brant) while one hospital walked out on a wildcat strike days before the rest of the province (St. Peters). Although each hospital is a separate entity with its own history, the budgeting and organization are quite similar across the urban areas of Ontario. Therefore many structural factors are the same across the province. Even so, the case study only indicates certain features about the province as a whole. It does not "demonstrate" the actual provincial reality. In choosing hospitals we tried to approximate the range of hospitals that existed province-wide. This meant interviewing in chronic care, public acute care institutions,

general hospitals, and smaller regional ones. Hospitals which were very active in the strike and hospitals which did not stay out were also selected.

The selection of interviewees was also important. Very different types of work exist within the workplace and these different labour processes were thought to be important in the causation of the strike. Therefore, persons from different types of work were interviewed. We divided the hospitals into five major departments: housekeeping, foodservices, nursing, maintenance and the laboratories. We interviewed two persons from the clerical area but did not pursue a systematic investigation of this work area due to difficulties securing a sample. Where feasible a representative male-female 'sample' was interviewed in each department. We interviewed a range of respondents across the various categories (i.e. age, marital status, etc.) but the investigator did not rely on the sample being proportional in the strictest sense of the word.

The three distinct categories among the interviewees were:

- (1) Key informants i.e. individuals at the local or central level of CUPE with an insight into the events surrounding the strike.
- (2) General informants, i.e., the rank and file hospital workers.
- (3) Hospital, police and government officials.

The key informants were usually activists who supported or opposed the strike. General informants included men and women who opposed and

supported the action. Supporters of the action were deemed to be those who voted for the strike. This was the vast majority of the union members. The other category of general informants were the members involved in the suspensions and firings. It was difficult to find people who opposed the strike from beginning to end. There are only three in the sample. Interestingly, the interviews do not significantly change across this support/non support difference. The unionists who did not support the strike did so because they felt it would not succeed or because spousal pressures made support impossible. They agreed with the strikers in regards to the problems in the workplace and in collective bargaining.

The breakdown of the interviews is as follows:

Table 2.1

Interviewees by Department and Gender

Department	Male	Female	Total
Housekeeping	2	8	10
Dietary (foodservices)	3	5	8
Nursing	2(porter/orderly)	9	11
Maintenance	4	0	4
Laboratory	2	3	5
Clerical	0	2	2
Total	13	27	40

The interviewees were distributed across the 6 regional hospitals in this proportion: Hamilton General 13; Hamilton Henderson 11; St. Josephs 4; St. Peters 5; Chedoke 3; and Joseph Brant (Burlington) 4. In addition interviews were conducted with two Government officials, eight senior union officers, three senior management personnel, two non hospital workers active in support work, a past Mayor of Hamilton, two former police officers, a former Tory advisor and one person intimate with several arbitrations. There were, therefore, 61 interviews conducted in all. Potential interviewee's names were secured from key informants. We requested contacts who were supporters and non-supporters. Through cross listing people by workplace, gender and described attitude the final list of possible interviewees was approached. The key informants were very accurate in their assessment of people. Where the informants were not accurate in their assessment replacements were sought out.

We first constructed an interview schedule that was used in the first round of interviews with the key informants. The questionnaire was revised in minor ways as a result of these interviews. The revisions were in the area of accuracy of presentation and phrasing. These changes had to do with organization of the work day. Several questions relating to previous employment were dropped as they were deemed of less import in the rather lengthy schedule. The author conducted the interviews personally. They ranged from one and one half hours in two cases to five hours in the case of Grace Hartman (Past President of CUPE). The interviewees were asked if the interviews could be taped. Only two people chose not to be taped but close to half of the interviewees



explicitly demanded that no transcripts of their interviews be made. They did not want to be identified directly or indirectly in the text. We agreed that no transcripts would be made available to anyone other than the researcher and that quotes would be identified by real occupation/department but not by hospital. The interviewees felt it was too easy to narrow down the possible identities in any other format. A majority of interviewees were reluctant to be identified for several reasons. The severe repercussions after the strike reminds people still that conflicts are 'serious business' and one must be careful not to expose oneself to future consequences. Others felt their work in the union could be affected. Many others felt their opinions were their own and while they would share them with the researcher, they wanted anonymity.

The interviews were conducted in the homes of the people, or in difficult cases, after work over a drink. The process of getting through all the interviews was relatively inefficient as the times were picked by the respondents. However the rewards were great when the interviewee picked the time and place. They were more comfortable and more willing to talk. The interviews were set up with the promise that one hour would be adequate but the interviewees themselves often wanted to continue longer. The process of gathering interview data went smoothly except for some small frustrations, such as missed meetings or late arrivals.

## II. Concluding Remarks

In retrospect the collection of data was long and difficult but quite exciting and ultimately extremely rewarding. Some difficulties should be pointed out. A lot of the interview based-data suffered from time lag. The distance from the strike meant that people had to reconstruct the event. The interview data must then be triangulated using other interviews and written records to verify comments. This was done. The quotes used here were typical responses. This is a central methodological point. What constituted 'typical' vs 'unique' was assessed carefully. Interviews were repeatedly reviewed in search for patterns of repeated issues and/or interpretations as well for differences. Care was taken not to claim responses as typical if there was doubt about such a judgement.

The data were collected in a way that allowed the dissertation to examine things in their historical perspective both from the structuration of events to the actions and feelings of the individuals.

### CHAPTER THREE

#### THE STATE, FISCAL CRISIS MANAGEMENT AND THE SHAPE OF LABOUR RELATIONS

To unravel the complexity of the 1981 strike many elements must be considered. When labour and capital supposedly engage in free collective bargaining, the state plays an important role in setting the conditions for the bargaining. The Ontario Labour Relations Act, the fiat of the labour relations board and general labour law constrain the participants in the bargaining process. They alter the actions, change the attitudes and play an important role in shaping industrial relations. Where there is no "free" collective bargaining and no freedom to withdraw labour, the state's influence is even more pronounced. In the case at hand both bargaining and general labour relations were quite distorted.

To understand the roots of conflict in the hospital sector one must understand how the state influences industrial relations. This is not a purely theoretical issue. It reflects the particularities of the interaction between the state and the hospital sector as well as between the state and the agents representing labour and management. The factors examined in this chapter are not restricted to those elements connected directly with law. We will also be analyzing changes in the economy and the measures taken to combat crisis situations. As well, the impact of arbitrator legislation on the functioning of union

democracy will be reviewed. All of these affect the evolution of relations between management and labour and will help us to explain the strike by the hospital workers.

In 1971 Frank Isbester concluded from his study of the Ontario hospital system:

The causal factors of the unions' nascent struggle are the inter-relationships among wage levels, governmental wage control, compulsory arbitration, and the prohibition of the right to strike ...

If the present bargaining environment is maintained, the implications of wage ceilings, compulsory arbitration, and prohibition of strike action may be expected to result in a large number of illegal strikes, one-day work stoppages, rotating strikes, and slow-downs designed to inconvenience hospital management, while maintaining essential patient care facilities.

(Isbester 1971:348-349)

In his recommendations, delivered to a Health-care conference in Hamilton, Isbester advocated many changes in the system of industrial relations in the Ontario hospital sector. These changes included restoring the right to strike and ending government interference in setting or controlling wages in the hospitals.

Multiple rounds of legislated and informal wage controls, threatened strikes, and a massive 'illegal' walkout marked the decade after Isbester's study. We hope to show that the state has largely determined the way industrial relations have developed in the quasi-public hospital sector, setting and enforcing the field of action for collective bargaining and other related interactions between capital and labour. At the same time changes in the labour process led to a

subsequent drop in health-care quality. These changes also partially resulted from the state's actions.

I. The State: Fiscal Crisis, Fiscal Policy  
and Industrial Relations

A. The Nature of the Fiscal Crisis

The economic recession in the 1970s brought demands on the Canadian state at both the provincial and federal levels. As Panitch (1985:264) points out, the state's general response to the economic crisis was to develop new subsidies for the corporate sector. This implied a shift of burden to the employed worker.<sup>1</sup> While this shift was occurring, the inflation rate was quite high (See Table 3.1). The inflation rate that had ballooned in the early 1970s pushed unionized workers to seek substantial wage increases. There were many strikes and some major wage increases. (See Tables 3.2 and 3.3)

There are some trends evident in the data. Table 3.1 shows a substantial increase (approximately 46%) in the rate of inflation from 1970 to 1972 and a further 125% increase from 1972 to 1974. During the same period the number of strikes indicate a delayed reaction to this high inflation. This is because union members were tied into agreements for one, two, and three years. There is a considerable increase in strike action during the 1972 to 1974 period (+103%). The real wage increases (Table 3.3) indicates gains were made up to 1976. The strikes of 1974-75 generated a substantial increase in real wages. After wage controls the drop was substantial. Wage controls were designed to short

Table 3.1

## Changes in CPI 1966-1978

<u>Year</u>	<u>CPI (Base 1971=100)</u>	<u>Approximate Annual Inflation Rate (Expressed as Average % Change in CPI)</u>
1967 (average)	86.5	3.6
1968	90.0	4.0
1969	94.1	4.5
1970	97.2	3.3
1971	100.0	2.9
1972	104.8	4.8
1973	112.7	7.5
1974 \	125.0	10.9
1975	138.5	10.8
1976	148.9	7.5
1977	159.8	8.0
1978	174.2	9.0

Source: Canada Year Book Annual, Table 23.8, 1985, 1975

Table 3.2

## Strikes and Lockouts 1967-1977

<u>Year</u>	<u>Number of Strikes</u>	<u>% of Total Work Time</u>
1967	522	.25
1968	582	.32
1969	595	.46
1970	542	.39
1971	569	.16
1972	598	.43
1973	667	.30
1974	1216	.46
1975	1171	.53
1976	1039	.55*
1977	803	.15

\* This is artificially high due to the one day general strike in October, 1976. The Canadian Labour Congress had a one day protest to voice displeasure over federal wage controls.

Source: Labour Canada, Strikes and Lockouts, Table 1, 1984.

Table 3.3

Annual Percentage Increases in Base Rates  
Of Major Collective Agreements

<u>Year</u>	<u>Annual Percentage Increases in Base Rates</u>	<u>Net Change in Real Wages</u>
1969	7.8	
1970	8.6	5.3
1971	7.8	4.9
1972	8.8	4.0
1973	11.0	3.5
1974	14.7	3.8
1975	19.2	8.4
1976	10.9	3.4
1977	7.9	- .1
1978	7.2	1.8
1979	8.7	- .4

Sources: Canada Year Book Annual. 1969-1980. "Major Wage Settlements"  
(Table numbers vary)

circuit the movement to higher wage demands and increased real wage gains.

The increasing magnitude of the deficit was exacerbated by the state's moves to aid the accumulation of private capital (See Wolfe 1977). The government was active in promoting certain of the mega-



projects and had designs on aspects of the petroleum industry. Officials had a continuing commitment to create employment through expansion of private capital investment. These and other aspects of the promotion of private capital accumulation implied that corporate taxation was not the route the government could take to reduce the fiscal crisis.

Given this situation, the need to maintain and enhance various programs became a burden. The typical response was to cut spending on some programs until revenues caught up. However, given the nature of ongoing programs it was not possible to simply cut programs as one might alter tax loopholes or raise import duties. The very costly programs were seen by the public as a positive and necessary part of our Canadian way of life. The public had, in Maxwell Henderson's words: "come to see the provision of health-care as a state responsibility" (Henderson 1975:141).

The state was in a classic dilemma: it was caught between its own functions of legitimation and accumulation.<sup>2</sup> In the health-care field the contradiction was exacerbated. There could be no perceptible reduction in service because the responsibility for medical care and its delivery had been appropriated by the state in the public's eye. The country's health had become a "social good" and a social responsibility. This is the lesson that Ontario doctors learned in 1986. When they went on strike, they learned their "freedom to work as independent professionals" doesn't include any infringement on this social good. The 'public' agreed that the state can infringe on the professionals. But just as the physicians felt the back of the public's

hand, so the state must watch for a backlash over any reductions in health coverage (see Stoddard 1985; R. Evans 1984).

While the fiscal crisis was deepening with inflation and escalating deficits, organized labour was trying to regain some of its losses in real wages. In addition, the state was somewhat hamstrung by public attitudes toward health-care standards. Table 3.2 and 3.3 illustrate the increase in strikes and the size of settlements in the 1970-74 period. This process is well documented (see Panitch 1985). In the hospitals, the situation was even more exaggerated.

Wages in the hospital sector were substantially below community standards and significantly below the poverty line set by the Economic Council of Canada (Globe and Mail, April 17, 1969:1). According to the Globe and Mail wages were so poor that employees were leaving the hospital 'in droves'. Riverdale Hospital in Toronto, for example, issued 1300 income tax receipts in 1971 for a staff of only 700. Wage differentials had also increased between those inside the hospital and similar outside occupations. "The average differential between municipal labour rates and base male hospital rates was \$24.05/week in 1964. By 1972 the differential had risen to \$47.51/week" (CUPE 1971:3).

In 1973-74, hospital workers fought for and won a substantial wage increase. This brought their low wages closer to those in the outside world (Kruger 1985).

The movement to bring wages in line with the outside came to a head with the 1974 Toronto settlement. The Toronto hospitals bargained as a group, threatened a walkout, and at the last minute won a \$1.50/hour increase which represented a 50% increase in many

classifications. They achieved this by forcing the provincial government directly into the negotiations (Kruger 1985:57).

The minister was solicited to intervene by the union. The threat of a strike was employed as a lever and a private deal was struck. In retrospect it may appear odd that the union could defeat the Ontario Hospital Association (O.H.A.). The story is complex. Certainly poor organization on the management side contributed to the union's ability to secure the substantial increases. In 1974, the O.H.A. had no special bureau for handling negotiations. The Employee Relations Bureau was set up two years later. The present head of the section that deals with CUPE, George Campbell, believes the strike threat of 1974 had more impact on the individual O.H.A. member hospitals, with their lack of expertise, than it would have had on a more sophisticated industrial relations group. The strike threat was a lever in 1974 but, by 1981, it was not as cogent a weapon due to changes on the management side. Campbell adds that "They probably thought it [strike threat] was going to work again but we could not let it influence us. We couldn't, it would reflect on our entire organization" (Interview, February, 1986). He had no doubt that many people thought it would work. Thus the 1974 union victory influenced the events of 1981.

While hospital workers were trying to narrow wage differentials with the non hospital employees, the government was looking at the gaps between revenue on the one hand and escalating costs on the other.

Health-care economists argue that, since the early 1970s, cost reduction and control had become the central issue<sup>3</sup> (See Manga 1983;

Stoddard 1984;1985). Government studies indicated that between 1954 and 1971, health-care expenditures accounted for approximately 30% of the total growth of government expenditures when taken as a proportion of Canada's gross national expenditure (Mustard Report:1982). The studies of the early 1970s predicted an upturn in costs in the 1980s (due to age demographics). At the same time the ability to pay was diminishing due to government deficits (Stoddard 1984:9). This situation affected more than the health care sector. Panitch (1985) and Swartz (1977) note the same phenomenon existed in general. The health sector costs, which represented over 30% of the provincial budget, had to be contained but which portion and how? (see Government of Ontario, 1982). The hospitals were singled out. They account for 85% of the health costs. Within the hospitals labour costs of medical delivery represent 75% to 80% of the total on-going expenditure. Art Kruger mirrors the government when he says, "Any program of cost control is doomed without measures to cut labour cost" (Kruger 1985:57). The most vulnerable component of labour cost were the non-professionals, the group Torrance (1977) called the "underside" of the hospital. Other areas such as doctors' fees were, and remain, outside any direct control because the shape of the delivery of medicine is not negotiable. The relatively impervious nature of the medical profession is demonstrated by Evans (1984) who shows that when Government was calling for cost restraint, the doctors were reorganizing their practices to recover even more money in payments (Evans 1984). This was possible because, in the hospitals, the physicians determined costs by the way they practice, i.e., which tests or therapies were ordered. The most expensive instrument in a hospital was and is often

the doctor's pen. As a hospital administrator pointed out in an interview:

"You don't want to get into an argument with the chief of medicine over how to practice....Costs are not their concern".

Medicine in the hospitals is really out of the hands of the state. The costs vulnerable to restraint is the constituency represented by the unions, such as CUPE, the Service Employees International Union (SEIU) and the Ontario Public Service Employees Union (OPSEU).

B. What Steps Were Taken?

Whenever we examine the Canadian response to the fiscal crisis we must consider the different levels of the state. Our federal system produces contradictions because different levels have varying responsibilities under the constitution. Therefore, different pressures exist for legitimation and accumulation at the different levels.

Both the Federal Government and Ontario were feeling the fiscal pinch. The federal government foresaw continuing and ever increasing transfer payments for health-care. The governments were facing "sizable structural deficits" that had been "unresponsive to policy actions" designed to reduce them (Government of Canada 1983:111). Faced with this, Ottawa decided to transfer the remaining fiscal responsibility for health-care to the provinces. At the same time the Federal Government moved to reduce labour's bargaining power through wage controls. As mentioned previously (in Footnote 3), projections indicated that costs were going to escalate into the 1980s and 1990s. Studies indicated that

a population bubble was moving into the more extreme cost categories of older age. The demographic trends to an older population imply a sizable increase in acute and chronic care costs (Mustard 1982; Ontario 1982). This was compounded by an erroneous projection of costs in the first place (McKeough 1975:14). Costs were escalating much faster than originally anticipated.

The provinces, for their part, began squeezing hospitals in the budget process (along with a range of other actions). Dennis Timbrell, the then Ontario Minister of Health, summed up the new attitude:

From now until at least the early 1980s, one concern will override all others, for my Ministry: a determination to contain health-care costs. We are shifting some responsibilities and resources from provincial institutions to local communities...rationalizing the deployment of manpower. We are cutting back on facilities wherever they are found to exceed actual needs, and are trying hard to educate people to take greater responsibility for their health.

(Timbrell 1977:37)

We will explore these changes in detail.

### C. Federal Fiscal Policy and its Consequences

The idea of transferring aspects of the fiscal crisis from the federal to the provincial level is not new. This has happened repeatedly, in economically bad times, over the last 50 years. In this case, the federal government wished to change its cost-sharing program. The provinces have always had the responsibility for health-care delivery. But with the 50% cost-sharing (and the grant system), the federal level has had to pay a lot of the costs. The process left the

federal government with a large bill that increased as the provinces made spending decisions. The Prime Minister, Pierre Trudeau, made it clear in 1976 that the Federal Government was not prepared to carry the expense of provincial decisions (Trudeau 1976). Prior to these ministerial comments, the federal government had taken steps to make the existing cost-sharing programs somewhat unpalatable.

In the 1970s the federal government initiated talks to change the cost sharing transfer process. The final outcome came to be known as the E.P.F. (Established Program Financing) agreement. Essentially this was a transfer of responsibilities for programs to the provinces, cancellation of cost sharing agreements and the initiation of a fixed sum annual transfer with few strings attached to it.

Dollars for hospital financing represented over half of the transfers by the mid 1970s. The Trudeau Government had warned the provinces that transfers for this program, medicare and aspects of secondary education were to be terminated at the earliest possible date (Saskatchewan 1976; Carter 1977; see also Ontario Economic Council 1979). The provinces had always been justifiably skeptical of the benefit of a move like this. Years before, an Ontario Premier had noted:

"...any federal proposal to transfer total responsibility for developed programs in exchange for additional taxation capacity and lump sum payment...offers no real gain for the provinces".

(Federal Provincial Tax  
Structure Report:1966)

The provinces recognized the potential for program costs to outstrip the new sources of monies (Carter 1977:546). Despite these

provincial fears, the federal government pushed forward for agreement. Trudeau cloaked the argument in legitimacy. He argued there could be a better maintenance of standards, better planning of programs, greater autonomy for the provinces and improved democratic relations between the Federal Government and the provinces (Trudeau 1976). This put the reluctant provinces in an awkward position. They had many grievances with the existing programs. They knew the situation was going to get worse because the Federal Government was committed to getting out of the cost sharing. The appeal to these "legitimacy" issues encouraged provincial representatives to make a counter offer. Essentially Ottawa was obliged to sweeten the deal by making the first few years' transfers greater than they were under the old agreements.

The actual agreement involved tax points going to the provinces and a cash payment.<sup>4</sup> The provinces agreed because there had been a deterioration of funding relations due to the growing fiscal problems at the Federal level (Saskatchewan Government 1976:15). The provinces complained of problems including:

1. Unilateral imposition of ceilings on the rate of growth of federal contributions to established programs. In the June 1975 Federal budget, for example, ceilings of 14.5% for 76-77, 12% for 77-78 and 10% thereafter were imposed. This was to cost Ontario approximately 200 million dollars over the 1976 to 1980 period (McKeough 1975:3-5).
2. Abrupt policy switches make programs non-shareable, leaving provinces with the total bill (McKeough 1975; Saskatchewan: Social Services briefing notes:1976):
3. Rigid eligibility criteria which lead to "...inequities, feuds and distortions" (McKeough 1975 :5).



4. Administrative costs were too high and procedures cumbersome. The existence of federal auditors in provincial departments gave the Federal Government a window on provincial affairs. (Saskatchewan: Social Services Briefing Notes:1976).

Other problems with the cost-shared funding arrangements included:

1. Its effect on provincial decision making, i.e. when deciding how to expand services only shareable programs were considered (Saskatchewan;1976).
2. The financial losses incurred to the system. An example of this might be hospital versus clinical services. A neighborhood clinic system may be more cost effective than treatment in a hospital but if the clinic is not cost shared there is pressure to deliver the programs through a hospital (McKeough, 1975).
3. The very slow payments back to the provinces (Carter, 1977).

In addition, the rich "early years" of the new transfer program made it appealing given provincial budget problems. These additional dollars could be diverted to solving immediate budget shortfalls in other areas. This is certainly a short sighted response to the situation, given that costs would outstrip transfer revenues, a worry that has materialized to a degree (Stoddard 1984). The case was brought home by Grossman in 1982 when he noted that, for the late 1970s, the Ontario government had to shift its attention to fiscal problems due to costs outstripping revenues (Ontario 1982:47).

The manoeuvring around cost sharing is an interesting case study in the legitimacy/accumulation process of fiscal crisis management. The federal government picked programs to divest that were costly and would not need a federal presence to ensure continuation. The Federal government did not want to reduce the quality of health

care. It counted on the fact that the provinces would not cut back on services such as health-care because this would have led to such a public uproar that it might threaten provincial legitimacy. Thus, Ottawa gained control of escalating costs, while protecting its political legitimacy and the overall legitimacy of the process. The provinces reacted as expected. They reorganized several priorities rather than make dramatic cuts in services such as health care.

On the side of accumulation, Gonick (1976:88-95) argues that the aborted 1969 recession in the U.S. created a dramatic inflationary spiral and left labour "undisciplined" due to the tight labour market. The Canadian Government, according to Gonick, took the same path as the U.S.A. and found the extreme inflation and wage demands of 1974-75 intolerable to capital accumulation. This led to the decision to dampen wage demands and to try to slow price increases. This was preferable to Trudeau than provoking a recession through restraint. The E.P.F. program is also related to other accumulation/legitimation demands. The programmatic changes allowed a slowing down of the increase in structural deficits. This could be pointed to as restraint by the state.

The provincial response to this impending funding squeeze was to continue to tighten up monies to the hospitals. The changing fiscal arrangements, initially sweeter for the provinces, provided an impetus for restraint because "provincial expenditure functions expand faster than revenues" (Perry 1977).

While cost-sharing programs for health-care were being negotiated, Ontario commissioned Maxwell Henderson to do a complete program review. The Special Program Review (1975) provided the basis

for a tighter-fisted approach to health-care financing. Henderson concluded that:

1. Deficits were going to rise markedly in the late 1970s and 1980s. These deficits would result from the contradictory movement of revenue and expenditure.
2. There would be a decline in the rate of increase of the Gross Provincial Product (G.P.P.) due to economic slowdown. This slowdown would create a greater pressure for increased services [economic downturns lead to increased demands for social services] (Henderson 1975:23).

The report suggested wage guidelines to reduce delivery costs.<sup>5</sup>

The program review made specific recommendations in the Health field. Henderson proposed:

1. Productivity in the hospitals must go up among the service workers and semi-professionals (RNA and Lab Techs) (Henderson 1975:143).
2. The province should phase out as many beds as possible without jeopardizing service. (Ibid:149)
3. The hospitals should be encouraged to move to using part-time staff and employ labour saving technology. (Ibid:150)
4. Through a thorough review of operating costs in the hospitals ascertain all possible ways of reducing the total paid hours for hospital staff. (Ibid:152)

There can be little doubt that the recommendations were acted on:

"In the eight year period between 1973 and 1981 full-time hospital staff declined by nearly 5,000 positions, while part-time increased by about 13,000. The growth in part-time workers did not balance out the full-time since total paid hours of work declined by 150,000 hours".

(Sykes, 1982:127)

The Ontario Economic Council commented in 1979:

"Since the early 1970s the Ministry of Health has resorted to severe measures to control costs. Many of them focused on the largest institutions...[like] hospitals. Hospitals have been closed down, a large number of beds closed, departments emptied, mergers of hospitals, staff layoffs, capital spending down, etc."

(Issues and Alternatives,  
1979 Update)

Our interviews with hospital workers touched on the dramatic move to part-time and on-call personnel:

"They have about 800 on-call in the two civics; no benefits, no fixed schedules. They are supposed to be used for sick replacement. The system is misused, people come in to cover heavy times - to substitute for full timers that are needed".

(Lab Tech, August, 1985)

There were no massive layoffs but by not replacing staff who retired or quit, a cutback was effected:

"We can't put out a list of 30 laid off here or 50 there. They just don't replace all the people who quit or retire. I can say we are down 700 since 1972 or 1973".

(Interview, Executive Member, Local 794,  
September, 1985)

The reorganization of work was dramatic, and the consequences for efficiency, job satisfaction and morale were equally obvious. A new element was introduced - the fear of falling standards of health-care.<sup>6</sup>

"We were a family in a village before the changes. We want it back. The attitude to patients has changed. Staff can't accept that. ...The patient use to be king, now we are lucky if we even know anyone's name. ...Patients are mass produced. We had pride, things were clean, people could point to their work and say that's my work. No more - it's frustrating".

(Housekeeper, September 1985)

There was a phasing out of orderlies and cutbacks in portering. The orderlies' work was passed onto other staff. Some other measures that intensified work include:

- a. A faster patient turnaround rate. Patients were sent home much earlier than in the past. The effect was two fold. First, when a patient leaves, the staff perform a set routine of sterilizing, cleaning and bedmaking. These time-consuming tasks were required more often. Second, the patients were, on average, more ill and required more care. The longer recuperation times in the past meant that there were a few days when patients required little care. This was when staff got to know patients, converse, and become friendly.
- b. The increase in part-time and attrition style layoffs meant workers could not take time off or transfer horizontally to a new job. Stress and "burnout" were on the rise.

These issues related to changes in the labour process. The link between the various levels of fiscal difficulty and labour process change was visible when management tried to intensify work in order to keep within budgetary constraints.

"At Belleville we are entering our fourth year with frozen staffing establishments despite increasing workloads. Over this period staffing has been held to December, 1971, levels".

(Rickard, 1975:44)

One demand in the 1981 strike was for a reduction in this increased workloading.<sup>7</sup>

The provincial government embarked on a two-sided policy to deal with the fiscal crisis. The reorganization of the funding, experimenting with user charges, and other measures designed to control costs were one side of the initiative.<sup>8</sup> The other side was the reduction of labour's power to interfere in this crisis management. Both the Federal Government (1975-1978) and Ontario tried to control wage demands. This policy had a dual effect. It curtailed expenditure on wages but it also further eroded collective bargaining. The more than six years of wage controls destroyed traditional relationships between occupations, between sectors, AND heated up an already simmering caldron of discontent. The second initiative continued the denial of any right to strike.

(1) Wage Controls

As Calvert (1984:13) points out, wage controls originated as one of a cluster of policies aimed at controlling inflation and the deficit. These policies included:

1. Holding government spending below the rate of economic growth in order to break the structural deficit cycle that had been created.
2. Monetarism (manipulation of money supply and interest rates) designed to dampen the economy, restrict the labour market and break the inflation cycle.
3. Holding wages by imposing wage controls, nominally to break the wage-push inflation cycle but actually to aid accumulation functions and lower the incidence of strikes.

The wage and price control program, most analysts agree, controlled wages but not prices. Allegedly 'excessive' wage increases were threatening to the government and some analysts argue that the controls were aimed at the public sector and quasi-public institutions, such as hospitals (Maslove and Swimmer 1980:151).

Wage controls succeeded in reducing real incomes of workers just under seven percent (Calvert 1984:27). Aside from monetary issues, controls harmed collective bargaining. Some commentators described controls as an attack on human rights "by extinguishing collective bargaining" (Calvert 1984:33).

CUPE began bargaining "as if there were no controls and the A.I.B. did not exist" (Policy Paper, 1975 Convention) in the belief that the controls program did not constitute a legitimate government policy.

Totally ignoring the Anti Inflation Board (A.I.B.) was not really possible according to CUPE hospital negotiators who were interviewed. "We refused to negotiate to the guidelines but the hospitals didn't take their eyes off them. Their packages reflected the existence of the A.I.B.", commented one negotiator. The controls, combined with on-going compulsory arbitration, "put the damper on any major gains and really meant losses to us".

The controls were a result of a concern over large wage increases in the public and quasi-public sector. As mentioned above, there had been an attempt in the hospital sector to, in Isbester's words, "right a wrong" and narrow the gap with "similar workers in

private enterprise" (Isbester 1971:349). Controls were useful in blocking that movement.

The 1975-76 round was the first bargaining under controls. The 1974 bargaining had gone well for the workers. The threat of a strike in Toronto had yielded a \$1.50/hour increase and this settlement became the benchmark or standard across the province. This was before wage controls were introduced. The comparison of the bargaining rounds illustrates the effect of controls. Hospital workers had hoped "...to close the gap even more with work outside the hospitals", (Local President, Hamilton). Instead the government mediator forced them to take the inferior Service Employees International Union (S.E.I.U.) settlement which was eventually rolled back by several million dollars. According to Peter Douglas, a staff negotiator, this caused "incredible frustration". The drawn out process yielded a substandard contract which was significantly rolled back. Many CUPE members wondered if there was any real collective bargaining anymore. As one member put it: " ... seems like the Ontario Government mediators should meet with A.I.B. board and hand it [the contract] down (Member of 1975 CUPE hospital negotiating team, interview, 1985).

Eventually, CUPE put out a guide on how to bargain effectively under controls (even though it never formally accepted their existence).<sup>9</sup>

These federal and provincial guidelines severely altered the collective bargaining process, a process already severely distorted from the effects of the Hospital Labour Disputes Arbitration Act (H.L.D.A.A.).



(2) Measures to weaken Labours' Power:  
The Hospital Labour Disputes Arbitration Act

(a) The Origins

In May of 1963 media editorials were asking whether hospital employees should have the right to strike or whether compulsory arbitration should be imposed. The interest was prompted by a threatened strike at the Toronto General Hospital by the Building Service Employees International Union (B.S.E.I.U.). The Service Employees also had potential strikes at hospitals in Sault St. Marie and Wallaceburg.

Al Hearn, Vice-President of B.S.E.I.U. and an advocate of compulsory arbitration, admitted that "...the real reason for threatening a strike is to force the Ontario government to look at compulsory arbitration for hospital employees" (Financial Post, May 18, 1963, p. 34). Hearn may have been alone in his support for arbitration. Other union leaders wanted the right to strike. Stan Little, President of the National Union of Public Sector Employees (and soon to be president of CUPE)<sup>10</sup> claimed any arbitrator appointed by the government would not be trusted (Financial Post opus cit.). He also felt, as did his fellow executive members, that compulsory arbitration would weaken union bargaining power. Unionists feared compulsory arbitration would soon be forced on other sectors of public workers (Interview, Bill Brown, CUPE Hospital Coordinator, 1980-81, February 1986).

The final incident which created conditions for the provincial government to enact no strike legislation was a three month conflict at Trenton Memorial Hospital. The Trenton strike, according to Kruger

(1985:55), was used to raise public concern over patient safety during hospital conflicts. This was an old argument but it provided the government with a justification for eliminating the right to strike.

On the heels of the Trenton strike the province established a three person Royal Commission to investigate alternatives to strikes in the hospital sector. The board reflected the government's concern with legitimizing any move against the right to strike. The Chairman was Judge C. E. Bennet and his two committee persons were R. Hicks, a management consultant, and H. Simon, the Canadian Labour Congress (C.L.C.) Ontario Representative. The Commission recommended legislation that would have given the Cabinet the discretion to prevent or to end work stoppages by imposing compulsory arbitration. This discretion was to be applied whenever adequate patient care was threatened or when one party did not bargain in good faith. In the latter case, the other party would have to request arbitration (Kruger 1985:54).

In 1965, the provincial government ignored its own commission's recommendations, instituted the H.L.D.A.A., a system of compulsory arbitration prohibiting strikes and lockouts in the hospitals.

Years later, the chair of the Ontario Labour Relations Board, George Adams, described why states in general opt for compulsory arbitration and denial of the right to strike in the public sector. Adams cited:

(1) protection of sovereignty:

"In simple terms, "sovereignty" stands for the notion that governments cannot accede to industrial action because to do so would compromise the sovereign authority to govern conferred on the legislative body by the will of the people expressed by the ballot box" (Adams 1981:225)

(2) mitigation of union monopoly:

"The "monopoly" argument is based on the related notion that most government services are offered on a monopolistic basis causing public sector trade unions to enjoy tremendous (and unfair) bargaining power when they threaten to strike" (Ibid:226)

(3) protection of the public :

"Even assuming that the arguments of sovereignty and monopoly can be overcome, a concern that some or all public employee strikes actually harm the innocent public or will after a certain duration remain as a final stumbling block to the mass importation of private sector principles to public sector labour relations" (Adams 1981:227).

These reasons provide us with a window through which to view the actions of the provincial government. The moves to decrease labour's ability to resist change predate the fiscal crisis but also anticipate it. We will see below that the reluctance to remove the legislation, in the face of evidence indicating it should be, can be linked to the crisis measures of the provincial state.

The H.L.D.A.A., it was felt, would bring order to the hospitals. Pat O'Keefe, former Ontario Director for CUPE, claims the government was most interested in reducing union strength. When asked why Hearn was going against the general union opposition to compulsory arbitration, O'Keefe made an interesting analysis. He said the B.S.E.I.U. position reflected Hearn's "...deep religious conviction that hospital strikes were immoral" (O'Keefe Interview, 1986). The government took the compulsory arbitration route rather than keeping any discretion. The state wanted more influence but not the public accountability that discretion would bring.

(b) The Effect of the Hospital Labour Disputes  
Arbitration Act (H.L.D.A.A.)

People who participated in the collective bargaining process generated by the Act had serious criticisms. Given CUPE's dominant position in the hospital sector, the union's criticisms held considerable weight. CUPE had opposed the introduction of the Act and after seven years of operation CUPE formally applied to have it removed. CUPE's experience with the Act generated many criticisms. Some of the main ones were:

1. Arbitrated awards had not narrowed the gap between similar occupations in and out of the hospitals. (Government studies such as the Johnson Commission Report [pg. 24-28] verified this).
2. Settlements were not expedited but seriously delayed. (A 1970 study by the Provincial Labour Minister came to similar conclusions, [Ontario 1970:21]). At first glance this may not appear too serious a problem. But serious implications arise from this. When a local union is aware that there will be delays and it does not possess the right to strike, it takes lower settlements. This happens because negotiators and executives want to get the money to members quickly. A moderately low settlement, that takes a long time to come, breeds discontent and causes suffering for lower paid workers.
3. The Act has, to a large degree, destroyed collective bargaining. It affects the behaviour of the two sides. CUPE (1972) noted there is often indifference to real bargaining: "Employers are often not prepared to make reasonable offers for fear of weakening their position in front of arbitrators. They tend to expect there will be arbitration". (p. 5)

The lower settlements in the hospitals had their roots in several aspects of the arbitration process. First, in the artificial environment created by arbitration, arbitrators seldom know the specific conditions in the hospitals. They are also unaware of the specifics of the bargaining. This leads them to ignore aspects which may impact on

wage settlements and they "cut the difference" between the sides. This translates into inequitable settlements. Secondly, arbitrators tend to take other arbitrated settlements as precedents. This means that 'arbitrations influence arbitrations influence arbitrations'. The outside world is 'cut out'. This was noted in interviews by negotiators and arbitrators. (See CUPE 1972).

The lack of interest in pre-arbitration negotiations has been well researched in Canada. The fear of undercutting positions in front of arbitration boards leads negotiators to withhold compromises. This eliminates the give and take in bargaining. Movements prior to arbitration are often seen as weaknesses in the original demands or at least as a willingness to give even more. The technical names for this phenomenon are the narcotic effect and the chilling effect.

The narcotic effect "describes the tendency for parties who have used interest arbitration to rely on it...manifested by choosing arbitration, failing to negotiate a settlement or emulating settlements arbitrated elsewhere" (Gunderson 1983:28-29). In the hospital sector even CUPE suffers from this to a degree. Several CUPE officers interviewed indicated that, while they would like to get rid of H.L.D.A.A., they don't mind using it for nursing homes. This is due to the homes' small staffs and an environment that mitigates against strike. In such a situation, and given the nature of the employer, the arbitration route is easier.

The chilling effect refers to the tendency of arbitration to 'cool' the bargaining process by encouraging the parties to submit unreasonable offers and discouraging concessions during the negotiating

phase. In the extreme, the bargaining process is completely chilled if the parties start far apart on many issues and remain apart throughout negotiations.

The chilling effect is alleged to occur in arbitration because the parties act in anticipation of a compromise settlement. The zone of disagreement starts large and stays large because the positions of the parties at the end of negotiation are likely to provide the range within which the arbitrated settlement will be made. The fear that the arbitrator will simply 'split the difference' is not the only possible cause of the chilling effect. It may also reflect optimising behaviour if arbitration reduces the uncertainty in the costs of reaching a settlement (Gunderson opus cit.) (See also, Bloom, 1981, for corroborative comments from the U.S. experience).

Provincial studies tend to agree with CUPE's assertion that arbitration is negatively affecting bargaining because of the narcotic and chilling effects. The Bales Report (Ontario 1974) found a distinct shift to arbitration since the Act was passed and a "distinct decline in the willingness to reach a voluntary settlement" (p. 5). This becomes even more serious in the kind of artificial environment mentioned earlier.

The last concern we wish to raise involves union democracy. Arbitration denies union members full or even major involvement in bargaining. This creates many problems within the unions, often leading to centralization and discontent.

Imagine that union negotiators arrive at an agreement with management. The agreement is accepted by the union team because it

avoids arbitration which has been less than successful. What happens if the membership of the union rejects the memorandum of agreement? In effect the rejection means little. There are two possible outcomes. The teams can begin to bargain again and almost assuredly end up in arbitration or they can go straight to arbitration. Not only does this subvert bargaining but it emasculates the rank and file. Invariably an arbitrator will take the original memorandum of agreement as the basis of the arbitrated settlement (Weiler, P. 1981). The union members then get the rejected settlement imposed on them - that is, unless they break the law and strike.

The 1981 arbitration settlement imposed on CUPE had this result. Although CUPE's membership had rejected the memorandum of agreement by a 91% margin, Paul Weiller, in his award, stated he must take the memorandum into account. The "well negotiated", "voluntary" settlement containing "compromises" could not be dismissed. The arbitrator, like the negotiators themselves "... should treat the [tentative] settlement as fixing the ball park...for the new contract" (Weiller 1981:Section IV). He added: "...the tasks of the interest arbitrator is to try and replicate the results of the process of free collective bargaining. Realistically this means that a memorandum of agreement must be accepted as definitions of just about the whole range of fringe and contract language" (Section VIII). To be fair, Weiller recognized this contradiction.

The O.H.A. encouraged the arbitrator to use the memorandum of agreement as a basis for the award. This shocked the union. CUPE claims that there was an explicit verbal agreement not to submit the

memorandum in arbitration. This was a condition of signing (Interview, Union Negotiator, February, 1985).

We can see the subversion of the democratic rights of union members. This is augmented by the cases, mentioned earlier, where delays in bargaining also push locals to accept inferior settlements, thereby indirectly subverting democracy.

The perceptions of CUPE members provide interesting corroboration of the criticisms raised thus far:

A dietary worker of ten years commented:

"There's no...use in it [bargaining]. Might as well walk in and ask 'what can we have'? Most people I talk to feel that way. Of course we have to bargain to get anything but if you want the money or any benefits quick you have to back off".

A housekeeper articulates the feeling of not being involved:

"Sure we make our comments about what we want but by the time the negotiators get finished and the government (arbitrator) puts their two cents in we have nothing of what we asked for. I don't go to the meetings anymore--would you"?

Some arbitrators have tried different tactics. Kevin Burkett, who arbitrated the 1986 round, sent the two parties back to bargain, telling them to "...pretend it's the 11th hour and there is the right to strike". But as Paul Barry, President of the Ontario Council of Hospital Unions (O.C.H.U.), says, "it's not something one can pretend. If we move and O.H.A. isn't really playing..." (Interview, March, 1986).

The many criticisms made by CUPE, corroboration by government studies, and commentaries by arbitrators all pointed to aspects of illegitimacy in the practices legislated by the provincial government.



Therefore, the Johnston Commission was established to review the situation. The commission made some very important proposals based on its investigation.<sup>11</sup> Johnston found:

1. Arbitration had caused noticeable delays in getting settlements (Report:Pg. 10).
2. The government budgeting process and other actions were influencing the levels of the settlements. The procedure, whereby a percentage increase is allocated in the budget for the wage increase, caused a distortion in bargaining. The hospitals kept increases to that maximum. This twisted and hampered free collective bargaining and gave the government an influence even though it was not formally part of the process and therefore not accountable<sup>12</sup> (Report:9,13,42).

The settlements reached by arbitration had several problems, according to Johnston. The hospitals continued to lag behind comparable private sector employment (pg. 16-20). Johnston stated: "Employees with no right to strike must be assured equal compensation with others" (p. 22). He further noted that it took the 1974 Toronto hospital workers' strike threat to make a shift in compensation patterns (p. 23).

Direct negotiations were found to be significantly impaired, just as CUPE had charged. Arbitrators were found to be influenced by arbitrators and delays in settlements were acknowledged.

To remedy this, the Johnston Commission proposed that:

1. A uniform province-wide job classification system for hospital employees be constructed. There should be bench-mark positions identified, each with a salary equivalent to a comparable job from outside the hospital.
2. A province-wide bargaining structure be established for a given set of "central issues" while local negotiations (i.e. at the hospital level) continue for specific issues such as shift scheduling.
3. Ad hoc boards of arbitration be replaced by a permanent panel of chairmen. The parties would be required to conform to dates set by the appointed chairman.

4. The Government of Ontario's position as budget setter be clearly recognized. Given this direct fiscal involvement, the Government should sit at the table as an observer.<sup>13</sup>

While we cannot assess the exact nature of the subjective reactions of the government, it is likely that the Commission's results did not please key figures in Cabinet. None of the recommendations were acted on. Indeed, in 1979 when the H.L.D.A.A. was amended, it was simply extended to cover nursing homes and directly-controlled support facilities such as laundries (See Kruger, 1985).

The commission could not look at the right to strike as this was "...outside the guidelines". However, Johnston, in a privately published article, noted it was unfortunate "...that the pre-HLDA Act recommendations for limited strike and lockout sanctions were not accepted" (Johnston 1974).

The Act was intended to bring stability to the hospitals. It was suppose to eliminate strikes and lockouts. In this context the Act failed. There have been more strikes and threatened strikes in the Ontario hospital sector than in any other provincial jurisdiction save Quebec. Between 1965 and 1972 there were five small walkouts (CUPE, 1972:2). Between 1972 and 1984 there were three threatened province-wide walkouts and one major confrontation involving 65 hospitals and over 10,000 workers. We must conclude that the Act is not fulfilling one of its stated aims. CUPE puts the blame for these strikes and other actions on the Act itself: "...the frustration brought about by the Act has caused more strikes in Ontario than in any other province in Canada" (CUPE, 1972:1). There are clearly severe problems with the state of collective bargaining.

The Act was a major contributing cause of the 1981 strike. It distorted bargaining, helped maintain inequities in salary and conditions of work, and subverted union democracy. The Act became a real player in the complex of causes of the strike because the government refused to change it, despite evidence indicating its problems. The provincial government appears to have left this legislation in place in order to maintain control over labour's power to oppose changes.

#### Concluding Comments

In this chapter, the effect of the state on industrial relations in the hospitals was examined. The state's policies created structural limits within which union and management operated. The federal and provincial levels of the state have severely altered the industrial relations in the hospital sector. Their actions have remade the 'playing field' on which the labour - capital relations developed. The two levels of the state have, in contradictory ways, reinforced a pressure on collective bargaining. The combination of wage controls, fiscal crisis management, and denial of the right to strike have subverted both the bargaining process and democracy within the unions. The result has been a buildup of frustration among workers. Most interviewees noted specifically that their interest in work had decreased and their frustration had increased in the years leading to the strike. They noted that bargaining was not a successful venture and they had little faith in it. (Many noted a change since the strike and the reasons for this are explored in Chapter Six). Lastly, the hospital

workers stated that the intensity in work had been steadily increasing. This increase in work was precipitated by attempts to cut costs by shortening patient stay and changing jobsite work organization. These changes altered the labour process and in the next chapter we will see how these combined with gender characteristics to create the conditions for the strike. The investigation reported in this chapter indicates that this situation was ultimately linked to various state policies, albeit moderated through various levels.

The range of action allowed the agents in the health-care sector has been curtailed dramatically and the pressure for a strike had developed. Fiscal and budget policies led to cuts which increased workload, deteriorated services and lowered morale. The government's labour policies emasculated the union, severely distorted bargaining and subverted democracy. The state achieved its cost restraint and, until 1981, curtailed labour's fight against this restraint. These policies precipitated the strike at several levels. The restraint worsened working conditions and health-care. The hospital workers reacted to this deterioration. Because the collective bargaining process was distorted due to labour restraint legislation,<sup>14</sup> the option open, as it appeared to hospital workers, was the illegal strike.

The second working proposition argues that the political and economic situation played an important role in creating the conditions for a strike. There is evidence that indicates that the measures used to deal with an increasing fiscal crisis distorted collective bargaining, and as we have noted above, encouraged a deterioration in

working conditions creating the circumstances for the strike. This corroborates our second proposition.

## FOOTNOTES

1 In calculating tax sources there are two aspects to the income tax based pool: the personal and the corporate. The subsidization of corporate interests implies a shift of the tax burden to the personal income tax side.

2 The view that the state has two basic functions has its roots in Marx's notion of the class nature of the state and its relative autonomy (as developed in The Eighteenth Brumaire of Louis Bonaparte). James O'Connor (1973) argues that the state in capitalist society has two central and often contradictory functions, namely, accumulation and legitimation. It must create the conditions for profitable capital accumulation in the private sector while ensuring that non-capitalist classes remain supportive of the system (i.e. find legitimacy in it).

O'Connor further argues that the rise to dominance of the monopoly sector has exacerbated the contradiction between these functions. The increasing inflation, caused in part by monopolization, as well as increasing unemployment caused by increased capitalization through automation put a strain on the legitimacy of capitalist forms of production. The state was forced to dramatically increase unemployment and social service spending to alleviate the pressure at a time when its revenues were down. The subsequent "fiscal crisis of the state" makes the carrying out of the two functions of legitimation and accumulation even more difficult. If the state cuts programs or increases personal income taxes to alleviate the fiscal crisis it threatens the legitimacy of the system. If it increases corporate taxes, or cuts supports to business, it threatens the accumulation process. This is the contradiction O'Connor identifies.

3 Health-care economists have noted several reasons why costs came to dominate the state's concern. These include (among others):

- a. Demographic patterns showed a significant aging in the population was taking place and by the 1980s and 1990s this older population was going to be consuming more health-care services. Therefore, costs would rise sharply.
- b. There had been a series of Federal and Private Studies, such as A New Perspective on the Health of Canadians (1974) which indicated that the return in health benefits accrued given additional spending sine quo non was extremely small. Our health system was operating efficiently and additional funding was not desirable given the returns. This was verified by economic analysis of marginal expenditure by the

province where provinces such as Ontario were spending 82 cents per dollar to get the Federal contribution of 50 cents (See Stoddard 1983:33).

- c. Indications were that a change in delivery method could reduce costs while not affecting care.
- d. The sheer amounts of committed monies to Health and the weight of other economic demands precluded the continued expansion.

- 4 The agreement was divided into two parts. Provinces received tax points and a cash payment. The Federal Government gave up 13.5 personal income tax points and one corporate tax point (just before signing the provinces received one more point in cash).

The major cash settlement is quite complicated. Suffice to say that a set of determinants were used to decide each province's exact dollar figure. These included provincial population in 1975-76; an escalator based on G.N.P. average annual growth and others aimed at levelling the differences. (See Canadian Tax Journal , 1977, p. 538 for a detailed description).

The figures appeared to favour the provinces. The federal contribution was over 40% higher than in the previous year. However, continuing increases were strictly controlled. This implied that control of costs would rest with the provinces, for it was in their interest to keep expenditures inside fiscal guidelines.

- 5 The Ontario Government enacted a series of wage restraint laws which lasted from the close of the federal wage controls until the 1980s.
- 6 The majority of hospital workers who were in care giving roles or close to patients (such as R.N.A.'s or housekeepers) expressed concern over deterioration of patient care. The concern with the quality of health care was an important cause of unrest, dissatisfaction and lack of morale. The workers in hospitals had always been known to have a concern for the maintenance of patient care. This is 'natural' given that it is connected to their "pride in work". This was a contributing cause of the strike and is explored in chapter 4 more thoroughly.
- 7 The workloading demand is the closest the union came to demanding labour process changes.

- 8 Two sets of provincial cost restraint initiatives were not touched on. One was the Business Oriented New Directions (BOND) program. The program was "developed to encourage hospitals to become more businesslike in their operations. BOND encourages hospitals to exercise greater control over their own affairs and offers opportunities through incentives to hospitals to use funds more effectively" (Hon. Mr. Norton 1984:557). The plan encouraged the rental of hospital space to private interests such as parking, or barber facilities. Profits could be kept by hospitals to spend as they wished.
- The second initiative concerned budgets. The Ontario Government moved from a system where, if a hospital reported an operating deficit at the end of the fiscal year, that hospital would negotiate with the ministry for a full or partial recovery payment of the amount of the deficit (Grossman 1982:27). The government moved to a fixed budget with a set amount based on a base year. This could be increased for inflation and negotiated salary increases. The burden of mismanagement and/or legitimate increases in cost and service became the burden of the hospital. This had only a minor role in the strike as it came too late in the period under study.
- 9 The guide was called Controlsmanship: CUPE's Tactical Guide to the Controls. It explicitly stated that it should not be taken as an acceptance of the A.I.B. or controls. The guide, and subsequent updates, suggested shifting bargaining priorities to items that were exempt from the controls program. Locals were pushed to negotiate compensation items, not just wages. CUPE also suggested that the contract terms be listed as "within guidelines". Then they would only be checked for arithmetic errors. This meant items could be hidden.
- 10 In 1963 CUPE was formed through the amalgamation of the National Union of Public Employees (N.U.P.E.) and the National Union of Public Service Employees (N.U.P.S.E.). Stan Little was CUPE's first president and held office well into the 1970s.
- 11 All references are from "The Johnston Commission".
- 12 This has been a criticism levelled by CUPE that the O.H.A., to this day, refuses to acknowledge. George Campbell, Chairman of O.H.A.'s industrial relations section, stated in an interview that "We (the O.H.A) negotiate with no eye on the budgets determined for the hospitals by the government. We have never allowed this to influence free and open bargaining". This is not consistent with the historical record. Until 1969 hospital budgets were approved line by line. The Provincial Government provided operating and capital funds. They set budget guidelines, thereby openly setting the range for wages. Hospitals were told they could exceed the guidelines by



permission and only if "...any additional increases were offset by economies in other areas" (Isbester, 1971:349). In the 1970s under global budgets, the link was less direct but the process was similar. On several occasions CUPE had drawn the government directly into bargaining and received large increases (Wirsig 1976:4).

- 13 In Saskatchewan the government sits as an observer in negotiations. This is because some criticisms made in Ontario were levelled in Saskatchewan. The government was seen as a partner in negotiations because it set budgets but was divorced from the actual process. The Saskatchewan Government finally agreed that it did influence wage settlements through budgeting and therefore should be attached to negotiations. The Saskatchewan Hospital Association (S.H.A.) is seen to have to satisfy the Government and its member hospitals in bargaining". At the table "the S.H.A. team does not know precisely how much money is available, so the government observer provides go-no-go signals which are tantamount to indicating that the government will fund particular proposals" (CUPE 1978:5). This makes the bargaining table an area where "considerable decision making power is represented".
- 14 Some may argue that the law is primary, in our discussion, and as such indicates that the superstructural variables are primary. This is only superficially true. The superstructure is acknowledged, in the Marxist paradigm, as active in a dialectical relationship with the base. The relationship, according to Marx, is one of essential subservience to, and reflection of, the material productive base of society. We argued here that the fiscal crisis, created by the changes in the economy, prompted the introduction of many measures. These included actions, given the structure of industrial relations, that in turn created pressures for strike. The act did not create the need for restraint measures nor did it create the measures themselves. The material base of the Canadian political economy created the need for the measures. The legislation both enabled the changes and directly affected the actors and the process.

## CHAPTER FOUR

### WOMEN, THE LABOUR PROCESS AND THE STRIKE

#### I. Introduction

The exploration of the role of gender in determining or conditioning collective action is not an easy task. This chapter is intended to begin the process of unraveling the complex interaction that characterizes this problem. The chapter makes several arguments. First, women's attachment to their work is conditioned by their gender. There are reasons why women work, in this age, and in the past. Some of these reasons are similar or parallel to male rationales while other reasons are gender-specific. The reasons that are similar or identical to a male's are those that are class-based in part or in full. The reasons that are unique to women are related to processes that are gender-specific. The difference in these is evident. The class-based impetus is rooted in the material relationships that workers have in capitalist society. The need to feed, clothe and shelter oneself is a necessity. This necessity affects women just as it affects men. I argue that women work out of material need. This is a class-determined phenomenon. However, the type of work and the expectations of the work draw us into the web of gender-related effects. Women do not just 'work where they please'. The economy's structure and the shape of the labour market also affect where women work. The prejudicial segregation of

women at the industrial and occupational levels, and women's personal choices, condition what work is taken. Service work, an area of concentration for women, is important in this exploratory study. I argue that one of the reasons women accept service work in the hospitals is that measure of satisfaction one gains from doing a good job and being productive in the health service process. The change in the labour process provoked by the cost restraint manoeuvres of the hospital administrations disrupted the care giving practices of hospital workers. This disruption broke the bond between the worker and her work. She reacted by supporting the strike. The primary data for this analysis are drawn from interviews in the Hamilton-Burlington area.

To make these arguments we had to review several questions: (1) Why are women segregated in the service sector and why in health-care particularly?, (2) What do women seek from wage work?, (3) What changes took place prior to the strike which affected the relationship between women and their wage work? The decision to strike was not simply an individual act. The women, as workers, belonged to a union organization. The role of women in the union is also important in explaining why the strike proceeded as it did. Why did women ignore much of the upper-level union advice to back away from the strike? The answer to this is found in the discovery of women's place in the union.

"Despite the fact that there was a majority of women in the workplace there was a strike". This type of thinking permeates much of the industrial relations literature and was a common male comment. This attitude was also expressed by some women in the union. In a way this was a surprising strike. As mentioned before, the type of work, the

legal barriers, the harassment, the economic situation and the opposition and/or ambivalence of the wider union, all indicated that the strike would not happen. To this day the various popular theories on why there was a strike belittle the role of women. The "agitator theory", or what we labeled popular theories, makes women followers, dupes of a few men at the top of the union and a couple of local leaders.

The proposition underlying this chapter is this: Women were affected adversely by the dramatic changes in the labour process within the hospital. The changes were taking away some rewards that attracted women to the work in the first place. The dissatisfaction resulted in frustration and eventually militancy because, given the destruction of collective bargaining, there was no other way to deal with the problem. This implies men and women were, in part, on strike for different reasons. The public demands of the union were partially the common demands of the members and more probably were the men's total set of demands; the key issues for many of the women were never publicly articulated.

This chapter will ferret out the gender-specific aspects of the strike and draw tentative conclusions concerning these specificities. We will first discuss what women want from their work, then move to describe hospital work, reviewing the changes leading to the strike; and finally we will look at the range of issues facing women in unions generally and in CUPE particularly.<sup>1</sup>

## II. From Home to Hospital: Women in Service

Few of us are surprised that over 75% of hospital workers are women. We might be surprised if one said that three-quarters of the steelworkers at Stelco were female. The social acceptance of gender work segregation is entrenched in our society. The acceptance of women as hospital workers comes from the belief that non professional work in hospitals is women's work.

The very "feminine" qualities that make women so highly valued in family work explain why they are to be found in such large numbers also in paid work in the service sector. Female skills in relating to other people, in caring for others, in loving, are crucial in both their unpaid family and their paid service work. By socialization, by training, by everyday experience, women are the professionals of servicing. (Balbo 1982:255)

The servicing work that women do in the family is reflected in the jobs done in the labour force. Hospital work, with its food preparation, housekeeping and bedside care, obviously parallels tasks in the home. In many areas of the labour market where women are concentrated, this parallel or resemblance with work in the home is evident. For example, work in a garment factory resembles one kind of work done at home. There is a general gender-based segregation in the labour market.

With the increase in women's participation in out-of-home work, or "paid labour", gender segregation has not significantly changed. There has been both an industrial segregation of women (i.e. into certain economic sectors) and an occupational segregation (i.e.

into certain jobs). The Armstrongs illustrate the extent of industrial segregation:

TABLE 4.1

## Female % of Selected Industries

	<u>1981</u>
Forestry	24.4
Manufacturing	27.9
Construction	9.4
Transportation and Communication	23.4
Trade	43.3
Finance, Insurance and Real Estate	61.0
Community, Business and Personal Service	60.3

(Source: Armstrong and Armstrong, 1984 Table 2, pg. 27)

In fact the women working in the community, business and personal service sectors represented 43% of all women who worked in paid jobs. (Armstrong and Armstrong 1984:27)

Occupational segregation is even more pronounced:

TABLE 4.2

Females As A Percentage of Selected  
Occupations (1981).

<u>Occupation</u>	<u>Female as % of those in the Occupation (1981)</u>
Clerical	98.7%
Medicine (RNA's, Aids and Orderlies)	83.4%
Teaching	63.5%

(Armstrong and Armstrong 1984, Table 6, pg. 36)

While the hospital is not unique, it is a clear example of segregation. The hospital, as part of the health care sector, is generally a female-segregated industry. Within Ontario hospitals occupational segregation is pronounced: 99% of the tradesmen in maintenance are male and 98% of housekeeping and Register Nursing Assistants are female. (Torrance 1984:211-32) Industrial and occupational segregation touch the majority of women because more and more of them are entering the work force.

Table 4.3 illustrates the increase in participation of women in paid work.

Who these women are is also important. As of 1979 "the female labour force consisted of 30% single, 60% married and 10% other (widowed, separated, divorced) women" (Mackie, 1983:254). The greatest increase was in married women of childbearing age with pre-school children (Mackie 1983:254; Fox 1980:174-75). Traditionally these have been the women least likely to work in paid jobs.

Why are women, who are mothers of small children, increasingly participating in paid labour? This phenomenon is not uniquely Canadian or North American. Sue Sharpe (1984) found the same trend in Britain.

There is a complex of reasons behind this phenomenon. The key one is necessity. Simply put, women must work. Women, as sole income earners or partners in a family, have little choice. The need for two incomes has increased, given male salary erosion due to wage controls, inflation and increased layoffs (Connelly 1978; Fox 1980; Calvert 1981). Pat and Hugh Armstrong point out (1983:31):

"Changing economic conditions,...., have been pushing most women into the labour market. ...Wages are not keeping pace with prices. ... making it difficult for women to compensate for their husband's shrinking pay cheques by working harder at home".

The continuing commodification of household production has also diminished any possibility of increasing home labour to cover income fluctuation. The relative availability of clothing, food, soaps, etc. pulls women toward outside work. (Fox 1980:197)



TABLE 4.3

## Female Labour Force Participation

<u>Year</u>	<u>% Female Participating</u>	<u>Female % of Labour Force</u>
1951	24.0	22.0
1961	29.5	27.3
1971	34.9	34.6
1981	51.8	40.8

(From Armstrong and Armstrong, 1984, Table 1, pg. 19)

A second factor which drew women into the work force was the rise of the service sector. This sector attracted and demanded women because it contained many "traditional women's occupations" and it was labour intensive (Mackie, 1986:255; Armstrong and Armstrong, 1983; Balbo, 1982).

Health and education expansion accounts for a sizable majority of the demand for women's labour. These sectors have expanded quickly and have prompted a concern for restraint, particularly in labour costs (Lalonde 1978; Henderson 1975). The combination of the need for cheap labour, the rapid expansion and nature of the work made women an excellent choice. Women, in large numbers, had the ability needed and were in reserve in the home. This notion of "in reserve in the home" deserves a brief comment. Women in many analyses are seen as part of a reserve army of labour.<sup>2</sup> This means they are "...available for work,

cheap and they compete for jobs." (Armstrong and Armstrong 1984:20-21; Fox 1980; Connelly 1978). Finally, women had the education for these expanding service jobs (Armstrong and Armstrong 1984:33; See also Lowe, 1980:361-81).

Besides necessity and the 'reserve labour' thesis, women's participation in the paid labour force can be explained by developments that reduced the confining nature of household and parental duties. This was facilitated by "... the introduction of more effective contraceptive techniques" that have led to a "decline in the birth rate ...which has freed women to enter the paid work force....New technological developments have also been introduced: dishwashers, microwave ovens, washing machines, clothes dryers and vacuum cleaners have become more common place in Canadian households... decreasing the necessary housework time" (Armstrong and Armstrong 1984:15).

Both material and non material ties bind women to the home. Many men and women previously believed it was not permissible for women to work outside the family. While many still hold that view, there has recently been a shift in attitudes. There is an increase in the acceptability of women working in the paid labour force.

The motivation of women themselves is another factor. One can agree with the socialist feminists that the material conditions are the key ones in explaining the influx of women into the economy. However, other factors are also important. Sharpe, in her study of working mothers in England, concluded that women are not only forced to leave the home but many want to. The world of home work has changed over the century. Many productive tasks have been commodified (clothing, food,

etc)... The social aspects of work have disappeared with the individualization of the households. This leads to the isolation of the homemaker. The rewards given for domestic labour vary among families, but they are generally minimal. Work at home is viewed as non-productive. It is generally unrecognized, unremunerated and under-rated. One illustration of this is the reaction of non-homeworkers (generally men) to having to do housework. Studies indicate that unemployed men who take up housework tasks report feeling downgraded and non-contributory. (Yeandle, 1984; Sharpe, 1984) So, women want to do paid work to regain a measure of reward and identity.

We see the inter-relations between paid and unpaid work. Women seek things in the labour market that they don't get from domestic work. The following figure outlines some of the common differences between home and labour market work reported by interviewees.

FIGURE 4.1

Characteristics of Work for Women  
Health Care Workers\*

<u>In Home</u>	<u>In Labour Market</u>
Isolation/Individuation	Interaction/Comradery
Partial Intrinsic reward/No reward	Extrinsic and intrinsic Rewards
Invisibility	Formal recognition

\*These don't hold for all jobs at all times. In part they represent the mental construction of the differences as reported.

Women report that the productive involvement outside the home increases their identity, independence, and power in the family (Sharpe 1984; Pollert 1981:98). This is seen in our case study as well:

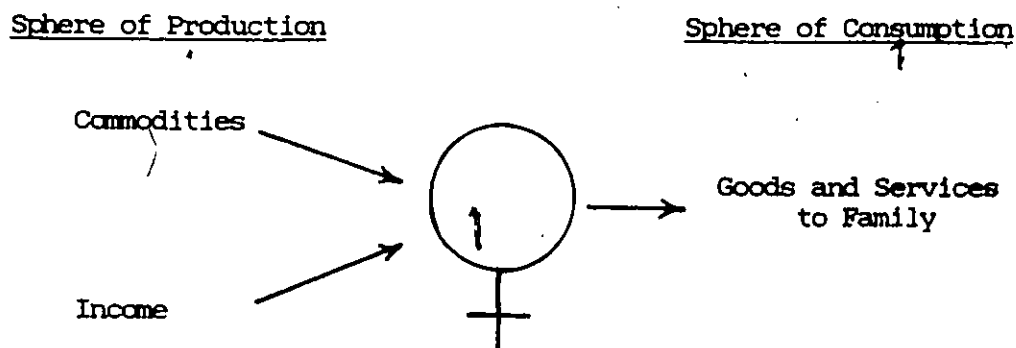
"My husband didn't want me to work but we needed the money. I wasn't sure how things would go when I did start but I like it. I think \*\*\*\* takes me more seriously".

Many interviewees comment that labour market work is often similar in form to work at home. Strictly speaking this is not true. The two types of work are more a mirror image than an absolute likeness. There are similarities between the household and labour force but the rewards and context for the labour differ. The social context and reward system outside the home are, for many, a reasonable trade-off for the illusory freedom of schedule the housewife appears to have.<sup>3</sup>

Conceptually women may be viewed as playing a mediation role, turning the resources available to a family into services to fulfill needs, as shown in the following Figure.

Figure 4.2

#### Women's Role in the Family



This places women in a position where they must cope directly with shortfalls in income and general problems facing household maintenance. Women, even as fulltime home workers, have to face the inability to satisfy needs. Women not only mediate resources such as income but deal with the flaws of the system as a whole (Balbo, 1982:252). These flaws may include health and safety problems, poor management practices, bankruptcies, layoffs etc. These flaws can create income shortfalls for the family and frustration, alienation and health problems for family members. Mediation in this sense is a dual function involving organizing the resources and ensuring they are converted into a form which permits consumption.

This 'mediation' role, with its pressures, makes the positive side of labour market participation even more attractive. Two factors make paid labour preferable to domestic labour: (1) Paid labour increases resources allowing a decrease in the contradiction inherent in mediation during periods of scarcity, and (2) Paid labour in settings such as the hospital brings both intrinsic and extrinsic rewards to the service employee and care giver. For the hospital worker, the role of care-giver and participant in the healing process is very important. (See Badgely, 1975, for a discussion of non professionals in healing). This is a large part of the intrinsic reward so vital to making work outside the home in service areas a positive experience after the pay packet is stripped away. A worker's comment:

" I like the money sure enough but I also like the guests. I think of 'em like guests that need care. You can sure appreciate how they get better each day. They 'd have to pay me a pile more if it weren't for that."

(Housekeeper, Interview, Hamilton)

The work in the hospital is important to the workers. They make a trade off in their own minds between the positive intrinsically generated rewards and the extrinsic (wage) reward. Their intrinsic job satisfaction is part of the complex that keeps the workers in the service work. Changes in that relation to work can create a contradiction in this complex of relations. It is precisely this contradiction which we will explore in the next section.

### III. The Changing Nature of Women's Work in the Hospital

In Part II women were described as mediators transforming outside resources into services needed by the family. It was argued that, theoretically, service work expressed a continuum linking home work and labour force work. Women, the model hypothesized, sought work outside of the home for a variety of reasons, including need, demand (inducement), and a desire to gain some recognition and reward. Women were seen as tied to their care giving work with a real stake in its proper performance.

In this section the actual role of women in the hospital is examined. First, the nature of work in the various departments of the hospital is discussed. Secondly, we attempt to outline the changes that have been occurring and thirdly the attitude of the women to these labour process changes.

#### (A) Women and Service in the Hospital

In many ways it is safe to say that health care work is womens' work. In Canada, as of 1971, more than three quarters of hospital staff

were female; by 1981, the figure had not dramatically changed (Statistics Canada 2-11 [1971B]). The hospitals were growth industries, doubling and then tripling in number and staff from the mid 1950s to the 1970s. (Torrance 1984; Government of Ontario, 1977-78: No. 83-232). This growth industry, which relied on women workers, had been, until 1974, a low wage ghetto. This ghetto was created as a result of a complex interrelationship between three factors: (1) The hospital was an "employer of last resort" and studies indicate that they employed a high proportion of frail, handicapped, and poorly educated workers (Torrance 1984). The hospitals also drew from the reserve of women in the home. These two constituencies were used to depress (or justify the depression of) wages. (2) The health service sector's rapid growth and high expansion costs with diminishing revenue returns put demands to cut costs high on the agenda of hospital administrations. (3) Hospital work was seen as partially a labour of love, particularly for women (Badgely 1975) and "women are believed to be dedicated to service and not self interest" (Brown 1975:174).

The wages were so low that some newspapers, such as the Globe and Mail, found it scandalous. Wages were "...below what the Economic Council of Canada sets as the poverty line" (Globe and Mail, Editorial, April 17, 1969). Hospital workers used to protest with their feet leaving for other jobs. As previously noted, in 1971 the Toronto Riverdale Hospital issued 1,300 income tax receipts for a staff complement of around 700 (Ibid). This indicates the extent of the turnover. However, as the fiscal crisis advanced and as the economic recession developed, workers could not leave. Jobs in other sectors

became very scarce and quitting was a risky proposition. In this context women hospital workers had to stay where they were. They had to 'grin and bear it' or push for change. This constitutes a precondition for collective action - there was no feasible escape from problems at work.

A second condition for collective action revolved around what we termed the 'motivation for service work' in Part II. Women had ties with the care giving, nurturing, and healing functions of work in the hospital. This surfaced in the interviews. An R.N.A. commented:

"I can't explain the feeling. When someone is heading home, looking better and you know you were part of it" ( R.N.A., Hamilton, 1986).

"Work is work but a lot of the time you get more than money and a sore back - I know that chatting up people helps them - you know we [are] health [care] workers too!" (Housekeeper, Hamilton, 1985).

This attachment to healing is what George Torrance, in his study of a Toronto hospital, called the "core function". He found that the closer people were to the care function of the hospital the greater satisfaction they expressed in their work (Torrance, 1978:21). Those in departments with direct patient contact gained more intrinsic satisfaction from work than those without such contact. Table 4.4 on the following page outlines the major "non-profession" work areas and the nature of patient contact and care giving they demand.

George Torrance also found that there was a link between nurturance and women's attitudes to work. There was a distinct "parallel" between home and paid work in nurturing and job satisfaction for women. (Torrance 1978:203) He noted (1978:203) this was not true



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Table 4.1

## Characteristics of Work in Major Departments in Hospital

	Nursing	Housekeeping	Lab	Dietary	Maintenance (Male Dominated)
Primary Job Types for Women	Registered Nursing Assistant; Nursing Aids	Housekeeper; Housekeepers Aid	Lab Tech	Food Preparation; Tray loading, washers	Few Women
Contact with Patient	Yes	Yes	Not Normally	None	Minimal
Care Giving Health or Healing	Yes/bedside	Secondary effects Through interaction	Yes/prognosis on tests seen as central to care	Very Minimal	Minimal
Type of Work	Range of care giving	Cleans, disinfects patient surroundings	See above	Special diets for people	Repair and maintain
Level of Job Satisfaction	Rates high	Rates High	Medium-high	Lowest	Not tied to care but to craft work

for men. In each department men had less attachment to work in service to the sick than women.<sup>4</sup>

This was also the case in our study. The majority of men referred to the hospital as a poor place to work. They referred to the pay and aspects of the work environment as deterrents to employment. Half of the men did not engage in care-giving but the majority that did viewed care giving negatively. Many men felt that service and care-giving are used against the workers to get more work or prevent protest. Most men interviewed felt intrinsic rewards were peripheral to their reasons for taking hospital work. Some comments:

"The place can be alright. You make friends, you learn how to make work easier. Sure I like some of the patients but they sure are not the reason I work here. I'm here because I need to feed the wife and kids, buy things for the family - you know... I'm here because this is the best I can get now....I'd work in a place with no patients. It might be better."

( Housekeeping, Interview, 1986)

The vast majority of women responded quite differently. The care-giving aspects of work were the "glue" that held them to the job. There were few comments on wages and many on the changes in the labour process.

Since the late 1950s, social scientists who have studied hospitals have noted a loyalty and commitment among the workers to the tasks of the institution. Etzioni (1961) concluded that the hospital had a normative influence as an institution, and it was capable of creating "...a non-utilitarian commitment...." John and Barbara Ehrenreich (1973:15) found that hospital workers expressed a degree of

commitment to service and doing one's best that would be "...beyond the wildest dreams of an industrial personnel manager" (See also Ehrenreich 1978 and Torrance 1976:16).

In our interviews done for this study, we found that the dietary department (sometimes called food services) had the weakest non-utilitarian attitudes. (This is consistent with Torrance's findings). However, even in this assembly-line atmosphere there were many expressions of the care giving attachment.

"Some days you lean back and you're so fed up. The speed, the heat, the noise its crazy. A lot of us step back and say to ourselves 'someone's eating this'. Then a 'special' comes by and people are careful - it kind of makes things more worthwhile". (Food assembly line worker, Hamilton, 1986).

To understand the effects of changes in the labour process, we will review the nature of the work in various hospital departments. The changes in the world of work are also examined in order to determine what turned "non-utilitarian" care givers into militant illegal strikers.

#### (B) The World of Hospital Work

In this section the departments of the hospital that were studied will be introduced. This includes the nursing, housekeeping, dietary and laboratory departments. We will simply and concisely describe the work of each department so that later we can talk about the labour process changes in each of the departments. These changes broke the normative, care giving, service link between the women workers and

their jobs. In this way we can see the role of the labour process and gender in influencing the strike.

The departments described will not seem absolutely accurate to a knowledgeable reader. These are generic descriptions which try to get past the particularities of each hospital studied.

(1) Nursing

The nursing department includes an extremely wide range of work areas, each with its own peculiarity. These are the medical, surgical and obstetric wards spread throughout the hospital. Typically there are 25-35 beds in groups of fours, twos and privates. The supervisor is the head nurse and on a day shift one might find several R.N.'s, three or four R.N.A's and possibly a ward clerk. Orderlies and porters, the male jobs, are now centrally dispatched on request.

Patients differ widely. Some are very ill or bedridden on post-operative recovery. Others are in for tests and feel healthy and energetic. These differences affect the type of work that must be done.

Typically Registered Nurses (R.N.s) and Registered Nursing Assistants (R.N.A.s) attend rounds (a report of the patient's condition) at the start of a day shift. The R.N.A is assigned a number of patients for care. The cycle of medication, food, vital signs, cleaning, testing, etc., begins and runs the shift.

Special 'prepping' is done for those going to surgery. For others, there is a range of care such as dressing changes, administering special injections, etc. The R.N.A is only allowed to do certain

procedures. Nurses are required for many functions, e.g. blood samples or intravenous work.

The registered nursing assistants' (R.N.A.'s) work should include bedside care such as back rubs, dressing changes, bedpans and enemas. The contact with patients used to be intense and continuous. When the nurse does the bedside work or it goes undone frustration for the R.N.A. is the result.

In the 1970s, the measures outlined in Chapter Three began to affect the R.N.A.s. There was a restriction of bedside care. Patients and family members had to do some of the bedside work. As well, many hospital administrations began replacing R.N.A.'s with R.N.'s, although not on a one to one ratio. Fewer R.N.'s were employed full time. There were two reasons for this: (1) The R.N.'s were easier to hire on a part-time basis. This meant hospitals could use an R.N. for peak times, such as early morning to handle meals, then let her go. (2) The hospitals shortened patient stays (or turn around time) so the level of acute care needed, on average, increased. Hospitals were shifting some of the recovery time from the hospital to the home while cutting back on labour. Concretely, this meant that the average patient who previously stayed five to twelve days in the hospital now stayed only three to five days (Stoddard 1984). According to management the R.N. was better trained for this increased acute care. CUPE has resisted this move by arguing: (1) There is no evidence R.N.A.s cannot handle the increased responsibility; (2) The best way to deliver health care in the hospital is through a team approach, including both R.N.s and R.N.A.s, and; (3) Hiring fewer persons to cover the displaced R.N.A.s lowers the standards

of health care and, if the same number of R.N.s were hired to replace the lower paid R.N.A.s, the cost would be prohibitive (White 1987).<sup>5</sup>

Losing R.N.A.s, dealing with sicker patients, and severely cutting back on bedside care took a toll on the staff. R.N.A.s felt angry and upset.

"The world was becoming backward. Budgets and timetables meant more than patients".  
(R.N.A., Hamilton)

"I know I wasn't alone in feeling hurt, our jobs were downgraded and health care was hurt".  
(R.N.A., Hamilton)

"By 1981 I had had ten last straws. I was either going to quit or strike".  
(R.N.A., Burlington)

(ii) Kitchens (Dietary; Food Services)

In contrast to other areas of the hospital, kitchens have the most direct supervision and the most factory-like conditions. Patient meals are generally loaded on a conveyor belt system. Food aides (or dietary aids) load up the stations (juice in glasses, for example), then the trays move past the stations and workers put on the appropriate foods and implements. The belt moves quickly and workers must move quickly too.

After the trays are loaded, delivered and returned, they are cleaned. Trays are stripped, plates scraped and put into sterilizing washers. Pots, juice containers and the like have to be scrubbed.

The dietary workers expressed a more traditional attitude to the workplace. This is not surprising given that their labour process and the management style were more similar to a manufacturing unit. The

push to cut costs in the late 1970s meant speeding up the pace of work. Productivity increases were of great importance. Workers resented both the increased supervision and the speed ups. Some senior workers recalled times past when there was consultation about special diet trays. They recalled how food service workers had gone out to deliver trays to get comments and suggestions on how they could improve service and quality. This closer contact with care giving had created a better attitude to work.

The food services areas generally have a much higher proportion of male workers than is the case for nursing. This is in line with our observation that different attitudes were evident between males and females. As with most males interviewed, the care aspect of work was secondary to such issues as protecting the sick leave plan and other monetary considerations.<sup>6</sup> Women on the other hand expressed a desire to restore the work back to what it had been - reduce the speed and increase the patient contact.

### (iii) Housekeeping

This is one of the most fascinating departments we studied. It is a microcosm of changes in the hospital generally. The work world of those in housekeeping has changed a great deal in the last 15 years. In the early 1970 preceding the strike the housekeeping department had both male (cleaners) and female (housekeepers or maids) workers. The men would mop the floors, sweep, do a range of polishing jobs and dispose of garbage. The men were considered to have easier work routines than the women but they had two wards to cover. This meant less patient contact



and socializing (see Torrance 1978:173-75). Males were somewhat pushed out of the department in the 1970s and early 1980s. The cleaner classification in many hospitals was partially, or completely, phased out.

Women looked after the rooms. This involved dusting, and cleaning both rooms and bathrooms. Sometimes this included changing flower water, etc. If a patient was discharged, the routine varied. It was necessary to sterilize (i.e. carbolize and put fresh linen on the bed). Night tables and other immediate fixtures would also have to be sterilized. This was a heavy, time-consuming job.

In the early 1970s the housekeeper had "her ward". She knew the nurses, had regular contact with patients and the pace or routine was reasonable yet varied depending on the rhythm of discharges. Housekeepers helped set the atmosphere and, psychologically speaking, aided recovery. The housekeepers interviewed typically report:

"I've made some real friends over the years. A good head nurse doesn't bother you if you stay with someone and have a wee talk. The dears [patients] appreciate it... the days are better for them - I must say I liked it too."

(Housekeeper of 17 years, Hamilton, Interview)

"Some of the younger girls say 'why spend your time chatting up all the patients?' I tell them that if the most exciting thing that happens in the day is rolling over then you need some talk. You almost be a mother I guess - and it does wonders."

(Housekeeper of 13 years, Hamilton, Interview)

The seventies brought further changes. The patient stays were shortened and housekeepers' work changed in several ways. First the pace increased because housekeepers had to do the heavy and time consuming carbolizing and linen change. Secondly, the atmosphere

altered. Patients, on average, needed more acute care and therefore were less responsive. This meant that employee-patient bonds were more difficult to establish. The woman housekeeper was more isolated. Cleaning at the hospital became more similar to cleaning at home. Some housekeepers refer obliquely to this:

"Some days I think oh baby lets just stay home but I knows cleaning here and cleaning at work is all the same". —

(Housekeeper, Hamilton)

Lastly, the housekeeper could no longer play a role in the recovery process, nor see the effect of the health care patients were getting. The patients were gone before housekeepers could see the final recovery stage. This eliminated the stage when patients were eager to talk and looked well. The housekeeper had lost the tie to care giving.

As well as patient stay, the location of work was altered. Previously a housekeeper's ward was something

"...you could point to and say - this is mine, I do the work. You know - pride".

(Housekeeper, Hamilton)

The hospitals started giving housekeepers multiple wards, moving them around every few days and increasing the pace of work to improve productivity. The transfer of some aspects of the male job to women also increased the workload. These changes, and the more "management" style of supervision, frustrated the housekeepers and reduced their pride in the work.

"We got frustrated - couldn't do it all or do it well. You end up sticking your name on something saying it's done when it isn't".

Housekeepers felt manipulated:

"They played on our feelings, 'protect the patient' you get this 'do you want germs to spread' or 'don't you care how they [patients] feel, to try and get more work - but they were letting everything go to hell!"

(Housekeeper, Hamilton)

The housekeepers, like the R.N.A.s, saw in a change in their own work and in the process of hospital delivered health-care:

"The patient use to be king... now they are mass produced. The care is really gone down".

(Housekeeper, Hamilton)

"Sure housekeeping had deteriorated, everything had deteriorated." Some days it nearly drove me to tears".

(Housekeeper, Hamilton).

A system of calling in temporaries for heavy periods, increasing part-time workers and cutting back full-time staff further aggravated the situation.<sup>7</sup>

"There is a problem with floats. After you get over not having the full time Mary or whoever around you still have other problems. Floats can't take, you know like pride in the work. They are only in a ward for a day or two then off to a different place".

(Housekeeper, Burlington)

The changes in management style meant that old systems of dialogue and problem solving were eliminated.

"We use to know our administrators and we had our old style ways of solving problems. That went out the window with all the changes".

(Housekeeper, Hamilton)

To summarize, for the housekeeper the labour process was substantially changed. The patient-worker bond was broken, the rewards for the housekeeper consisting of their pride and satisfaction were reduced, and traditional pathways to problem solving were closed. This

conclusion is based on Hamilton and area interviewing; however, the research department of CUPE and Paul Barry, the Ontario leader of the hospital workers, verify that these types of changes were taking place across the province.

(iv) The Laboratories

The labs are not always organized into the prevailing service union at the hospitals. In the Hamilton hospitals we studied, laboratory technologists (lab techs) were in CUPE and played a role in the strike. The labs are a complex place to describe due to the different tests they run and the hardware they use. We will look only at the perceived changes in the work and the reactions of the lab techs to these changes.

In the period under study, lab techs reported an increase in demands for productivity:

"The number of tests that come in has gone up about three times...we can't handle it - people ask what am I doing here".

(Lab Tech, Hamilton)

The rhetorical question was easily answered by lab technicians who, without exception, commented that they felt the link between their work and patient health and safety.

"I feel under constant pressure - have to be right-someone's dying upstairs. Sometimes I can't be sure. I move so fast".

Another says:

"When I started here the place was spotless and the pace not bad. You had a chance to check your work - not now, it's filthy and it's go, go, go till your gone".

And a last comment:

"You feel guilty, I know the R.N.A.'s are the same - you are there for the patient but the job you do has to be crap sometimes".

The shorter patient stays, with their higher proportion of acute care cases, and the general increase in test requests (due to malpractice fears) pushed up the workload. The way the tests 'come in' has also changed.

"Maybe 10 or 20% of the tests used to be stat (emergency) now they label nearly everyone that way, it means nothing".

Supervision has changed in the labs. The higher paid lab technicians have come under closer scrutiny by personnel departments and pressure for increasing test processing rates is common.

The workers report less time is spent consulting in the labs now. Although one can still talk over medical questions, one can no longer talk over management questions. This has led to the closing of traditional pathways for problem solving.<sup>8</sup>

#### (C) Reactions to Change

The changes in the labour process, both in work and management style, had seriously affected the women working in the hospitals. The heavier work and faster pace were important irritants, but the crucial changes revolved around the women's relationship to the "delivery of health care to people." This is the service aspect to which women were attached. The changes mentioned above broke women away from patients. Whether it was R.N.A.s pulled from the bedside or housekeepers moved from ward to ward, the effect was similar. There was frustration with

the lack of participation in health care and anger over the deterioration of health care. More than three-quarters of those interviewed made unsolicited criticisms of the declining quality of service. An R.N.A. put it this way:

"It was bad enough that R.N.s were replacing us but for me to be pushed out of many bedside care duties -- it was degrading...I'm not the only one who felt hurt and the care given was hurt too."

(R.N.A., Hamilton)

The bond with care giving work had been damaged and there would inevitably be a reaction. What was it to be? The options were narrowing. The old informal system where workers talked with supervisors and middle management had been eroded. The union provided the only other mechanism for responding and it had been a useful one in many ways but the hospital workers had poor experiences in the past with the negotiation process. As we saw in Chapter Three, wage controls, no right to strike and compulsory arbitration severely hampered negotiations. Women commented that:

"Sure we make our comments about what we want but by the time the negotiators get finished and the government [arbitrator] puts their two cents in we have nothing of what we asked for".

(Housekeeper)

The problems in the formal process of negotiation in the hospital sector effectively closed this other 'traditional' pathway to problem solving. This situation angered women hospital workers and pushed them to consider options such as a strike.

At many points throughout the events leading to the strike, senior and middle level union staff and elected officers tried to

dissuade union members from striking. For example, Pat O'Keefe, CUPE district staff director, said:

"I told them straight out. You cannot win this - you shouldn't go. They would not listen to me".

Why did these "passive" women go against the advice and instruction of their union? The answer to this question seems to lie in the relationship between women and unions and how this affects their participation in collective action.

#### IV. Women in Unions; Women on Strike

##### (A) Women and Unions

There is a deep rooted conviction in our society that women are passive. Women are seen to be non-competitive and acquiescent (Purcell 1979; Pollert 1981; Mackie 1984). Many interviewees in this study said that the strike occurred "despite" the large number of women workers. This view parallels the "popular explanation" of the strike (see Chapter 1). They are both rooted in the belief that women are passive. The women members had to be led (or misled) by a small group of agitators. The view of women as non-combative makes it possible to view the decision to strike not as a conscious choice made by workers, but as an aberration. The aberration can be explained by ignoring the causes that would lead women to strike and looking for external factors. Then the strike becomes a created event with little foundation and women become pawns.

Roy McMurtry, the then Attorney General, captured this thinking in his public statement sending hospital workers back to work:

"...participants are being swept away by leaders...do not be misled by union leaders whose priorities... are not yours". (McMurtry 1981)

The union leadership at the staff and district level clearly opposed the strike. (See Chapter Three) The President, Grace Hartman, called on members to cease and desist strike preparations. Despite this opposition, which included the state and management, women overwhelmingly voted to strike and carried it out. To explain this we must look at the place women hold in the union and the relationship between unions, the paid workplace and home.

(1) General Views

Little was written on the relationship between women and unions before the late 1970s. The earliest Canadian studies tend to be quite negative in their assessment of the benefits of unions for women. Marchak (1977:209) concludes in her study that unions are not helpful to white collar women. She suggests women should create their own unions to improve the situation (See White 1980:53-58). This echoes the analysis by Jean Rands in Women Unite where the continuing division of labour along gender lines is attributed to male-dominated unions.

A study done in New Brunswick by Joan MacFarland comes to similar conclusions. MacFarland (1979:47-48) concludes that unions are usually of no benefit and may actually be a hindrance to women.

Such views are extreme but they highlight the fact that there are problems faced by women in the unions. Julie White's 1980 study, Women and Unions, reviews the general situation for women in unions and challenges the above mentioned studies. MacFarland, White points out,



"...has made no comparison with the situation of non-unionized women, only a comparison to an unspecified standard of her own..." (White 1980:53-54). This is not sufficient, in White's eyes, to draw conclusions on the utility of joining a union.

This criticism of MacFarland is the main one, but certainly not the only one. MacFarland's study could also be criticized on the grounds that: (1) The mix of contract groups studied bears no resemblance to any pattern of women's employment. (2) There is an over emphasis on small (under 50 employee) shops. These types of establishments are often difficult for unions to organize, regardless of gender composition. (3) The scale created to compare contracts is not based on any consistent criteria and subjective comments such as "uninspired" or "pernicious" reveal the motivation of the author. (4) MacFarland's conclusions are not based on comparative data. For example, MacFarland states that the union contracts "do not suggest significant gains for women." The question is: "gains over what?". We are not told. (5) MacFarland makes unsubstantiated and erroneous comments. On page 64 she states that in those unions where women are a minority, they can win higher pay, improved working conditions and fringe benefits, but will not make gains on part-time status or maternity leave "through the union channel." There is no empirical foundation to substantiate such a statement. The study simply did not do what it set out to do. At best, it indicates that unions have to deal with some major discrepancies facing women workers (See White 1980).

The criticisms of Marchak's study are more complicated. White argues that Marchak uses a biased employer determined interview sample.

(White 1980:58) This, concludes White, leads to a sample of non-unionized workers which would be "...artificially biased towards those with competitive pay rates. It would then appear unionization did not benefit worker's pay rates." (Ibid) A second major problem, according to White, is the limited sample. With 307 respondents and the multiple cells that she must create, the data do not allow one to draw the conclusions she did (White 1980:57).

White's criticisms are reasonable, particularly concerning the biased sample. This, in itself, is enough to give Marchak's conclusions a shaky foundation.

Some subsequent studies have come to different conclusions than Marchak and MacFarland. Julie White's (1980) study is reflective of most investigations. After examining pay, fringe benefits and rights issues, she concludes women who belong to unions usually have more protection and benefits than those who are non-unionized. This conclusion is reached notwithstanding the continuing and serious problems facing women, both at work and within their unions.

Pat and Hugh Armstrong, on the basis of their study, comment:

Unions are a long way from providing female workers with complete protection for a number of reasons: only a minority of women belong; women's concerns, especially over part-time work, have not been a priority in many unions; and unions are seldom as powerful as the employers they face. But their rapidly growing union membership indicates that, contrary to rumour, most women are not opposed to collective action. Women in unions have at least some protection, and almost all female workers are better off organized... While many of the women who are unionized are dissatisfied with some aspects of their union, virtually all are convinced there are significant advantages to being organized. (1983:110,119)

Cuneo (1986) also stresses the achievement women have made within unions. These gains have been made, in part, against a tide of patriarchal employer action and patriarchal unionist action and thinking.

Briskin (1983) emphasizes the achievements by women members in the union movement. She notes:

In the last ten years, women's activity in unions has had a tremendous impact: policies have been passed, education programs undertaken, progressive demands for women have been brought to the bargaining table. But in spite of a few important breakthroughs...the situation that women face in the work force has not improved significantly. ...we recognize the potential of using unions to address women's concerns. Although we are, in this sense, pro-union, we do not idealize the current structures and policies of the union movement...We know that to make significant gains for women in the workplace unions must be restructured. (1983:270-71)

Taking a longer view it seems that while women and women's issues have not been a priority in the unions, and have even been subverted in the past, the late 1970s and early 1980s saw a slow and continuous improvement.

The preceding comments are designed to summarize the general views that studies of women and unions have generated. There have also been some minor studies of CUPE.

The first study of women in CUPE came about as a result of the 1970 Royal Commission on the Status of Women. Grace Hartman, then Secretary-Treasurer of CUPE argued that if CUPE was to press for implementation of the recommendations of the Commission in the wider Canadian society, the union itself would have to change. The change

should involve implementing the Commission recommendations that applied to CUPE. (See CUPE 1971:3)

The Status of Women in CUPE described several key problems facing women:

- (1) Women are under represented in proportion to their numbers at every level of CUPE. Only 2 of 17 National Executive board members were women and 10% of delegates to the 1969 Convention were women. More than one-half of the 149 locals with majority women members had male presidents and only one staff representative in Canada was a woman.
- (2) There was a widespread belief among male unionists that women are only secondarily workers and should be at home. This provides a basis for discriminatory actions by unions.
- (3) Pay inequities between men and women for similar work exist and non gender biased job evaluations are necessary to correct this.
- (4) Wage discrimination exists between nursing assistants and orderlies which reflects sexual discrimination.
- (5) Job designations exist where some jobs are labelled female, others male.
- (6) A number of clauses in CUPE contracts are clearly discriminatory to women. These include lesser pensions, employment conditions based on marital status, inadequate maternity leave, part-time provisions and lack of daycare. (CUPE 1971:7-35)

Seven years after this pamphlet was issued, Giroux (1978) did one of the few CUPE contract studies on clauses affecting women. She compared several public sector unions with CUPE and found few substantial differences among the unions (1978:147). In reviewing CUPE hospital contracts she found many weaknesses. These included:

- (1) No seniority accumulated during maternity leave.
- (2) No paid maternity from employer.
- (3) No adoption leave.
- (4) No leave of absence for family illness.
- (5) No leave with pay for union work.
- (6) Some jobs were designated by gender.
- (7) No adequate part-time worker's provisions.
- (8) No sexual harassment protection.
- (9) Life insurance and pension provisions discriminated against women.

The data do not allow us to state whether CUPE fares better or worse than other unions. CUPE is well known for its written and public statements on the need to push for women's equality at work and in the unions. The extent to which this has been achieved would require a major study. While CUPE was aware of problems in women's elected representations, union participation and contract protection, as of 1981 it had not solved them. The causes of these "problems" are important, but before we move on to these we shall examine some trends for women in unions and in CUPE.

(ii) Data on Women's Unionization, Participation, and Representation in Unions

(1) The Unionization of Women

The 1970s was a decade of rapid unionization of women. In Table 4.5 there is an increase in the absolute number of women unionists and women as a percentage of all union members.

TABLE 4.5

## The Number of Women in Unions Over Time

	Number of women members	Percentage of all members
1962	248,884	16.4
1963	260,567	16.6
1964	276,246	16.7
1965	292,056	16.6
1966	322,980	17.0
1967	407,181	19.8
1968	438,543	20.4
1969	469,235	21.2
1970	513,203	22.6
1971	558,138	23.5
1972	575,584	24.2
1973	635,861	24.6
1974	676,939	25.2
1975	711,102	26.0
1976	750,637	27.0
1977	782,282	27.7
1978	835,263	28.7
1979	890,365	29.3
1980	932,883	30.2
1981	979,862	31.0
1982	985,376	32.3

Source: C.A.L.U.R.A., Part II, 1983, Table 24, p. 45

The number of women unionists rose by 81.7% between 1970 and 1980. This continued a trend that began in the 1960s (CALURA 1982). The increase has continued since 1980.

The rise in absolute numbers paralleled an increase in the proportion of union members who were female. Table 4.5 indicates that the distribution of union members by gender shifted substantially.

Women were unionizing faster than men. However, as Cuneo (1986) cautions, women remained under represented in the trade union movement:

"By 1982, for example, only one quarter or 25% of women non-agricultural paid workers in the labour force were unionized; in contrast, 38.2% of the male non-agricultural paid workers were unionized."

The explanation for this pattern of unionization is complicated. The under representation of women in unions is often attributed to chauvinist attitudes on the part of unions or anti-union feelings among women (White 1980:50; Briskin 1983:13). There can be little doubt that these are partial explanations. But three important structural factors also play a role. (1) Historically, unionization drives often began in work areas where women were not employed. This was a result of the general division of labour based on gender but it also reflects a chauvinism on the part of the union organizations. (2) It was not until the 1960s that women began entering the labour market in large numbers (if we ignore the war years); (3) White (1980:51) notes that women in sectors where unionization is developed, such as manufacturing, are concentrated in small shops. Traditionally unions have usually avoided recruiting drives in small units for a variety of reasons concerning time, difficulty and expense. Also, the sectors where women are concentrated have often encountered determined employer reluctance to accede to union drives. The banks, retail (e.g. Eatons) and personnel services are examples (White 1980:50).

The large influx of women into unions is partially explained by the large influx of women into paid labour and the removal of constraints on public sector organizing. In the late 60s and throughout

the 1970s, the public sector was unionized at a phenomenal rate.<sup>10</sup> The predominance of women in this sector ensured a rapid growth in women's unionization. A last factor involves unions' interest in organizing. Unions were spurred on to organize by the huge slump in members due to shutdowns and layoffs in the recession. The "interest" in keeping memberships up paralleled the drop in male members (See Cuneo 1986b).

(4) Women's Participation in Unions

The increase in the number of women union members in the 1970s should have produced an increased participation of women in union affairs. One measure of influence and participation is the percentage of elected officials who are women (See White 1980; Briskin 1983a; Giroux 1978). If we look at the union movement as a whole, we see a dramatic under representation of women.

In 1975 women represented 26% of all union members, yet they held only 9% of the senior executive positions. By 1980 women represented 30.2% of unionists but had only 17% of the executive positions. Despite the slight relative increase in executive members, there was still a serious under representation of women in union leadership positions.

CUPE fared well above the average, but since more than 40% of the CUPE membership are women, the extent of the under representation is clear. Table 4.6 indicates that the hospital unions in the pre-strike (pre 1981) period had a better than average representation of women in executive positions but here again women represent close to 70% of the members.<sup>11</sup>



TABLE 4.6

Selected Executive Board Members (EBM's)  
for Unions in Canada

	<u>1975</u>	<u>1980</u>
All Unions EBMs	1166	944
Women EBMs	116	160
% of Total	9.0	17.0
National Unions EBMs	541	578
Women EBMs	74	126
% of Total	13.7	21.8
CUPE EBMs	17	17
Women EBMs	2	4
% of Total	11.7	23.5
Hospital Locals (Ont.)	<u>1978</u>	<u>1986</u>
Total Pres.	50	69
Women Pres.	23	44
% of Total	46.0	64.0

Source: Briskin 1983 (All Unions Data and National Unions)  
CUPE Research Department Documents (CUPE Data)  
Archival Materials, Minutes, Bargaining Documents (Hospital  
Locals)

We can see that the numbers of women unionists are increasing. Why are women so under represented as leaders of union activities? A popular explanation is that women participate in union affairs to a lesser extent than men. This is a circular argument. The same conditions that create blocks to women becoming leaders also affect their involvement in union affairs. There is also prejudice against women as leaders.

There is an interconnected set of structural, ideological and personal factors which explain women's lack of involvement in unions. These can be broken down into several specific categories: (1) time and the relation between home work and an outside job; (2) union structure (or how the union organizes its work); and, (3) union activities (what the union actually does). One can gain insights into women's participation and representation in the unions if we examine the contradictions associated with these interrelations in greater detail.

(iii) Deterrents to Women's Participation in Unions

There are three distinct types of deterrents to women's participation in unions. There are structural, ideological and personal components involved in the questions of time, union structure and union action. These structural, ideological and personal components are intertwined and mutually sustaining so that it is difficult and misleading to describe them separately. In order to avoid a rigid, non-interactive model, we will look at different aspects of the problems facing women.

1. Time: When to do Union Work?

To determine why women are under represented<sup>4</sup> and have reduced union participation, we can first look at the homework/outside work relationship. The question of time can be examined in several ways because it has many dimensions. The most common way to look at time constraints is quantitatively. In this context we acknowledge the concept of the double or triple day. We will first look at these

quantitative constructs, then examine more complicated and revealing concepts of "gender time".

(a) The Triple Day

Women, as noted earlier, have remained primarily responsible for the organization of the household. Society continues to expect women to provide the material basis of social reproduction. Women are also expected to provide a range of emotional/educational/psychological services through the mediation of resources into services in the family. This has been so, even as women's labour force participation mounts. Repeated studies indicate that the increase in the time that husbands contribute to housework, when both adults work, remains relatively minimal (Yeandle 1984; Gannage 1986; Mackie 1983; see also Meissner 1977).

Women find themselves having to work all day, then having to go home and do the majority of the work at home. To be able, on top of this double day, to take on union responsibilities, such as going to meetings, preparing grievances or whatever, is to accept a triple day.

While the men had time to go to union meetings after work women had to rush home to their children and to prepare meals. The double day of labour was the most important factor that made it difficult for women to participate actively in their union. (Gannage 1986:175)

For those who accept this triple day, union work replaces or becomes their leisure time.

And then I have union work on top of it, so...But I've always worked so I've learned to adjust....I suppose you just look at your priorities in life. I have to have time for my job; I have to have time for my family and I have to have time for me. And the time for me is union

work. That's what I'd like to do, that is what I want to do and that is what I enjoy doing. And so the time I set aside for me is always for the union. (Armstrong 1983:203)

Susan Yeandle noted a similar trend in her British study. One of her interviewees echoes a common refrain "... and you need to be so dedicated, you know, in a thing like that [union]. You've got to be prepared to put a lot of your own social life into it" (Yeandle 1984:116).

In our study, the comments were similar. A clerical worker noted:

"I was going to quit the union - not because I was angry but I needed time to have some social life. I thought I'd never get married if I didn't."

A lab technologist:

"I took a break [from union work] for a while. With a new marriage and home I had real problems - you know what I mean".

A dietary worker in her forties puts it bluntly:

"My only leisure time is 'Gotum' time - that's 'goin to union meetins'".

(b) Gender Time

Time has many meanings and it is in part socially constructed. It is not simply the number of hours. Time is related to the quality of life, the range of commitments, personal relations, the individual, etc. In some cases it is quantitative, such as how to do many things in a short time. In other cases it is qualitative, such as how to spend quality time with one's children or spouse. At other times it is personal, where one needs the stress release of flexibility. In all

cases it is conditioned by the gender relations in society (amongst other important factors). For women there are many faces to "gender time".

Gender Time I: Men have women, women have themselves

Study after study shows similar marriage patterns amongst unionists. Pat and Hugh Armstrong (1983), Gannage (1986) and White (1980) all find that active male unionists tend to be married, between 24 and 40, with children. Active women unionists tend to be unmarried, older, with no children at home.

Nancy Guberman's study (1983:276) of the Confederation of National Trade Unions (C.N.T.U.) in Quebec probably best sums up the trend.

More than half of the women in the CNTU study do not have children. As the demands of militancy increase in the upper echelons of the hierarchy, the number of women with children significantly decreases. The opposite is true of men. All of the women in the study agreed that children and a family are major obstacles to participation in union activities. When we asked members "Do your children limit your involvement in your union?", 81.8% of the women and only 33.3% of the men said yes.

Gannage (1986:179) points out that men could go off to the union meetings or events and knew that food will be cooked, kids will be taken care of and all would be watched. Women, on the other hand, did not have this luxury. Aside from finding another woman, a friend or hired stranger, their options were closed. This interaction between home and paid work is one aspect of the general gender related deterrent to union activity. Men depend on women to create the time for them to be union

activists. Women, on the other hand, must rely on their own initiatives and work if they are to be activists. The material desire to have a family and a stable home environment is a contradiction for women who wish to participate in union affairs. For men this contradiction is ameliorated by women who take the responsibility at home. This is the first form of gender time.

#### Gender Time II: No time to get ahead

Many active trade unionists look at the disproportionate numbers of men and women in leadership positions differently than does the dispassionate researcher. Union activists know that to get into elected positions, one has to have "paid the dues". This means working in the organization for extended periods in different capacities. In the unions there is a type of 'seniority system' just as there is in the work places. Women, for reasons already mentioned, "lose" their union seniority or build it more slowly because of the interface between home and the outside work place. The service breaks taken for maternity pull women out of union activities. This absence is not a "tolerated" or "unpunished" phenomenon. A woman returning to union work may not start where she left off before the leave. In the unions with caucusing and "political machines", the reintegration into the political process is even more difficult. Activist women find pregnancy hurts or removes chances for leadership.

Jane Stinson (1978) makes a similar analysis. She extends the point to explain why women are found in local level leadership positions where there is a demand for a great deal of work but are not in senior

union positions (see also White 1980:66-67). A lower level of "union seniority" is needed to hold positions at the local level.

Another aspect is the timing of meetings. Holding meetings, conventions, workshops, and educationals after hours or on weekends creates contradictions (See White 1980; Gannage 1986; Stinson 1978). Women find it difficult to attend all the functions and do the mingling, discussing, arguing and general participating necessary to gain election. This penalty for maternity and other breaks in participation is a second form of the gender time problem (See also Hartman 1976).

#### Gender Time III: No time for tension and guilt

"Do you know how a five year old can make you feel about being away, not to mention your husband?" This housekeeper from a Hamilton hospital puts her finger on the third form of gender time constraints facing women unionists. Guilt and pressure come from the family when "mom" is out of the house after 'work hours'. Union women who are activists often report pressure from husbands wishing them to limit union activities, even if "home work" is "getting done" (See Purcell 1979:128-29). One of Yeandle's interviewees (1984:116) makes a common comment, "I'm just an ordinary member now. Because I found it too much, at home really a lot of pressure was put on me..." The key here is not so much that physical aspects of housecleaning or food preparation don't get done. The reasons lie more in the other service roles expected of women in the home in a patriarchal family system. The woman in a traditional home is expected to be there if the male or the children need comforting, advice or organization. She is supposed to be

available for sexual relations. As the Pat and Hugh Armstrong point out in The Double Ghetto (1984), women are held responsible for household management, tension management, and sexual relations in a marriage (see also Luxton 1980).

These responsibilities are non-stop. The availability for service or "on call" demands of the women in a family is affected by union activity. This leads to pressure on the women activist and guilt.

"I really had my eyes on doing something in the union you know cleaning things up, make it run better. People told me I could do a good job. I wanted to be more than a steward. My husband says I can go back to the union. I know he doesn't really mean he wants me to. I've been away five years though - I wonder if I know the people?"  
(Lab Tech, Hamilton Hospital)

The difficulty exists from both the union and the home. We do not mean to imply that women are willing and able to spend each waking moment on union work except for the pressure placed on them by husbands and children. Marriage is not simply a convenient institution for organizing such activities as food preparation. Family members deserve quality time to interact, talk, solve problems and enjoy each other. These things are important to women too.

Time is not just the number of minutes to get things done. For women unionists it is linked to the whole set of family/union/homework/paid workplace interrelationships. Time itself is in many ways only a surface manifestation of the manner in which, among other things, the relation between home and paid workplace is organized in our society. It does allow us to see this interrelationship and understand how it affects women.



An interesting question arises when we consider the concept of gender time in relation to the 1981 strike. Why did the gender time problems not block women's participation in the strike? There is very little data on this subject. A partial answer is found in the underlying causes of the gender time constraints themselves. These gender time constraints are, as we noted above, a surface manifestation of the relation between the home (sphere of reproduction) and the workplace (sphere of production). Married women reported that their spouses reacted in several different ways to the strike. Some spouses tried to force their wives to become uninvolved. This could mean, at one extreme, demanding that a woman unionist cross the line or, more subtly and less aggressively, it could mean demanding that she refuse to perform her strike duties. Unionists report that there were few cases of the first form and in general that there were few problems with spouse induced non-involvement.

A second and more common response to the strike was for husbands to accept more responsibilities in the home so that their spouses could participate. Family members, friends and other union members also provided support which permitted women's involvement.

Lastly, a flexible attitude was taken, by the union, towards women with children and exceptional home responsibilities. These factors were considered when asking unionists to do picket and other duties.

## 2. Action: What the Union Does

In 1976 Grace Hartman, former National President of the Canadian Union of Public Employees, said that one reason women are not actively involved in unions is due to misinformation. She claims schools and some media portray unions as "foreign-run gangster type operations." A woman's image of unions "...is one of strikes, violence and corruption" (1976:246). When interviewed in 1986, she reiterated this view. Hartman added that for an average member the union's actions seem (and are) 'above board'. The actual behaviour, in and of itself, of the union is important. "It is not only a question of seeming democratic and reasonable but of taking up issues of concern to your members" (Hartman, interview, 1986).

The many deterrents to union participation will not be overcome if a union's activities do not serve purposes women identify as important. Women and men have changing interests depending on many things, such as family situation, job classification and years of service. Despite divergent opinion, there must be a perceptible thrust in union activity aimed at serving the needs of women members. This becomes even more important because of the gender time constraints on women. Often women cannot take part in the social aspects of union involvement. The comradery, after-meeting beer, chats and general socializing are not possible for many women due to the constraints outlined above. This means that collectivism and social ties do not keep women in the movement as much as men. It also means that, in this context, the unions are bastions of male culture. This is not to say

that unionists are activists for the social rewards, but these rewards do help keep them involved. The actual achievements of the union in areas of import for women, or at least the clear attempt to make these improvements, is even more important given the "social isolation". If the union is taking up issues of importance to the female members, women may try to overcome the gender time related obstacles and get involved.

Many social scientists (Marchak 1975; MacFarland 1978; Briskin 1983b; Gannage 1986) report that unions often put the declared women's issues low on their priority list and tend to substitute in their place traditional demands around wages in their place. The issues that have been put lower on the list include, for example, pay equity, daycare, and extended maternity leave benefits.

CUPE's 1971 assessment of its own policies toward women indicated some serious problems in this regard. CUPE charged itself with treating women as second class members in some locals (1971:9), having left, in a sorry state, such issues as daycare (p. 32), equal pay (p. 10), job designation by gender (p. 13), discriminatory pension and insurance programs, maternity leave (p. 20) and job promotion problems.

If such issues are allowed 'to slide', women will conclude that the union is not serving their interests and they may not become involved in union activities. Below we trace the hospital workers' contract changes after 1971 up to the strike settlement in 1981 to determine whether there were substantial improvements or on-going serious problems. In Chapter Six we will evaluate the strike's effect on the union's attitude toward women's issues by analysing the contract before the strike and the one arbitrated in 1986.

3. Structure: How the Union Does its Work

An argument that is often heard claims women do not "pay the dues" and that is why they do not obtain leadership positions. In other words women neither participate in, nor provide the level of service (or kind of service), to the union that the 'brothers' do. Therefore women do not deserve to have leadership positions.

The argument is only superficially true. Some women do not spend the same hours at union affairs. Some women can only do certain types of jobs in the union, i.e., on site jobs during work hours such as shop steward. In our earlier discussion of gender time we began to explain the reasons for this, but 'there is more'. The unions themselves deter women's participation from both a materialist and psychological perspective by making it difficult for women to overcome the "gender-time" problems.

The major activities associated with union activism include regular union meetings, special union meetings (i.e. conventions), executive or steward activities, and negotiations. If we examine these activities we can see a problem for women.

Union Meetings and Steward Meetings

Most union meetings are scheduled when the majority of members are not working. This after-hours orientation brings women members into conflict with other responsibilities. Union committees, executives, and even senior steward meetings could be held during work with pay losses made up either by the employer or union. Such an arrangement would

diminish the constraints on women members by lessening the contradictions with home responsibilities. The lack of adequate childcare is another serious problem. Providing childcare during union activities is important, even if it is not utilized. The newly formed Ontario Council of Hospital Unions provides childcare during conventions. The service is not highly utilized, perhaps in part because of a perception of inferior quality. But having the service available allows women to engage in union events that they may not have even considered previously. When the time arrives to apply for delegate status at a convention or an educational, the knowledge that children can be cared for, if necessary, will encourage participation. When the event is close at hand mothers may opt for what they feel is preferable care (such as a grandmother or aunt) but this in no way diminishes the role of the daycare in the initial decision to participate.

If women face constraints on their participation, in union activities they will often not pursue activism because "others have more time". Instead of competing for union positions, women may acquiesce to males whom they feel have more opportunity to do a good job (See Guberman 1983).

Lastly, we should mention the regularity and number of meetings. In view of the "gender-time" problems already discussed, we can see the importance of regularizing and minimizing meetings. The "male model" of unionism allows meetings to be called on short notice, changed with little warning or extended on the spot. All this affects the longer-range planning a woman faced with a "triple day" has to do. This type of non-scheduling is particular to the single person or a person with a

spouse to cover home responsibilities. Such a laissez-faire attitude effectively excludes many women.

### Conventions and Negotiations

Kate Purcell (1979:129) describes unions as clubs with a "homosocial" atmosphere. This is echoed by Guberman (1983) who argues that unions are often sect-like social formations with specialized language and customs. This atmosphere becomes magnified in conventions or negotiation meetings. The structure of these meetings reinforces the "maleness" of these events and deters women's participation. Conventions are usually several days long and are held in cities other than the place of residence. The involvement of women is predicated on family support and services being available. Women find negotiations even more difficult. Negotiating teams often have little advance notice of extended bargaining. It is not unusual to spend weeks closeted in hotels. The problems associated with this are evident.

These are just a few examples of the structural problems that deter women from union participation. Interviewees in our study expressed reservations about these issues. Comments such as:

"...conventions are for the younger girls. I can't take the pace and my family is just as happy".

(R.N.A., Hamilton)

"I don't know how the central negotiators do it cooped up for days talking. The men can handle that, I couldn't".

(Housekeeper, Hamilton)

"I did negotiations one year. It is exciting in a way. Would I do it again? I can't. I'm married now and have a boy".

(Lab Tech., Hamilton)

The formulation varies but the essence remains. The structuring of union work leaves women with a contradiction about participating. The women who can take part are young and childless. This view expressed by the hospital workers corresponds to the data on women unionists in Quebec (Guberman 1975) and the national data presented by White (1980).

(B) Women in CUPE Hospitals

The preceding sections have dwelt on the difficulties, problems and criticisms of unions from women members' perspectives. The hospital locals had these same problems. Deterrents to participation by women were operating in the hospital locals. We can see this from the comments made by the workers as to why women took part in the strike. Why did women so massively support their union's action? The answers are complicated. Women had specific reasons for supporting the strike and reasons that they shared with their union brothers. Several of these emerged in the interviews:

First, the action was a local one. Both male and female unionists identified their own local as the union. While "hospital workers" were 'all in it together' and felt a comradeship, the strike was a local-based phenomenon. The attitude to middle and upper levels of CUPE was negative. Members did not identify with the larger union and, prior to the strike, saw CUPE, at the national level, as part of the enemy. A senior union member at Chedoke repeatedly referred to "them and us", "CUPE versus the union".

Second, as noted above, women had particular reasons for wanting to take action. These were issues concerning pride, quality of health care and the control of work, to name a few. The difficulties women faced in participating in the regular union functions made the strike a possible avenue to deal with the problems. This is particular to women as are the reasons related to the change in the labour process that we discussed.

Third, the ban on strikes, imposed through legislation, and compulsory arbitration had destroyed bargaining. With the bargaining mechanism closed and the traditional informal pathways (such as talking to supervisors, etc.) ineffective, both men and women, had little choice but to strike.

Women will participate in unions if they can see potential for achieving something. In general women look at what the union does, how it does it, and how difficult it is to be active. The decision to be active is a conscious personal decision. The pressures from others not to be involved, the negative portrayal of unions, the homosocial atmosphere and the various gender time constraints all mitigate against women's involvement. Lack of involvement has its price also. This is particularly important when times at work are bad. One housekeeper, commenting on the strike, noted:

"Things had gone too far. We talked about it - it had to stop. Our pride was involved, a part of our life was involved. You can't just complain and blame them...you do something".



## V... Women and Collective Action

Previously, a case was made for understanding women's lack of involvement in unions. Women were portrayed as union members who were discriminated against by the structure and actions of unions and by the attitudes of male unionists. In this section we want to continue our discussion of women in the hospitals by briefly looking at the relationship between women and collective action. The origins of the popular theory or explanation of the strike, outlined in Chapter One, become clearer when one looks at them through a "gender filter". While various unionists involved in the strike claimed the action happened despite the large numbers of women workers in the hospitals, other officers claim the mass of hospital workers were manipulated by a small group of radicals. These two points are linked because most hospital workers are women. The belief that women are not able or willing to take such an action makes it mandatory to find an external cause. The popular theories are reconstituted chauvinist ideas in an applied form. According to those popular conceptions the women workers were pawns, acquiescent and non militant, pulled into action by male "mis-leaders". It would be appropriate to examine the origins of this type of thinking.

### (A) Are Women Acquiescent and Non-Militant?

The notion that women avoid collective action, are non-militant and acquiescent in union-management struggles is extremely widespread (See Purcell 1979; Sharpe 1984; Pollert 1983; Edwards and Scullion 1982;

Simpson 1981) but is unsubstantiated. There is little or no basis for claiming that women are generally more passive and more acquiescent workers. There are two sources that one can look to for any verification of the "passive women thesis." The first consists of the various psychological tests which find that men are aggressive and competitive while women are nurturing and cooperative. This thinking was spawned in part by the territorial studies and innate aggression theories popular in the early 1970s. They also arose due to the psychological testing popular in the period. Purcell (1979:114) makes a persuasive criticism of these tests when she notes:

"... such findings of differences in the average scores of men and women become reified as sex differences despite the extensive overlap found between men and women".

It is not possible to sort out the effect of conditioning and socialization in the selection of, what are seen as, appropriate answers. It is not possible to gauge the gender specific reactions to the tests (Purcell 1979).

The other major source of justification is 'everyday' common sense. Popular culture sides with the passive women thesis. Logically speaking, Purcell argues, the sexual division of labour makes wage work secondary to housework. Less commitment to work, in turn, produces less militancy. But this logic hardly reflects the actual situation. As we described earlier, women are entering the labour force in large numbers for permanent jobs based on economic need. Women's attachment to work is certainly similar to men's and considerable evidence indicates women are taking less time out of work for family

responsibilities. Whereas it was common in the past for women to leave the work force at the birth of the first child and return to work when their youngest child was five, women are now taking only short breaks and returning quickly (Denton 1984:154). In an analysis of Canadian survey results Denton reports that 54.3% of the working women employed in the state sector took no career interruptions (Denton 1984 :Table 6-7). In the core sector this was even greater: 61.4% never took any career interruptions. Of the less than half who did experience interruptions the majority were back in the same work and had stayed for extended periods since the break. It seems women's attachment to work is similar to men's.

Studies which contradict the assertion of sex-based passivity have emerged. Sue Sharpe's (1984) British study of working mothers rejects this thesis of acquiescence. While labelling the whole notion of sex-based passivity a social myth, she acknowledges that women, due to pressures at home, find militancy difficult. Kate Purcell's investigation concludes:

1. Women act according to the traditions of the industry, not according to their own background or gender (1979:114).
2. The myth of passivity and non-militancy arises because of women's political invisibility (1979:113).
3. The sexual division of labour creates relative disinterest in work outside the home.

Sharpe finds that in certain situations there is a reluctance among women to take action. In care giving jobs, they are reluctant to abandon their responsibility or potentially hurt their charges.

Yeandle (1984) concludes that women are not more passive but more careful. Woman workers will seek out all the methods available, such as informal consultation, before resorting to strikes. A strike would be more of a final method of resolving problems in the workplace.

In the late 1970s and the 1980s women have often gone out on strike. The list of strikes with all or a majority of women includes Fleck, bank workers, hospital workers, Irwin Toys, Eatons, Blue Cross, Sandra Coffee and Puretex. The sheer numbers of strikes dominated by women speaks against the passivity thesis.

Gray (1985:19) and Pollert (1981:208) note that women engage in strike action despite union leaders' expectations that they are passive. Similar findings were made by Westwood (1984:67) and Cavendish (1982:117). It is safe to conclude that there are problems with most general statements about the passivity of women.

(B) Men and Women as strikers in 1981

It is difficult to get a clear picture of the differences between men and women in the 1981 Ontario hospital strike. But despite striker's murky memories on this subject, several facts emerge. Both women and men report that women were solidly active in the strike activities; they were more active 'than expected'.

" Oh no, there was no problem with women on the line. Arrive on time, leave on time - not afraid either. Some of the boys were more nervous."

(Maintenance worker, Interview,  
Hamilton 1986)

The women unionists took initiatives setting up picketing schedules, organizing phone trees and coordinating refreshments and food. Not one interviewee claimed or recounted any difficulties peculiar to strikers being women. A folklore of short stories recounting "brave women exploits" has developed. The unionists involved in the strike believe women were undaunted, skillful and to an extent, more reliable than their brothers.

Valid points made about the deterrents to action which women face apply to the case at hand but not in the way one may think.

(C) Why Did Women take Action in 1981?

The strike took place despite the many deterrents to it. The explanation lies in the combination of factors that coalesced to create the proper conditions. The conditions that brought women to the work force played a role. The question of how work was organized, the changes in the labour process, had an effect. This included pushing workers out of care situations, the speed up and cutbacks, and changes in assignment. These changes affected the hospital worker. The diminishing rewards and the perceived deteriorating standards of health care all pushed workers toward a strike. Robin Badgely (1975:10-14) had noted years earlier that there had been and would be strikes in the women-dominated health care systems. He attributed this to an increasing "...awareness of women's rights, the impact of inflation and the disenchantment with the traditional prestige symbols." He also noted that the non-professional health care worker "...makes an effective contribution to patient care" yet is not remunerated for it

(page 14). The health care workers will strike, argued Badgely, if the need to protect their role in this system is evident.

In our study the perception of the deterioration of the role of the worker in the system is evident. The bond to care giving work, loyalty to patient and service orientation, created a pressure to strike. The need to protect standards impelled women to strike. Women interviewees were asked if they were concerned about the level of care patients would receive during the strike. The most common response involved a defence of the strike in maintaining health standards.

Typically the hospital worker commented:

"It's them that's wrecked it for people, not us. I can't take care of anyone the way it's set up. That's what I want - to get things back".

(R.N.A., Hamilton)

We noted above that many studies find that women are "careful" about strike action, usually seeking other avenues out first. In the hospital strike case, this is born out. The traditional methods of dealing with workplace conflict such as discussion with supervisors, complaints to the department manager, lobbying the head nurse, or negotiating through the union, etc., were all closed.

"Now I know that [...] still listens, she's a good supervisor but like she says it's a new world now. They changed their management thinking and the buck is almighty now. No more listening or thinking about us".

(Housekeeper, Hamilton)

Just as the informal mechanisms were being shut down, the arbitration process had severely affected formal bargaining. Those workers interviewed who knew about the contract process repeatedly commented on how negotiations were fruitless or a waste of time. This

left workers with a choice - grin and bear it or take more militant action. The workers opted for action. Judy Darcy (1983:171-79) argues that the denial of the right to strike is a women's issue, pointing out that the sectors in Ontario that are denied the strike weapon are dominated by women, i.e. health-care workers, nurses, etc. The hospital workers had to use the strike weapon to fight, what was in the past, women's oppression (Darcy 1983:177). She adds that the 1981 strike was a conscious and well thought out matter because there was "...a terror campaign organized by the Ontario Hospital Association, the Tory government, and police..." (p. 171) to prevent and then break the strike.<sup>12</sup> For the strikers to carry out such an action in such conditions demonstrates commitment.

#### VI. Conclusions

We began this chapter with two problems: (1) Why did the women members of CUPE opt for strike when so many counselled or ordered them not to? (2) Is it valid to say the strike happened "despite" the fact that the unionists were predominantly women?

Some evidence indicates that both women and men may have decided to strike against official suggestion because were not always treated as first class citizens in the union. They had definitely been separated from the upper structures of CUPE and felt more at home in their locals. This meant that the local members made decisions based on their own discussions and needs. Secondly, the issues which might deter the women unionists, such as worry about patients, transformed into their

opposites. Fear for patient safety and the quality of health care became a catalyst for action.<sup>13</sup>

The declining standards, job reorganizations and work loading influenced the decision to strike. The desires that women brought with them to the job (ie. the mix of extrinsic and intrinsic rewards described earlier) were being directly confronted and in a sense subverted by the changes taking place in the hospitals. There was no sense that the hospitals would buy the workers' support with higher wages. The wage controls programs (See Chapter Three) held wages down.

It is not difficult to see what conditions prompted women to strike. The mechanisms for dealing with the problems were not available. Whether it was the subversion of the collective bargaining route or the closure of the informal pathways, the mechanisms available to resolve problems were few and far between.

The last area to touch on is the effect of the strike itself on union participation and working conditions. This question is dealt with in detail in Chapter Six but a few comments are important here.

Commentators on strikes, such as this one, tend to agree on several points. Participation in these collective actions raises the consciousness (material and ideological understanding) of those involved (Darcy 1983; Gray 1984; Porter 1983). This was also true in the 1981 Ontario Hospital Strike. Interviewees described how they came to understand the role of the government, police and courts as well as management - union relations through the conflict.



"It's like being in a life type school. I remember how I thought laws and politics was for men to understand. I know now the same as men do - it's good feeling to know how things work a little bit".

(Housekeeper, Interview, Hamilton)

They described their transformation, increasing confidence and self realization.

Interviewees had cited pride and respect as two things they felt had been slowly taken away at work. They reported the strike brought these back. Typically, workers said:

"It (the strike) was a necessity, it brought us back to life, it restored my pride".

(Dietary Worker, Hamilton)

Structural change was also evident. Substantive shifts in union structure led to greater participation of women in the leadership of the union and a greater emphasis on women's issues during bargaining. This is pursued in Chapter Six.

Lastly, we find a pride in having stood up for health care standards.

"It really has not improved, but I'm sure it would be worse if we hadn't. They know we care and we are watching".

(R.N.A., Interview, Hamilton)

Earlier in the chapter the relationship between the world of homework and the labour market was examined. Women were seen to play the intermediary between the family and outside resources, transforming those resources into services. It was suggested that the similarity of work in the home and outside the home could be seen as the continuation of the service work, but in a transformed or mirror image presentation.

Women provide unpaid services in the family and work in service jobs outside for pay, social interaction and recognition.

We suggested that women sought outside work for a complex set of reasons. These included economic need, jobs expansion that drew them into paid labour market, and inner motivation for more independence, recognition and rewards.

Work in the hospital follows this model. The attachment to the care giving work in the hospital is very pronounced. This would seem to imply that strike action would not be forthcoming. However, it was argued that the cost cutting measures instituted over the 1970s, particularly those impacting on the labour process, broke the bond to provision of service. Indeed, the desire to protect health services and reestablish connections with care and treatment encouraged the strike rather than militating against it. Other options were not chosen because the informal methods of changing policy (i.e. personal discussion) were dismantled. The contract negotiation route was not open because of the denial of the right to strike and the subsequent problems that were created by the compulsory arbitration legislation.

Women were, therefore, in a position where militant action seemed to be the only option. It was the desire to protect health care combined with a restriction on the informal pathways previously used to affect these changes, that created the necessary critical conditions for the strike.

Finally, we examined the role of women and unions, trying to determine what may have been the reason for the workers to ignore calls from within CUPE that counselled 'no action'. It was found that the

history, structure and functioning of the union separated it from its own members. There was a perceptibly reduced role for women in CUPE's hospital sector. Women's position in CUPE was improving but the rate of improvement was too slow. There was a problem in the contract language and priority accorded to securing changes that would directly and particularly benefit women.

Women in the hospitals had a narrow vision of the union. The only union they knew was their workplace and only their workplace. The 200,000 member national CUPE was not seen as their union.. This smaller or narrow vision made the strike decision one that was very local in nature. The decision was discussed and decided on at the local level. It is therefore not unusual that the advice from "on high" not to strike was ignored.

There are the obvious inequalities and difficulties that women face in terms of union participation. The structure, organization, methods of work and priorities in the unions do not take women members into account. These institutions and practices are "homosocial" or "male oriented" to a degree. The study points out that this problem exists and, if unions are going to represent both women and men, changes will have to be forthcoming.

Hamilton women hospital workers were not passive and acquiescent. This was demonstrated by the willingness to participate and 'stick out' a rather difficult collective action. The strikers were not "easily misled passive creatures" being used in a war between a few radicals and 'the system'. The strike was a deliberate action

consciously decided on by a group of unionists making a rational decision to attempt to effect changes in their conditions of work.

## FOOTNOTES

1

This chapter follows in the same theoretical tradition as its predecessors. It is a materialist analysis. When anyone raises the terms 'class' and 'gender', a wide theoretical debate opens up. While one would not want to ignore this debate, it has to be handled in a circumspect manner due to the depth and complexity involved.

This chapter takes for granted that there is a systematic discrimination against women and a gendered division of labour which we demonstrate is reflected in segregation in the workplace. A critical question is: Why does this situation exist? Why has the gendered division of labour continued across modes of production (across different phases of history)?

To answer these questions we must first define patriarchy:

"Patriarchy- the rule of father- is a structure written into the particular expressions of the sexual division of labour whereby property, the means of production of exchange values, is appropriated by men, and whereby this property relation informs household and family relations in such a way that men may appropriate the labour and the actual persons of women. Patriarchal structures are...overdetermined ...by more immediate characteristics of the social formation" (Kuhn 1978:65) But to see patriarchy as only a structure is to miss another aspect. Patriarchy is a set of structures including law, marriage, rituals, etc., but it is also a set of ideas. The structure reinforces the ideas, giving them fertile ground on which to flourish while the ideas reinforce the structures, giving them legitimacy. The materialist approach was reflected by Engels in his recognition that, historically, the movement from a pure production for use value in the family setting to the domination of the production for exchange value laid the basis for male domination of women (see Sacks 1974:215; MacIntosh 1977; Beechy 1979; Kuhn 1978). Males controlled the system of exchange and through that control dominated use value production as well. The development of production for exchange transformed society in many ways. One such way was the structuring of a dialectical relation between production and reproduction. Reproduction includes propagation and regeneration of labour power. Production of use values, which in this chapter is called mediation of resources, is the essential link between production and reproduction of labour power. The sale of labour power is the essential or basic exchange of commodities. Therefore, the reproduction of labour power is logically prior and inextricably linked to the system of production for exchange. This is the unity in the dialectic. The historical separation of the spheres of production and reproduction is accomplished through

the structure of the family and marriage. Women no longer appear to be working in the social milieu (for society) but rather appear to be working for the husband and family (Kuhn 1978:54; Sacks 1974). Labour in the household (or use values in the reproductive sphere) is not paid directly by capital despite the obvious service, on the level of value, it provides. The husband "manages" and provides resources from the outside to be transformed and consumed. Because of this, although the work performed is useful and of direct benefit to capital, it appears to be performed where economic relations are personal relations (Kuhn 1978; Beechy 1979). In a sense, the members of the family labour to increase the husband's wealth.

Engels, in his Origins of the Family, Private Property and the State, asserted that if the domination of males in the sphere of exchange value production led to the subordination of women, then the movement of women into the sphere of exchange value production should be a giant step toward ending their oppression. In this he may prove to be correct in the longer time frame; only history will tell whether Engels was correct in his assessment that the material basis for patriarchy is eroding. The ability of the structure and ideology of patriarchy to adapt to new material conditions has to be considered. Perhaps this is why patriarchy has endured several social systems.

2

The thesis that women are a reserve army of labour is useful in the present case. A reserve army in a classic (Marxist) sense can play two roles. It can play a long term role as supplier of labour (power) to growth industries which come into being as capitalism emerges. The service sector is an example of a new growth area requiring the employment of substantial numbers of women from the reserve. The second is a short term or cyclical role providing labour during temporary booms or absorbing laid off workers during recessionary periods.

Connelly in her study of the reserve army in Last Hired First Fired, argues that women's participation in the labour force is becoming more extensive and permanent. This has meant a decline in the cyclical function but an increase in its longer term role as supplier to growth. Connelly argues that to function as a reserve army women would have to be available, cheap and competitive. The availability is seen in the numbers entering paid work out of homework. We need not review comparative wages in this work. It is well established that women's labour is exchanged at substantially lower rates than men for similar work. Female job ghettos are almost universally at the low end of wage scales (Armstrong 1984:41-46; Denton 1984).

As Grant (1983:50) points out, the segregation of labour markets makes it difficult to argue that women's labour is directly competitive with men. It is possible, though, to argue that base rates in many areas and minimum wage rates are set in accord with the lowest wage sectors of the economy. Women's wages then depress the entire wage system (see Barrett 1980). Fox (1980) argued that women have been used to justify, and/or had the effect of, moving jobs into less skilled and more routine categories, thereby depressing wages and creating wider competition. The wage depression effect and segregation by gender are used by critics (such as Barrett, 1980) to undermine the applicability of the reserve army thesis. Her argument is that women are not brought into the labour market in all fields.

The reserve army of labour thesis is informative and explanatory in many ways. However it must be treated with caution. Several criticisms have been raised concerning the thesis. Aside from the one mentioned, Barrett notes that women are not universally available to be drawn in and turned out as needs arise. In Barrett's view, this is central to Marx's theory. For a variety of reasons women experience structural barriers to their easy access to work. Anthias (1980) suggests that the concept of reserve army cannot be used in a gender related context because Marx did not differentiate on the basis of gender. The "Marx did not so we cannot" argument is relatively shallow. People often apply theses, theories, and paradigms in new and innovative ways that an author did not envisage. Since the test of the thesis is whether it can be applied, one should not dismiss it beforehand.

- 3 The term 'illusory' underscores the lack of freedoms a home worker has in reality. Workers in the home are always trying to "get it all done" so they can be flexible for the unexpected. It's a constant juggling act where other family members' schedules impose on the housewife's own supposed free reign.

This discussion is not intended to ignore the very real problems associated with labour force work. For example, the "double day of labour", where women continue to perform domestic duties and work outside the home, is a distinct disadvantage.

- 4 For example: 90% of the women in the nursing department expressed the service theme as very important to them while only 48% of the men did so. In housekeeping 44% of women expressed the same primary attachment to providing service while only 11% of the men in the same department did (Torrance 1978).

- 5 While R.N.s are more expensive than R.N.A.s they have two qualities that make them a bargain. First, the care needed for the patients had increased with quick turnover so that nurses were perceived to be necessary. Secondly, the nurse is more easily slotted into part-time work (See Armstrong 1986; Torrance 1984).
- 6 We have resisted constructing any theoretical framework for males. It is possible that while women are portrayed as mediators of resources in theory, men would logically be interested more narrowly in the magnitude of the resource. In this context male hospital workers' demands and attitudes would lean toward the economic side. The "patriarchal" structures and practices of the union, including male domination of the middle and upper staff structures, leads to a characterization of the strike demands, in this study, in male terms. This would account for the discrepancy between the demands that were publically expressed and the demands unofficially put forward in interviews. The actual demands reported by women differ from the more utilitarian public demands which were the 'male' conception of the strike demands. Interestingly, women comment on the victory of the action. It was a success in terms of learning, comradery, breaking job barriers, etc. Men talk more of minor concessions and the negative side of the strike.
- 7 Part-time workers are not always members of the CUPE bargaining unit at the hospitals studied. They, therefore, did not take part in the collective action. For this reason part-time workers were excluded from this dissertation. Anyone interested should look at Pat and Hugh Armstrong's two articles, "More For the Money" (1986) and "Female Complaints" (1986) for an analysis of part-time work in the hospitals.
- 8 There is an interesting thread through the interviews with women concerning problem solving. Women union activists and non-activists alike said they liked informal problem solving. The departments (except the kitchens) had established ways to talk over problems and complaints. Women complained that these problem solving pathways were destroyed during the late 1970s. In contrast men never mentioned such relationships (with the exception of one lab. tech. who subsequently joined management). One aspect of this orientation was the common practice of 'getting together' with other workers to 'gripe' about current problems. These informal talking groups became forums for deciding to strike and to organize the strike.
- 9 The importance of these clauses to women may not be self-evident. Contract language allows enforcement of rights in the workplace. It assists workers in pushing their thinking toward greater reform. It encourages women unionists to participate as it gives confidence and encourages more pro-union thinking.



The importance of the clauses chosen by Giroux varies:

Seniority issues: Seniority is an expression of the credit given for service. It is assumed in the concept of seniority that as one works longer, one's abilities and worth as an employee increases. Women are penalized for childcare and child bearing in this system because they don't accumulate seniority when off for extended maternity leave. In many cases women lose all their seniority when they take leave. This implies women will get fewer promotions, be unable to compete for jobs and get lower wages.

Maternity issues: Women have been treated as solely responsible for child bearing and child rearing. Despite our lip service to the importance of this task, we penalize women in wages, promotions and union involvement. This is closely linked to other issues such as seniority.

Hours of work: Women have been primarily responsible for childcare and housework. This means things like compulsory overtime have a disastrous effect on schedules. The positive advantages of flex time, family sickness leave or voluntary compressed work weeks are many for a person organizing a "double day".

- 10 There are several explanations for this growth. The two most important ones include: (1) the legal framework was changed permitting the unionization of civil servants at both provincial and federal levels and; (2) there was a tremendous growth in the size of the public sector during the same period.
- 11 Methodologically, the comparison of a local president to a senior Executive Board Member is not entirely justifiable. On the one hand, a local president is the senior executive member of the local body. Holding that position does reflect recognition and participation of women. But there is a tendency for women to occupy more positions lower in the union structure (See Giroux 1978; Briskin 1983A). As Nancy Guberman (1983:277) noted, the higher one goes in the union organizations, the fewer women one finds.
- 12 The use of the term "terror campaign" by Darcy seems out of proportion until one interviews many of the hospital workers. Their reaction to the letters, threats, police visits, etc. can be described as fear and worry. Confidential sources told this author that some conservative forces felt that intimidation of selected workers, particularly women, would end the strike.
- 13 See the St. Peters story in Chapter Five for an extreme example where management put patients in danger, prompting a wildcat strike.

## CHAPTER FIVE

### THE STRIKE

#### I. Introduction

There are many interrelated causes for any event. In the case of the 1981 Ontario hospital strike, the multitude of factors which contributed to the action can be divided into two sets of determinants. The first is the complex set of structural determinants that create the field for collective action. The collective action may range from simple bargaining through to a major strike. Structural determinants may take many forms. In the preceding chapters we examined these structures. They included a range of fiscal policy and labour control instruments, as well as the form, organization and functions of the union.

The second set of determinants are generated by the interaction of the participants with the structural factors. The importance of looking at the agents involved lies in understanding that like or similar situations can lead to action in certain circumstances, but not in others. For a union, this depends on a complex of factors such as leadership, history, levels of frustration, and timing, to name a few. In this chapter we examine some causes of the strike that were unique to the participants and their organization. We will examine the unfolding of events in order to construct a picture of their subjective and objective aspects. In this way we can further close the circle of explanation for this collective action.

## II. The Strike: A Chronology of Significant Events

The process leading to the strike and the events during the conflict are complex. A working knowledge of these events, and some of the people involved, permits an observer to follow the analysis of the strike.

To expedite our analysis of the strike, an annotated chronology follows. It does not cover everything that transpired but it introduces the reader to the major events discussed later in this chapter:

1. In 1979, at the Canadian Union of Public Employees National Convention, delegates vote to defend free collective bargaining and to appoint a full-time coordinator for hospital workers.
2. Peter Douglas, a popular choice for coordinator, is offered the job under conditions he cannot accept.
3. Bill Brown is appointed coordinator for the hospital workers. Brown was a staff representative for CUPE who had not originally sought the coordinator position. Brown accepts the coordinator position as a stepping stone to an assignment that he had expressed a long term interest in—arbitration.
4. The negotiating team is assembled. Patrick O'Keefe, the Ontario Regional Director, appointed the Assistant Director of the Ontario CUPE Region, Gil Labelle, to aid Bill Brown in leading negotiations for the hospital workers.
5. September 25, 1980: Brown and Labelle advise the negotiating committee to sign a tentative agreement. The agreement contains increases of 65 cents per hour in each of two years and a long-term disability (L.T.D.) plan. The L.T.D. is secured at the expense of existing sick leave plans which are popular with the workers.
6. September 26th: Labelle and Brown put the memorandum of agreement (a tentative contract settlement) before a meeting of hospital local presidents. The agreement is voted down by a vast majority and many presidents vow to fight against it.

7. In the weeks following, union members review the tentative agreement. In late October the membership of CUPE hospital unions vote 91% to reject the tentative agreement.
8. A new bargaining committee is assembled. Those who supported the tentative settlement are removed.
9. In December, 1980, a conference of hospital workers rejects arbitration, thereby paving the way for a strike vote. The meeting has come to be known as the Rowhampton Massacre due to attacks launched on Brown, O'Keefe and Labelle for the perceived yellow contract.
10. In September 1980, seventy-five percent of the CUPE hospital workers vote for a strike.
11. January 21st, 1981: the Ontario Labour Relations Board orders a halt to preparations for a strike (a cease and desist order).
12. January 21st: the CUPE negotiating committee delivers a request for a face-to-face meeting with the Ontario Hospital Association representatives. They request a sign that the OHA wants to begin 'give and take' negotiations. The sign must arrive before late afternoon on January 23, 1981.
13. January 22nd: Grace Hartman, President of CUPE, speaking on behalf of the national executive, publicly agrees to comply with the order.
14. January 23rd: Paul Barry (President of the Oshawa local) and Pat Kenny (member of the negotiating committee) announce at a Toronto rally that strike preparations will go ahead despite the cease and desist order.
15. A wildcat strike occurs at St. Peter's Hospital in Hamilton. The issue is quality of health-care and the endangering of patients.
16. January 23rd: The union request for negotiations is rejected by the OHA.
17. January 24th weekend: The CUPE negotiating team is prepared to bargain. As a sign of good faith the union committee sends the OHA a revision of all its positions.
18. On the afternoon of January 25th, Vic Pathe, the government appointed mediator, meets with the union committee to announce the OHA will not bargain under threat of strike.

19. The Progressive Conservatives call a March election. Many commentators claim the strike is used as a weapon against opposition parties. Informed sources say the Tories feel the Liberals and New Democrats would have difficulty taking a firm stand against the strikers.
20. The strike begins at twelve midnight on the 26th of January. In the early morning hours picket lines go up around Ontario.
21. January 26th: the Minister of Labour, Robert Elgie, summons both parties and demands that negotiations begin immediately.
22. January 26th: the Labour Minister creates the Disputes Advisory Committee, composed of the mediator, Vic Pathe, Robert Joyce and Terry Meagher, Secretary Treasurer of the Ontario Federation of Labour.
23. Union members report harassment and intimidation by Ontario Provincial Police.
24. January 27th: The Attorney General applies for an injunction against the strike and a back to work order.
25. Friday, January 30th: The Ontario Supreme Court grants the injunction.
26. Later, on the 30th, Grace Hartman announces her 100% support for the workers but offers no advice on what to do next.
27. On Saturday, January 31st, Roy McMurtry threatens to prosecute union leaders and members.
28. On the morning of Sunday, February 1st, the strike committee assesses the future of the strike as poor with erosion continuing in six areas. Of particular importance is Toronto. Picket lines are 'few and far in between'. Many workers are threatening to return to work and city-wide organization is poor.
29. On the afternoon of Sunday, February 1st, the bargaining committee, through the Minister of Labour, makes a secret offer to go back to work if there is (a) a promise to begin negotiations, and (b) no reprisals.
30. On Monday evening, February 2nd, Toronto has collapsed. Kenny, the senior Toronto negotiator, gives up and calls for an end to the strike. The O.H.A. has refused any conditions.

31. Tuesday, February 3rd: Hamilton stays out an extra day.
32. Wednesday, February 4th: Hamilton goes back.
33. March 19th: Progressive Conservatives re-elected.
34. April 6th and 7th: Central Arbitration takes place.
35. June 1st: Paul Weiler, the arbitrator, hands down his award. The wage increase is 80 cents per hour for year one and 85 cents per hour for year two. This represents 35 cents per hour more than what was in the original tentative agreement. The new sickleave/L.T.D. package is no longer in place, and other issues such as workload are not improved.
36. In mid June Grace Hartman begins her jail term on the contempt of court conviction.

### III. The Origins of the Strike

The 1981 strike, deemed illegal, is a valuable case study. It provides an opportunity to look at a substantial public sector strike. The strike did not arise or develop in any standard way. At midnight, January 25th, 1981, the strike began and in less than 36 hours over 10,000 workers, mainly women and many immigrants, were on the street. Over 50 of the 65 CUPE organized hospitals were participating. There were many more participants than either the Ontario Hospital Association (OHA) or CUPE had anticipated. The workers participated despite orchestrated attempts by government, police and the OHA to intimidate them into avoiding collective action. This intimidation included threats of legal action, suspensions, possible firings and personal abuse. While the government and the hospitals called on workers not to strike, there was little or no support for the strike from the National Executive Board of CUPE. Middle level CUPE officials, including the

person responsible for hospital unions (Pat O'Keefe), openly opposed strike action. And as the Central Bargaining Committee noted, the strike "...was led not from above but from below. It occurred not because of our leadership but in spite of it" (CUPE 1981:12). There was virtually no organization of workers at the rank and file level for a strike. Despite all this, a strike with a turbulent aftermath was conducted by workers who, due to their gender, were conventionally considered to be passive and intrinsically wed to their "care giving" work.<sup>1</sup> The rank and file members, and their local leaders, confronted the law and the government. One must say "confronted the government" because, at each stage, one or other of the provincial departments was an active or covert participant. From authoring the Hospital Labour Disputes Arbitration Act, to jailing senior union officials, the state was involved.

A. The Story Begins

The story of the strike begins at the 1979 CUPE National Convention. By most judgments it was a militant convention. The convention heavily criticized the Canadian Labour Congress President, Dennis McDermott, for not supporting the Canadian Union of Postal Workers' strike. This was a turbulent issue in many unions of the Congress and Hartman (then president of CUPE) recalls that McDermott made life somewhat miserable for her because of the condemnation from her members. There was a ground-breaking 10-point action program which, amongst other things, called for a fight against all policies infringing

on the right to collective bargaining and strikes. Grace Hartman recalls the energy of the convention and its militant leanings:

"You could feel people bristling. Looking back, perhaps Dennis should not have come. It was embarrassing for me the way people went after him and he didn't let me forget the incident".

More importantly this was the first time hospital workers played an important role in national CUPE affairs. "Hospital workers sort of came of age. They really took part in the debates. It was nice to see," remarked a long-time staff representative. Along with the many issues of general importance to the hospital workers were two special considerations which would surface over a year later to play a role in the strike:

1. A call for locals to avoid compulsory arbitration and to fight for the right to strike.

"CUPE will...mobilize all its strength and resources to retain the right to strike and where it exists, to fight against all present restrictions on the full right to strike..." (CUPE, National Convention, 1979)

This policy was cited several times during the strike. The Central Bargaining Committee (C.B.C.) evoked it after Grace Hartman ordered CUPE staff and members to obey the cease and desist order in December of 1980. The committee questioned whether this constituted "fighting against all restrictions on the right to strike" as laid out by the convention. In the only public union summary of the strike, delivered as a speech at the 1981 Health-care workers convention, the bargaining committee cited it as one justification for the strike action. It states:



"It is true that this move [the strike] was made against the wishes of the National leadership, but we were adamant that the democratic vote of our members would be upheld. It should be noted that the national policy of CUPE, as adopted by the 1979 national convention, is as follows: "CUPE will .... mobilize all its strength and resources possible to retain the right to strike where it exists and to fight against all present restrictions on the full right to strike for public employees" (CUPE 1981:4)

2. The demand for a full-time coordinator for the 18,000 hospital workers in Ontario.

This became a bitter battle at the convention. Grace Hartman described it as "a battle of wills - it became a symbol for the hospital workers of what they felt was a prejudice from some quarters in CUPE" (Interview, February 24, 1986).

The resolution had come three times to the floor for debate before it was passed.<sup>2</sup> It is clear that hospital workers had received less attention for servicing than the larger, older and well established municipal and hydro locals. Union officers admit the municipal locals may have up to two staff at their disposal plus full-time elected officers. The average hospital local shared a staff representative with a dozen others. It should be noted here that hospital workers held a relatively disadvantaged position in CUPE. This stemmed from essentially three elements. First, hospital workers were late comers to the union; many of the other locals had been organized before the 1963 merger that created CUPE. Secondly, hospitals had, in the past, hired people of varying abilities. Anne, a long time hospital worker, noted: "They used to hire a certain number of people who may not have been hired outside the hospital. You know people who were mentally slow or handicapped. With a little help they did a good job". This led some in

CUPE to characterize the whole sector negatively, assuming that many hospital unionists were below average in abilities. Lastly, the hospital workers had several visible spokespeople who were very vocal and quite abrasive at times. Pat O'Keefe, CUPE Regional Director, called these people "cursers of the darkness opposed to all things, never positive" (January, 1986, Interview).

These prejudices were aggravated and augmented by other factors. The gender composition of the hospital workers was taken to indicate the "soft" nature of the hospital sector. This represents a manifestation of patriarchal attitudes that assumed "...real unions were dominated by men not women. The fact hospital workers did not have the right to strike reinforced this view that hospitals were women's work and the locals generally weak" (O'Keefe Interview, January, 1986).

The eventual victory of the fight to get a coordinator welded hospital workers closer together and stirred up their general frustrations. While, in the past, hospital workers had been more content to play a peripheral role, they now played an activist role. While, in the past, a couple of activists were speaking, now many hospital delegates were speaking. The frustration was over being treated differently and having to fight for something that was obviously needed. The fighting and winning inspired confidence and spurred activity.

The majority of hospital delegates not only wanted a coordinator, but wanted or expected Peter Douglas to be appointed to the post. He was young, sharp and appeared to many as competent and militant. He had met many people in the Hamilton region, as he serviced

Hamilton hospitals. Douglas had also been in hospital negotiations on many occasions. This had brought him into contact with active hospital workers around the province. His reputation was as one who would not get in the way if people wanted to take action to reinforce demands. The hospital workers were to be disappointed. Pat O'Keefe, Regional Director for CUPE's Ontario Division, eventually appointed Bill Brown. Brown was someone closer to O'Keefe's own image of a coordinator.<sup>3</sup> Brown was an old style staffer originally out of the United Steelworkers Organization. O'Keefe, by his own admission, had no time for Douglas who he considered to lack the stuff of a good coordinator. "I never heard him talk of anything positively - he curses the inevitable darkness too". Bill Brown admitted "O'Keefe saw Douglas as a manipulator" and someone "hard to control". O'Keefe pushed Douglas out by moving the location of the job to Toronto, a move calculated, at best, to exclude Douglas and at least to bring him where he could be watched and counselled.

Hospital workers reacted negatively. Many wrote letters to Hartman opposing the switch.<sup>4</sup> Several key actors, such as the Chairperson of the Health Care Workers Coordinating Committee, C. McQuarrie, reacted bitterly. She said she would never talk to Brown nor work with him. Others also reacted. Bill Brown recalled that "Around the regional office I couldn't even get a mailing list" (Bill Brown Interview, February, 1986).

The dispute over the selection of a coordinator illustrates the tension between the middle level leadership and the rank and file members in CUPE. The tension was a visible manifestation of the

frustration present in the union. Workers did not dislike Brown. The problem was that they were not consulted about the appointment of "their" coordinator. They saw his appointment as a challenge to their authority. The importance of this issue is underlined in the final summary of the strike written by strike leaders. The strike leaders recommended direct rank and file participation in staff selection (CUPE, 1981:8). We will see later that the national review of bargaining problems in the hospital sector tried to find openings for the rank-and-file membership to have some input into the selection of the person filling these important positions. It works both ways: the membership cannot devote their energies to the tasks at hand when they do not have confidence in the coordinator's methods or abilities, and the coordinator cannot be efficient when rank-and-file mistrust complicates an already exhausting high-pressure job.

The Bargaining Review Committee would later note, in its study of CUPE after the strike, that members had lost control over decisions and staff. If relations in the union were going to improve, the health-care workers had to have more control over the selection and work of their coordinator (CUPE 1982:30-1).

This reflects the larger issue in CUPE of the structural problem between staff and locals. On the one hand the national office hires and directs staff. The locals they work with have no control over the staff representative. On the other hand the locals have a very developed autonomy. The locals' independence, with little staff control, makes the national union seem an outside body. It makes the staff an agent for the national office. This generates friction and frustration.

After appointing Brown, O'Keefe further fashioned the staff component of the negotiations committee by appointing Gil Labelle (Assistant Director of Ontario) to assist Bill Brown in negotiations. Both men fit the "old-boy" mold O'Keefe preferred.

B. The Process of Negotiations Leading to the Strike

The round of bargaining is described differently by different actors. Brown, the chief CUPE negotiator, felt that the O.H.A. negotiator was interested in negotiations and was honest. The process, for Brown, was hectic and bitter but not fruitless. Others felt the O.H.A. never really gave much.

The reality is impossible to recreate, particularly because the Central Bargaining Committee (C.B.C.) was cloistered for more than a usual length of time. There are not many bargaining reports or meeting minutes to analyze. This was due to a concern with outside interference by those in control. Both O'Keefe and Brown felt that some members in CUPE wished to subvert negotiations and create a confrontation. One elected negotiator commented in a letter:

"Bill Brown and Labelle were so preoccupied [in] this round (1980-81) with putting down past staffers and committees' work that they didn't really concentrate on the job. They really kept us away from other people and any other ideas".

O'Keefe feared radical elements, discontented lower level staff, and the national office staff:

"I did, privately and confidentially, object to the national officers [Grace Hartman, President, and Keally Cummings, Secretary Treasurer] to what I believed was undue interference in the responsibilities and work of both the hospital coordinator and the assigned assistant".

(Public Statement, O'Keefe, 1981:1)

In an interview he explained that the research department and organizations department had tried to interfere in negotiations in the hopes of encouraging a breakdown in bargaining and a subsequent strike. He claims:

"The organization department was quite involved you know. Along with research they manipulated many hospital workers... MacMillan [head of organization] represents a form of extremism in the union".

(Interview, February, 1986)

Bill Brown echoed this criticism and cited other problems:

"I know they [research department people] were coming into town [Toronto] to meet with the left.... Research wanted a strike in the worst possible way.... MacMillan's outfit was talking behind my back".

(Interview, March, 1986)

Aside from these alleged interferences,<sup>5</sup> in September, 1980, it became clear there was room to settle. A meeting of Hospital Local Presidents was scheduled for the 26th of September. This would provide, according to Labelle, a forum to float a memorandum of agreement. Brown concluded an agreement with O.H.A. negotiator Bass. Brown felt this was the best he could do if he was to avoid arbitration and a strike. He states now, "I wish I'd not have signed it".

Brown confided to friends he wanted this "awful round of bargaining" to end. His health was deteriorating and his resolve was nearly spent. His closest associates and confidants advised him not to

put up with the pressure of criticism, personality clashes and infighting; he should get out. In 1986, Brown comments retrospectively that he really wanted the tentative agreement to "go out" and be rejected:

"I didn't need that \_\_\_\_ you know. I thought my heart was going to go. I was sick... Despite all of that I had a plan to carry things through.... I wanted it [the tentative agreement] to go out, be voted down and then we could get back and finish the negotiations... I wanted to see where we were and what people wanted".

It would seem that Brown took odd steps in 1981 if he actually wanted the agreement rejected. In the covering letter to the tentative agreement he and Labelle wrote:

"In view of the fact that the strike option is... neither feasible nor obtainable...the arbitration process...has not and isn't serving the best interests... We unhesitatingly and enthusiastically recommend to you that the memorandum be accepted".

(Brown, Labelle, October, 1980)

Clearly he wanted the contract approved. This was partly due to the fact that he wanted to avoid arbitration and partly because he was 'burnt out'.

Reaction to the memorandum came from both inside and outside CUPE. The local presidents at their 26th October meeting condemned it. Friends from outside would later write to criticize it.

The Ontario Nurses Association (ONA) wrote:

"For some time now, a number of unions have been acutely aware of the inability to make inroads in our rounds of bargaining...because of what, in our opinion, were premature settlements by one union [referring to Al Hearn and S.E.I.U.]. This time CUPE itself disregarded the interests of hospital workers".

The ONA went on to criticize directly many aspects of the memorandum.

For Bill Brown and Gil Labelle, there were few friends at this point. Even O'Keefe, a staunch supporter of Brown, had some coarse words. He had early on given Brown some of his "old Irish" trade union advice. "You must pick the leader of your committee, the one strong enough for the others to listen to. If that man signs, the rest will. I told him don't sign without Pat Kenny".<sup>6</sup>

As it turned out, Brown did sign the memorandum without Pat Kenny. Kenny had said he may sign but slipped away to relax before actually doing so. When he returned, much later, he was belligerent and said he wouldn't sign - "it's a sellout", he claimed. Jerry Jones, who represented the Ottawa area hospitals, had also signed but now says, "almost immediately I knew it was wrong", and he was critical of himself later in front of the members he represented in Ottawa.

Brown's support had dwindled. He took the memorandum into the Presidents' meeting on September 26th. Labelle had talked him into running off copies which they distributed to everyone. The reaction was electric. The presidents of the hospital workers' locals overwhelmingly rejected the memorandum of agreement. Worse than that for Brown, O'Keefe and Labelle was the perception of a sellout that hung around them. Paul Barry, who later became a strike leader, ripped his copy in half as he spoke about its "yellow dog nature".<sup>7</sup> He expressed the majority opinion. The presidents felt "they were part of an end run; that they were being used to slip a bad contract through" (Uilly Venohr, President, Chedoke CUPE Local). That perception would haunt the staff involved for a long time.



Meetings were held across Ontario, and with the help of some research department evaluations of the package, it was rejected by 91%.<sup>8</sup>

C. The Rowhampton Massacre

The Rowhampton Massacre is a macabre name for a membership meeting held to discuss the Brown memorandum. CUPE hospital delegates gathered in early November, 1980, to discuss how to proceed, given the rejection vote. It was a fiery meeting. Lofty MacMillan (Head of the Organizing Department) and Peter Douglas were the only popular staff members there.<sup>9</sup> Other staff members, such as Patrick O'Keefe and Bill Brown, were strongly criticized for their parts in procuring the memorandum of agreement. Things went to the point where, after all the staff were thrown out of the meeting, a resolution to remove Bill Brown from the coordinator position was debated. Brown's power was reduced but he was not banished. When the 'dust settled', two other matters were decided:

1. Hospital workers would strike in January, 1981.
2. A partially reconstructed bargaining committee would go back to the table with a mandate to begin bargaining again with the original demands.

Many implications arose from this meeting. First, there was a distrust between different forces in the union which ranged beyond personalities. The most serious split was in the staff. This is discussed below. Secondly, among the bargaining committee members, there was a serious distrust of the old members who signed the first memorandum. The decision to go back to the original demands was also

fateful. This move allowed the Ontario Hospital Association to interpret the whole process as a manoeuver designed to legitimate a strike. From this point on, the OHA refused to negotiate meaningfully, calling the strike threat intolerable blackmail (Campbell Interview, 1986).

D.     The Situation Among the Staff:  
           Differences Contribute to the Strike \

There was a serious fracture among CUPE's staff. The Ontario District Staff Director, Pat O'Keefe, believed that many of the national office staff and some of those under him "were not interested in getting a contract, they wanted a revolution...The Department of Organization and Research stirred things up". (O'Keefe Interview, 1986). This "communist scare" was echoed by Brown who recalled, "These left-wingers wanted to go to war. They wanted to change the system".

When one searches for splits and fissures, one can usually find them. In this case, though, perhaps the most telling is the language people use to discuss the issue. For many unionists there exists a dichotomy. Many still talk of two sides, CUPE and themselves. Venohr, President of the Chedoke Hospital CUPE Local, talks of "the committee versus the union; unionists against the union". Bill Brown says, Research "had taken sides". O'Keefe speaks of other major actors as, "those who curse the darkness as if it had no place in existence". This problem resulted partly from the deformed environment created by the State. With no right to strike, the more traditional segment (the old style) opted for strategies which kept within the structures created for bargaining while optimising the gains and minimizing the losses in that

framework. An illegal strike in the context of this structure was not reasonable. They felt strategies which optimised gains should be employed. The strike went "against the grain" and the potential losses were too great according to the "old-style" unionists. If conservative thinking is a tendency maintaining existing structures, we can consider that the "old-style" unionists were conservative.

The newer style of unionists sought to expand the field for bargaining by challenging some of the limiting structures. This involved challenging compulsory arbitration and the ban on strikes. One illustration of the split and tension occurred when the entire servicing staff met to adopt a position on the strike. Staff members are all hired by the national office. They convened a meeting prior to the scheduled membership meeting at the Rowhampton. The aim was to sort out how they would react to calls for a strike and discuss the criticisms being directed against the tentative agreement. Two issues were dealt with at the meeting. First, it seemed that invitations to the meeting were selective. Peter Douglas, the favoured staffer for hospital coordinator and Randy Sykes from Public Relations, were not invited. They had heard of the get together and showed up to challenge the backhanded politics. When the staff union representative, Ray Whitehead, challenged Gil Labelle as to why Douglas and Sykes were excluded, Labelle replied, "We felt they were working against us". Douglas and Sykes had to be admitted.

The second issue discussed involved the possibility of a strike. Brown tried to convince the meeting that there were too many risks. "I don't think we can win a strike", said Brown. "Many people agreed with

me but many thought we could [win a strike]...The majority of the [negotiating] team wanted a strike. The majority of the executive wanted a strike. I felt we were going to get clobbered, but who was I to convince them no" (Brown, Interview, 1986). At the meeting, the staff decided it would support a positive strike vote.

The strike vote was called and when returns were in, 75% of Hospital workers in Ontario had voted in favour of a strike. This is significant. In the 1979-80 strike vote only 49% had voted in favour. The hospital workers judged this round of negotiations to be more serious.

#### IV. The Role of Management in the Strike

During the months leading up to the strike, it became clear that a settlement would not be forthcoming. It was a classic standoff. The Ontario Hospital Association (OHA) says: "We were not willing to negotiate under a strike threat". The head of the Employee Relations Bureau for the OHA explains "We [the OHA] thought it was just saber rattling", and "...we were tired of all the rhetoric. Our position was 'no more blackmail'. We had beaten the U.A.W. in the Blue Cross and we could take CUPE. We wanted to end this pattern of threatening to strike" (Campbell Interview, February, 1986). The whole strike threat had taken the OHA by surprise. Bob Bass, the O.H.A. negotiator, and Bill Brown, CUPE's representative, got along very well at the table. They respected each other and both "dealt fairly". When the situation exploded, "We [OHA] sat back and said, 'What happened here', there must have been some plan afoot to get a deal in order to use it to get a

strike", Campbell, head of the Industrial Relations section of the OHA reports (Campbell Interview, February, 1986).

The speed with which the union locals were informed, rejected the package and took the strike vote fuelled the OHA's view of a radical conspiracy. "There must have been pre-planning", says George Campbell. "They came out like gangbusters overnight". Despite the OHA's perception, investigation indicates this was not the case. The cadence of the events was spontaneous. The lack of preplanning may help explain the rapid pace of events. There were no complex structures to slow the preparation process down. Rank and file leaders took their case directly to the members. A second factor was the depth of acrimony existing in the hospitals due to the changes outlined in earlier chapters.

The OHA was and is somewhat officially blind to the causes of the controversy. To them, "Hoodip (the sick leave plan)" was a phoney issue blown out of all proportion. "At one point we offered to change our proposal. The union was not interested" (Campbell Interview, 1986). The issues of the strike were complex. The official (or stated) reasons for the disagreements included a range of monetary and non-monetary items. One of the most public was the employer's desire to replace local sick leave plans with a central disability and sick plan called 'Hoodip'. The substitution was not economically desirable, considering many members had hundreds of days banked in their local plans. Many members saw their banked days as a pension fund because in some hospitals, such as the Hamilton Civic, employees could get half of the unused sick days paid out in cash at retirement.

As the strike approached, the hospitals took the situation more seriously. But, right until the walkout, the OHA felt support would be weak:

"Our reports were that people were not that militant. When it happened, a lot more went out than anyone thought".

(Campbell Interview, February 1986)

The OHA claims that the Central Bargaining Committee (CBC) for CUPE didn't want to negotiate in the period before the strike. While interviews indicate many union members felt negotiations wouldn't lead anywhere, they made certain gestures to try to find a method of reaching a settlement. The union bargaining committee made several gestures to indicate that they would stay strike action if negotiations began. The final gesture was in the closing week before the strike date:

"After three days of waiting, and having had no indication whatsoever from the government-appointed mediator that negotiations would begin again, we felt compelled to take action. We decided, by majority decision, to deliver an ultimatum: If we had no assurance that the employers would meet with us to negotiate by five o'clock p.m. on Friday, January 23rd, we would publicly announce that the deadline of January 26th was a firm commitment to a strike, following the direction of the strike ballot. In spite of our position that a simple phone call from the mediator indicating that negotiations would commence again would forestall such a move, the message we received was that the mediator would meet with us at five-thirty p.m. on that day; nothing more!"

(CUPE 1981:2-3)

Management decided to indicate clearly that they were unwilling to bargain under the threat of a strike. The OHA had members with different attitudes and different strategies. The dominant group in the OHA (judging from the final strategy) wanted to discourage the strike

now and pressure the union to stop using the strike threat in any future negotiations.

Many incidents occurred in the weeks leading to the strike date. Hospital personnel directors and administrators had been threatening union members over strike preparations. Their aim was to intimidate the less active local members. An inside source from the OHA confirmed that this strategy was tried. Material such as the following from Mr. Dixon, Director, Personnel Department, at the Hamilton Civic Hospital was common:

"The Hospital will regard any strike with the gravest of concern and any persons who participate in such activity may be subject to the legal and contractual consequences. If you in any way indicate support for this unlawful activity, or if you fail to report for work, as scheduled, you can expect to be subjected to disciplinary action which may include suspension or dismissal.

We have been given to understand that some of the staff of these Hospitals have been threatened if they do not take part in this illegal strike. One case is already under investigation. Any staff receiving similar threats are asked to call the Personnel office where appropriate action, with police involvement, will be taken".

(Dixon, Correspondence to  
Employees, January 22, 1981)<sup>10</sup>

Some management tactics aimed at discouraging workers and preparing for a strike provoked members into protest. At St. Peter's Health Centre in Hamilton, the administrator secretly planned a forced evacuation of patients. As management started to execute their evacuation plan, its consequences became apparent. Ed Lundman, Director at St. Peter's, hoped to transfer the elderly patients to various nursing homes in Southern Ontario by using the Darts bus service.<sup>11</sup> The

distances were not always short. Some patients were traced to locations as far away as Simcoe. On orders from management, they were whisked away with no warning to the unionized staff caring for them. This was supposed to accomplish two things. First the workers would not have time to protest. Secondly, the staff would be shaken by the action and their resolve to strike weakened. It quickly became a fiasco. As relatives arrived to visit, they found empty beds and scattered personal effects. Many relatives panicked when they couldn't find their loved ones. Family members became even more agitated when staff couldn't tell them where their friends and relatives were. In certain cases, according to the union, patients were whisked away without their medication. Workers stated the situation was pandemonium.

The hospital staff moved to block the evacuation. The majority of the unionized Darts drivers, upon learning of the circumstances, refused to handle the patients anymore.

The first walkout was underway, as a wildcat, in Hamilton. Peter Douglas was phoned at two in the morning by O'Keefe and told to get 'them' back to work "or else".

The management of the hospitals did take provocative action. This type of behaviour was a reflection of their misreading of the situation. They felt the workers' support for a strike wasn't really there. They felt they could dissuade what was felt to be an already unsure group. Probably the collective action would have taken place on a similar timetable with or without these intimidating actions, but the intimidation agitated the union members. Some interviewees report they



became convinced there was no choice but to strike because management took these actions.

The hospitals had a stronger card to play - the law itself. Unfortunately, from the hospital's point of view, the Labour Minister continued in his view that if the strike could be settled without force, all interests were served.<sup>12</sup> The O.H.A. was infuriated. It wanted 'more action'. After the strike began, the hospitals:

"...told him [the minister] repeatedly that he had a responsibility to force people back and end the strike".

(O.H.A. Official,  
Interview, 1986)

However, as the OHA was criticizing the Labour Minister, the Solicitor General and Attorney General were preparing 'to come down very hard' on the strikers. Despite the OHA's view that the government was not using its full resources, there occurred a substantial amount of repressive activity.

V. The State Wears a Uniform

The field of action for individuals is restricted by several mechanisms. One of these mechanisms is the drafting and enforcing of laws. The state can and does use coercion to ensure individuals restrict their activities to that established field. Essentially there were two ways in which this was carried out in the 1981 strike:

"The Ministry of Labour was promoting mediation in the early days of the strike. Elgie [then Labour Minister] had a notion that the thing could be settled. With the election being called during the strike there were differences of opinion on what the voters would approve. Elgie thought a quick, peaceful settlement would leave relations in the hospitals less damaged and would look good for the government".

(Conservative Advisor Interview,  
January, 1986)

The second approach was more hawkish. It appears that the Ontario Provincial Police (OPP) played the role of a divisive force aimed at intimidating the strikers. Official summaries note:

"...OPP officers were photographing pickets, threatening phone calls were being made to members, Union officers were appearing before a judge on contempt-of-court charges and the Attorney General was seeking an injunction against the strike"... (CUPE 1981:9)

Investigations indicate that these are not idle comments made by a strike committee interested in 'feathering its own nest'. A Toronto activist comments:

"I got a call saying the police was comin'. I never been in trouble before. I was scared. I light a candle and sit in the livingroom - lights out - peekin out a corner. They came, but I didn't answer the door. I remember just sittin crying and wondrin what next?"

(Interview, November, 1985)

"It was the second time I'd been summoned to court. I had to look like it didn't bother me - you know - the other girls would get even more upset if I seemed scared. I was getting upset though. I didn't know what they could do to me".

(A Hamilton Strike Leader,  
October, 1985)

Vic Pathe, the chief mediator, warned the negotiating committee throughout the first week that Elgie would soon not be in charge and the

hawks in the Provincial Cabinet were 'fixing for a bloodletting'. One such hawk was the Solicitor General who told the chief CUPE negotiator in the first weekend of the strike, "There will be law and order Mr. Brown and you don't represent law and order. You are fortunate we choose not to come after you personally" (Interview, 1986).

The Ontario Supreme court injunction against the strike was slow in coming. It was not released until Friday, January 31st. Many argue that this slow process suggests that there was some hope of getting a non-legislated end to the strike. It is possible that the courts were delaying the decision in that hope. However, the fact that the decision was coming had a detrimental effect on the strikers.

For the state and its functionaries, the stakes were getting higher. Questions of legitimacy were involved. Could the laws of the duly-elected government be flaunted? Could any government running for re-election afford to appear so weak and open to challenge. These, or similar questions, must have been plaguing the Tories.

The Supreme Court finally granted the injunction against the strike on Friday, January 30th. McMurtry, the Attorney General, gave the clearest statement of the ideological implications of this strike. He stated publicly that:

The Supreme Court has once again confirmed the Attorney General's role as Protector of the Public Interest... Once again I must stress the importance of the role of the Ministry of the Attorney General in bringing an end to lawlessness... I am convinced that the majority are law abiding citizens and that many participants are being swept away by leaders who portray their cause as being more important than respect for the law. I am appealing to the usually law abiding citizens who do perform a very valuable public service in our hospitals not to diminish their status in their community by

illegal behaviour. I urge them not to be misled by the union leaders whose priorities do not at this time appear to include the real interests of the workers whom they are elected to serve. Any breach of law is serious but mass defiance of the law shakes the very foundation of a civil society. ...Respect for the law simply reflects the fact that we cherish our free society.

(Roy McMurtry, Attorney General, 1981)

The Attorney General's statement attempts to root the repressive action in the necessary task of maintaining legitimacy for law, hence for society. The government's need to protect health-care was evoked:

"Hospital workers are prohibited by law from striking. The legislation was passed by Representatives of all the people to ensure that the health of the public is protected".

(Roy McMurtry, Attorney General, 1981)

This was a false issue. Even OHA representative, Dixon, admitted there was never any danger to patients (Personal Letter to William Powell, Hamilton Mayor, March 1981.<sup>13</sup>

A final point can be made. The Tories called an election even though they knew of the hospital dispute. Some senior trade unionists in the province felt the government wanted to use the issue to show it could be tough with labour. An analyst for the Conservatives commented there was hope [among Tories] that the NDP or Liberals might have come out sounding pro-strike. In that case, the Tories could have used the "protection of health" argument to discredit them. If the NDP and Liberals didn't come out, then they might lose the support of labour. "Each scenario served the Tories". (A Progressive Conservative, Interview, 1986).

## VI. The Strike Collapses

The strike surpassed most union members' expectations in its early days. The initial 30 hospitals on strike reached a high of 52 establishments, a positive accomplishment for the union. The one weak spot was in Toronto where the strike collapsed (according to many unionists) because there was no leadership. Both supporters and opponents of the strike said that the Toronto leadership did more agitation than organizing. Some respected leaders, such as Pat Kenny, just organized their own hospital and refused to assist other hospitals. There was only one staff representative for the city of Toronto and he couldn't possibly pull off a strong coordinated action by himself. The representative, Randy Milech, was not given other staff to help. For whatever reason, O'Keefe felt it unnecessary to give him support. A CUPE staff member commented that, from his point of view, Milech was intentionally left alone to handle a difficult and losing situation.

Several staff members think ethnicity played a role in the weak support in Toronto. The relatively large number of immigrant workers in Toronto hospitals may not have been properly organized to participate. There was no translation of materials, no representation from different ethnic groups on decision-making bodies and generally no effort to involve immigrant members in the strike. But there is no evidence that any particular immigrant grouping played a negative role in the strike. Similarly there is no evidence that women were reluctant participants. Quite the opposite is true. Women were the backbone of this strike and immigrant women played a large part. In some places as St. Joseph's

(Toronto), Portuguese women arrived with eggs and kept trucks from crossing the picket line for days. Every picket captain or local strike committee person interviewed made the same comment. "We were worried that some of the women, especially immigrants, would not participate. We were wrong: overnight duty, 7:00 a.m. or 11:00 p.m. women were out and picketing".

Whatever the reasons, Toronto collapsed. The negotiating committee had knowledge of this on Sunday, February 1, 1981. In their regular conference telephone call committee members agreed to seek a peaceful return with no reprisals. This had been in the works for days. CUPE had, as early as Friday, January 30th, said privately that a new offer and a no-reprisals clause would end the strike. But on Sunday the union dropped its demand for a new offer and instead demanded a guarantee of resumption of the collective bargaining. The hawks among the OHA member hospitals refused. An informant among the hospital association members commented to a senior CUPE officer; "They wanted blood; an unconditional settlement and there would be retaliation".

By Monday, February 2, the provincial strike was non-existent. Much of Toronto was back and demoralization was setting in amongst locals in other areas of the province. The committee decided to go back.

The members in such places as Hamilton, Ottawa and Sudbury were shocked:

"I couldn't believe it. I was in shock. I remember sitting down on the wet grass and snow and crying my eyes out".

(Housekeeper, Hamilton)

"When the girl came up and said it's over I said get lost. She must be a management turncoat - but the news came over the radio...my stomach was all tied up - you know".

(Dietary Worker, Hamilton)

Many rank and filers immediately blamed the union:

"I knew they had sold us out. All along them \_\_\_\_ had done everything they could to sell us out. Hartman orders us to desist the strike, that Keefe (sic O'Keefe) guy tries to stop us - ah \_\_\_\_ what chance is there?"

(Maintenance Worker, Hamilton)

People felt betrayed, but they didn't know the wider picture. The 'surrender' reinforced the rank and file distance from the union. Members knew Grace Hartman had early on ordered members to obey the cease and desist order; they knew many people, such as O'Keefe, had opposed the strike 'all the way along', and they knew the first settlement that was signed was unacceptable. The folding of the strike with no protection against retaliation fueled the view that the union's upper level had sold the strikers out.

On the other hand, many rank and filers interviewed viewed the strike differently than did from those in middle leadership. They did not regret the action, even when it meant suspension:

"We had to go, it really wasn't a choice you know. I can't tell you why exactly except they had to be shown we'd been pushed just that much too far. We have pride, we work like humans not dogs. We needed to say to ourselves and them, things got to get better!"

(Older Female Striker)

The hospital worker's frustration had been 'heated to boiling' and the strike gave back some feelings of decency and respect. Some typical comments:

"If we hadn't struck no one would ever have listened".

(Housekeeper, Hamilton)

"It was a necessity, it brought us back to life, it restored my pride".

(Dietary Worker, Hamilton)

"We may not have gotten the demands but that's not why I was there. Things would be even worse if we hadn't gone out - I have no regrets".

(R.N.A., Hamilton)

There were thousands of suspensions and several firings. The OHA had a couple of goals. It wanted to show firstly that a strike threat would have no positive consequence and, secondly, that there were negative consequences to going outside the established industrial relations structure. This would serve as a lesson, not only to CUPE, but to all the unions in the hospitals. George Campbell, Director of Personnel and Industrial Relations for the OHA, put it bluntly:

"We could never give in regardless. The future would have been worse and worse. ...if you reward illegality you will get it back even worse... If CUPE's thing had been a success others would have looked up and said that's the way to go..."

(George Campbell, O.H.A. Interview, 1986)

The extensive retaliation after the strike against hospital workers indicated a level of vindictiveness. At a meeting of hospital administrators in the OHA, it was decided that each hospital would take its own measures which would include suspensions and firings. The



decision was that there should be suspensions and firings. Individual managements would determine who would be fired or suspended and for how long. (Interview with hospital administrator).

The extensive and diverse penalties "...showed how angry administrators were about the walkout", says Campbell of the OHA. They also show how divided administrators were over the "evil" of civil disobedience. Some hospitals, such as Joseph Brant (Burlington), gave out a few reprimands, while others such as the General in Hamilton gave out hundreds of suspensions.

The penalties were many, but not as major as appears at first glance. John Deverell, the Toronto Star reporter who functioned as a conduit for news, claimed that in all of Ontario

"Thirty-four were fired, while 3,442 CUPE members received suspensions totalling 8,646 days".

(Deverell, 1982:3)

Of the thirty-four fired, all won their jobs back through arbitration. But for some, such as Patrick Kenny (St. Joseph's in Toronto), the suspension lasted for 18 months.

## VII. Conclusion

It is difficult to do justice to an event such as a strike. One cannot describe the feelings, the day-to-day anxiety or the depth of activity that are such intimate parts of these collective actions. The nature of the project at hand is not conducive to such description. Our aim is explanation. Description is made to serve explanation and explanation substitutes for richer forms of description.

The reconstruction of events tells us a great many things. The issues of the strike were not just those that were broadcast. We have examined the role of the state, legislation, and other measures that were taken. We examined women in the union and the strike and explored the effect that changes in the labour process had in conjunction with these factors. This brings us nearer to closing the circle of causes for the strike. The publicly stated issues of wages and sick plan were contributory but not determinant. Some sections of the union felt strongly about their local sick leave plans and did not want to lose them. Older members were particularly tied to old sick leave plans because they had a great number of banked days in them. As an older dietary worker noted:

"It wasn't that Hoodip (Government sick plan) was really bad and it wasn't that they were shoving it down our throats. For me I couldn't take it. I have hundreds of banked sick days - it's like my pension".

(Sixty-year old Dietary Worker)

The issue of wages was important. As we have argued, the traditionally poor wages in the hospitals had been a source of aggravation and problems for 20 years. As early as 1965, legislators had recognized the problem. People didn't like work in these institutions due to "...the poor working conditions and poor wages which are paid in the hospitals". (Ontario, Hansard, March 22, 1965:1501). The arbitration process and fiscal constraints exacerbated this situation (Ontario, 1974). After a real wage increase in 1974 the subsequent Federal and Provincial wage controls 'put a damper' on efforts to close the gap. Indeed, many argue the wage gap between jobs

inside the hospital and outside increased. There was a perceived wage inadequacy and a pent up hostility over this perceived discrimination. This made wages an issue but not the determining issue. Not one interviewee outside of male tradesmen mentioned wages as their major concern. It is interesting that for the tradesmen the organization pattern and pace of work had not changed. For the non-tradesmen changes in work process were high on most lists of grievances. The increased workloads, changing managerial approaches, and the reorganization of labour processes combined to encourage collective action. As was noted above, workers wanted the old ways back. They wanted the friendlier management styles, informal pathways for minor grievance handling and their old type of job back.

The worker's references to the declining quality of care are also important. The St. Peter's wildcat is an example of this. The O.H.A. interpreted the St. Peter's walkout as a union provocation. From the union's point of view the workers were challenging an unsafe labour process. The changing relationship of worker to patient caused a resentment and loss of fulfillment. The issue of perceived declining standard of health-care is important and will be taken up again in the next chapter on women workers and the strike.

These strike issues provide some insight into understanding the linkages between the structural constraints and the actions of the other direct participants. The intra-union factors partially explain the unfolding of events. We can see the effect of the interaction of participants who have adjusted to the structures imposed on them. A dichotomy of interests was created in the union. The old-style

unionists sought the best deal possible within the structure where they worked. Bill Brown said at one point: "What did they expect of me - I got a fair lot considering I had to avoid strike and arbitration". The strikers did not see the issues in the same way. As a senior housekeeper put it, "We had to strike, things had to change". This difference in approach was reflected at all levels from the national leadership to the members of the locals. The old-style unionists had, in Deverell's words, been "bypassed by a new reality" (1982:182).

A second intra-union element was the powerlessness of the members in the selection of a coordinator. This contributed to the hospital workers feeling they were second-class members of CUPE. The feelings that hospital workers must band together and take their own issues forward was further developed. Workers identified with their local union, not the national CUPE. This contributed to union members ignoring the call made by national leaders to cease strike preparations.

A third factor involves the workers' reactions to the subversion of democracy in their locals. This subversion, the reader may recall, was brought on by the arbitration process. The union members' ability to reject settlements was severely reduced. Members could only reject an agreement if they were prepared to strike. That is how many saw it and that is how it was.

The last issue that came out was the feeling by CUPE hospital local members that they had been discriminated against over the years. The locals were mainly women and they had no legal right to strike. In the male-dominated atmosphere of the national union this implied that hospital workers were the "weak sisters". The hospitals' history of

hiring individuals with disabilities also led some unionists to characterize the hospital staff as different. Lastly, the hospital workers spokespeople were very vocal and quite abrasive. This antagonized other CUPE members. These factors are helpful in situating the feelings of union members.

This chapter has helped us place the strike events in perspective. It has given some colour to the actors who were involved. However, it has left us with two major outstanding issues to cover - the influence of structural issues within the union and the outcomes of the strike. These are the subjects of the following chapter.

## FOOTNOTES

- 1 The literature tends to classify women as passive. See Chapter Four for a discussion of this.
- 2 The common practice in CUPE and many other unions is to have a committee organize resolutions to convention. The committee gives its opinion on whether the resolution should be passed (tabling resolutions with concurrence or non-concurrence). When a resolution comes to the floor for debate the delegates may vote for or against the committee recommendations. If they vote against the committee's recommendation a resolution goes back for a "reconsideration" and the resolution is reintroduced later. In the case of the hospital workers' resolution, the committee proposed to defeat it three times in a row but was overturned by the convention delegates.
- 3 An interesting dichotomy among staff emerged between "old style" and "new style" full-time union employees. It is impossible to create a line which divides what, in the male dominated structure, is referred to as old boy/young buck difference. Bill Brown, the ill-fated negotiator who led bargaining, captured part of this divide in his description of his union superior:

"O'Keefe is a tough guy, but once you get past that he's quite nice really. But you have to be an old guy - at least in how you are in the job. The new fellows don't understand someone who loses his temper, thumps the table and threatens the opposition to get a dime. The new guys whip out their calculators and get the ten cents that way.

An old boy is one who comes up through the ranks of a union, preferably has industrial union experience, no university training but is well educated 'none the less'. He relies a lot more on informal relationships, private dickering and a code of old debts owed.

For O'Keefe, Douglas looked too much as though he was from the outside-university training, quick mouthed and lacking in the pragmatism which informs the old boys' movement through standard union tasks and conflict situations. The old boy could understand when something may be morally necessary but it was too dangerous to pursue and had to be dropped. The notion of getting the best out of a situation, without pushing out the frontiers of the structures, infringing on them, best defines their work. The new style fellows don't take the structure as a given and are willing, if need be, to push out the frontiers.

- 4 There were many protests but two sprang to mind. From Northern Ontario, Justin Legault wrote on behalf of Northern areas and among others Cathy McQuarrie for Toronto. Unionists did not criticize Bill Brown. They questioned why their choice was not accepted. It was a democratic issue.
- 5 Aside from Pat O'Keefe and Bill Brown's comments, there is no evidence of any behind the scenes dealing. Some of the key participants, such as Paul Barry, had no recollection of any contact with national staff concerning the 1980-81 round before the memorandum of agreement was signed.
- 6 Pat Kenny was a member of the committee for Toronto. He nominally represented the largest block of workers and had a great deal of sway. He was president of St. Joseph's in Toronto and had been an activist for many years.
- 7 A 'yellow dog' contract is one which is not in the interest of the membership but rather is negotiated in the interest of the employer and negotiator.
- 8 The research department put out a one page evaluation of the memorandum to aid people in their deliberations. The staff that negotiated the deal, to this day, resented this and charged that it was full of "terrible inaccuracies", intended to encourage rejection. The research department bulletin does contain some costing inaccuracies on the sick plan. Correction of the inaccuracies would probably not have changed anything. Overall, the explanation the research department did seems plausible, despite the flaws that occurred due to the rush to get it out.
- 9 This is the first hard evidence of any "outside interference". The national organizing department chief Lofty MacMillan was strong in his rejection of the memorandum and his pledge of strike support.
- 10 Such tactics backfired among workers. Hospital workers knew there were no union initiated intimidating activities going on. They also felt they were denied, on all fronts, their rights. Now management was threatening them for talking about a job action. Far from scaring off less active unionists, it pulled many less committed into the process of preparing for the strike.
- 11 Darts is a privately owned, government subsidized, transport system. The Hamilton-Wentworth Regional Welfare services subsidizes this operation which transport people with serious or multiple handicaps. The drivers are not licenced for ambulance driving or care. Darts drivers are also CUPE members.

- 12 This involved his own office as well as the establishment of a three-person committee made up of Robert Joyce, a management-oriented industrial relations specialist, Vic Pathe, the Government Mediator, and Terry Meager from the Ontario Federation of Labour. The OFL was criticized for being "coopted into a position of objective 'mediation', trying to pour oil on troubled waters", (CUPE 1981:5) instead of fighting for the right to strike.
- 13 Mayor Powell had written to Ken Dixon, Personnel Director for Hamilton Civic Hospital, raising his concerns about the retaliation against hospital workers after the strike. He questioned the suspensions and dismissals. In Dixon's reply to Powell's inquiry he noted there was never any danger to the public. He also denied that any severe penalties were going to be inflicted on Hamilton hospital workers. As it turned out there were severe penalties, although most of these were dismissed later in arbitration.



## CHAPTER SIX

### THE AFTERMATH: EXAMINING THE EFFECTS OF THE STRIKE

#### I. Introduction

This dissertation is designed to unravel the peculiarities and implications of the seemingly unique collective action by hospital workers in 1981. To accomplish this we must explain both the causes of the militant action and the consequences of that action. In this chapter we will focus on the strike's effects. We will concentrate first on the structural problems facing CUPE in general and hospital workers in particular and review the changes wrought by the strike, including the retaliation against the hospital workers. We will 'pick up' on themes introduced earlier in the study, and examine changes in the union that affected women and general union functioning. The whole issue of legislation around the right to strike is the last point we will discuss. There will only be passing reference to the labour process in this chapter because the OHA "victory" precluded any significant changes in this area.

#### II. The First Effect: Retaliation

It is common practice, after an emotion-filled strike action, that a "no retaliation" or "no reprisal" clause be part of the back-to-work agreement. After the 1981 hospital strike, the hospital administrations, coordinated by the OHA, handed out a severe set of

penalties. One hospital administrator confided "...there was a lot of animosity toward the union. Several of the administrators were adamant that we go for blood". CUPE and the more militant workers in the various locals had to be taught a lesson, according to the hawks in the OHA. As George Campbell) of the OHA's Employee Relations Bureau had commented, they (the OHA) could not give an impression that such strike actions could be repeated. The lesson included a wide range of penalties. Thirty-four workers were fired and 3,442 were issued suspensions for varying periods. Many were a few days or weeks and some were over a year long.

The union had argued for a "no reprisal" clause but the arbitrator, Paul Weiler, took the following position:

"...the last request made by CUPE by this Arbitration Board was that we award a "no-reprisals" clause, one which would be inserted in the collective agreements of each of the Hospitals. This would ban, retroactively, all discipline of any kind for any employee involved in the illegal strike, and would also require withdrawal of all judicial, quasi-judicial and similar legal proceedings.

Essentially, the theory of the Union is that a no-reprisal clause is standard fare at the end of any emotion-laden strike, that the only reason why none was agreed to here is that the weight of the law ended their strike, and thus this Board--whose mandate is to reproduce the results of free collective bargaining--should impose the provision on the Hospitals.... I am not persuaded by the Union's claim that its members are entitled to full immunity for their illegal course of conduct. Even besides the obvious concern to maintain the incentive to comply with the law generally, a hospital strike can be a dangerous experience for the patients whose health is risked as a result. Whatever everyone's views about the relative merits of the policy embodied in the Hospital Labour Disputes Arbitration Act, it is terribly important that this system be respected while it still remains the law....

That does not imply that there should be no limits to the scope of discipline. ... There is a natural tendency in such an emotional, highly-publicized conflict for the employer to over-react. Even worse, ... some employers will be restrained but others will not be.... In this case, for example, of the seven members of the Union's Provincial Negotiating Committee, a body which clearly played a senior role in development of the strike action, every person received a different form of discipline from their respective hospital employer: ranging from a pure reprimand, to suspensions of two to seventeen days, up to a single discharge. After ... reviewing the legal arguments made by the Hospitals, I am not persuaded that this interest arbitration Board does have jurisdiction to deal with the reprisals issue in the first place. Thus, while I believe there is some force in the points made by CUPE, I believe these concerns are going to have to be addressed in the grievance arbitration system to which many of these discharges are not enroute. (Weiler 1981)

This finding<sup>o</sup> is important for many reasons. The finding illuminates several of the theoretical propositions we mention later. Weiler is clear that the legitimacy of the system is the key reason why there must be retaliation: "...it's terribly important that this system be respected". This is the proposition the Attorney General put forward (see Chapter Five). In arguing that he will deny protection in order to protect the legitimacy of the law, Weiler claims the arbitration cannot act on the reprisals due to the legal limits placed on it. This argument has a strange flavour to it. It puts the arbitration in the process of coercion yet denies it the power to deal with potential or actual harm from that process.

Weiler's decision also became the jurisprudence for other individual arbitrations aimed at reducing suspensions or gaining reinstatement.

Ken Swan, arbitrator for St. Peter's Hospital vs CUPE Local #77, stated in June, 1981:

"I am relieved that Professor Weiler did not take the action to which he was so nearly persuaded [i.e.]....a general amnesty". (pg. 30)

Swan went on to state that discharge was too severe but six month suspensions were reasonable in the St. Peter's case due to the wildcat (p. 34). In doing so he and Weiler set a path which the arbitrations followed. The arguments that Weiler and Swan had accepted, which called for severe discipline, were patient danger and illegality (pg. 32-34). This is interesting since there was no demonstrated danger to patients and the illegality should have been left to the government to pursue. After more than a year of legal wrangling the dismissals were all reversed. The suspensions were upheld and the hardship to many union members was extensive. Typical was this comment:

"It was hell, no pay, maybe no job and it dragged out endlessly. I nearly went over the edge". (Interview, Hamilton)

There was a serious imbalance to the penalties. Paul Barry, a strike leader, was reprimanded. Sean Kenny, a person of equal culpability, was fired. Some hospitals issued 5-10 day suspensions and/or attached letters to personnel files (e.g., Scarborough) where other hospitals, such as the Ottawa Perley, went to war against the workers:

Local 870 suffered the worse reprisals of any participant in the 1981 strike. While the strike was still in progress, THIRTY-SEVEN workers were laid off. Following the return to work, EIGHT union leaders were fired. The original reason given for the layoffs was bed closure due to renovations, but no substantial renovations were ever done, and no beds were closed.

None of the fired workers are back at work. No offers of settlement have been made, and the employer has used every possible means at its disposal to frustrate the union's attempts to defend their members, including judicial review.

The Local has not taken all this lying down; four local rallies have been held, with good local support, in order to show the management that obvious union-busting will not go unanswered. In response, the hospital has permanently laid off another TEN workers, and hired twenty-one nursing students.

(CUPE, local 870 Newsletter, 1981)

The Health Care Workers Coordinating Committee (HCWCC) conference in the fall of 1981 characterized the management reprisals as "vicious, probably the worst large-scale example of union-busting in decades" (Paul Barry, Report: 1981:9). The final act was the jailing of three senior CUPE officials, including President Grace Hartman. This largely symbolic act can only be understood as the State's need to assert its control and authority. It was an act of legitimization.

Up to the writing of this dissertation, CUPE hospital workers carry a distaste for the reprisals. Interviews indicate that the intended effects of the reprisals, i.e., fear and respect for no-strike laws, failed. The actions of the OHA member hospitals created an even more sour industrial relations climate and could have constructed the platform for another strike. The Government's activities did not achieve their desired goal. To the vast majority of interviewees the punitive moves were a sign of weakness.

### III. Structure

#### A. Introducing Indicators of Change

The union's structure was changed after the conflict due to membership and official dissatisfaction. In this section we will explore the problems with CUPE's structure and then trace the changes that took place.

The structure of an organization can directly influence the course of events undertaken by its members. In this case, we wish to determine if CUPE's form and method of organization played any role in the causes or effects of the 1981 strike. Two indications suggest CUPE's structure had a bearing on the events. First, other commentators (e.g. Deverell, 1982) have placed considerable weight on structure as an explanatory variable. Secondly, the members and staff have repeatedly tried to alter the structure. It was indirectly targeted by CUPE members as a key problem (CUPE, 1982).

#### B. The First Indicator

John Deverell (1982:4) places considerable emphasis on what he views as CUPE's "obvious weaknesses". These include:

" a) a multiplicity of elected positions barren of power  
b) powerful staff positions, notably the regional directors, unaccountable to an electorate c) dues paid to locals and remitted to the central organization, leading it to be preoccupied with fiscal survival and debt collection rather than policy and leadership functions d) in the hospital sector, a national servicing staff stretched very thin, unsupported by any locally paid officers".

The implications of these "obvious" weaknesses are not explored by Deverell. The research, done in this case study, substantiates some of Deverell's claims but we looked at the points he raises from a slightly different angle. The two general problems that plagued CUPE in the hospital sector were: (1) the lack of democracy and (2) ineffective leadership.

(1) Democracy

The first two points that Deverell makes (including elected persons with little power and very powerful staff) did affect democracy. The multiplicity of levels made interconnections, consultation and coordination difficult but, more importantly, the structure allowed few opportunities for elected members at the local level to intervene in decision making. The exception to this was when, at the invitation of higher ranked officials, ad hoc groups were 'pulled in' to make evaluations. In the strike, local presidents had one opportunity, early on in the process, to be involved. At the September 26, 1980, meeting in Toronto, they were presented the memorandum of agreement with instructions from the staff to agree to it. The presidents rejected the memorandum of agreement. Bill Brown, the staff representative, had expected the presidents would simply accept it and thereby cut off criticisms of the bargaining process. However, one president who had been there commented:

"There had been a long history for us of not being able to get our opinions heard. When we saw the thing [the memorandum] we blew...I was damned if I was going to shut my eyes anymore...They gave me a shot and I took it. Me and the others said NO!"

The problem is a common one. When a senior leadership sets up ad hoc structures to involve the lower echelons there appears to be more democratic involvement. But, these transitory, and non legally binding, ad hoc arrangements tend to dilute participation and democracy. In the 1981 case the presidents had the memorandum foisted on them with the hopes of slipping it past so that it might look better to the members at ratification time.

The lack of permanent structures with clearly defined powers is a democratic issue. These structures are usually referred to as intermediate structures (because they are between members and senior leaders). Explorations of participation and democracy, such as by Warner and Endelstein (1976), indicate problems with the practice where legally constituted forums are not developed. It is seen as a critical element in the subjugation of democracy. Lipset (1956) notes that, if intermediate bodies do not exist and the union officials control communication and organization,

"...the members are usually unable to act collectively in dealing with their leaders..." (1956:77).

This in turn reinforces the control of leadership. The point is not that leadership monopoly necessarily means poor decisions. Quite the contrary is often the case. Despite the inherent weaknesses in short term situations, membership democracy reinforces member involvement and organizational integrity. Without member involvement there will be no new candidates for senior leadership and no mid level leadership development. In the realm of ideas, the challenge of members weeds out poor proposals and generates new ideas.



The only decision making body for hospital workers was the Health Care Workers Coordinating Committee (the HCWCC). This was created at the Division (Provincial) level. It had no jurisdiction over bargaining matters and, as several interviewees pointed out, staff did not want the HCWCC getting involved in the bargaining.

Where there is the need for a show of approval in cases where legitimization is important, union members were included. This happened in September of 1980. The staffmen, Brown and Labelle, saw an opportunity to win approval for their shaky agreement and needed the extra help this would give them in a ratification vote by the members.

Another problem in the CUPE system is information flow. The staff could restrict information and thereby effectively disenfranchise local people. In 1980-81 there was considerable criticism of the staff responsible for negotiations. During the initial negotiations, a bargaining committee member wrote to another union official to explain:

"They (staff negotiators) are preoccupied with keeping information about how we feel from others in the union. They seem more afraid of being criticised or undermined than they are of management. I'm just not comfortable with the whole thing. There are some people we've been "ordered" not to talk to. (Personal letter from a C.B.C. member)

The fact that staff in CUPE were hired and directed by the national office made abuses possible. The local members had no power to discipline what they may have viewed as improper behaviour. Therefore the elected officers who worked directly with staff had no power or say over what they did. This caused strained relations between staff and members. Workers and local executives came to see the staff as an outside influence. Some interviewees likened staff to a fifth column

inside negotiations. Although this was only a minority of people, it indicates the fragile relations within CUPE. The district director had tremendous power because he or she could control information and direct the actions of the only full-time employees of the union - the staff. Reinforcing this was the attitude of the National Executive Board. The national leadership expected the district director to maintain control and exercise power in negotiations and related disputes such as the 1981 impasse (Hartman interview, 1986). This is not to say that the National Executive Board wanted local leaders to be left out. But they expected things to proceed with a minimum of controversy. This can often create a contradiction between membership involvement and political expediency. To Deverell (1982) "...the implications are obvious" by which he means that the director and his staff manipulated or could have manipulated the development of events. In this case, as we saw in Chapter Five, the district director had a relatively clear idea of how he wanted things to proceed. To achieve his orientation, O'Keefe instructed his two staffmen and intervened directly when necessary.

## (2) Ineffective Leadership

Some have commented about the small staff complement. This implies a criticism of poor servicing and poor leadership of the hospital sector by the National union. Three separate criticisms of the union were made by those in and out of CUPE. These were the lack of systematic strike preparation, the lack of strike coordination, and the contribution made to disunity in the union.

Strike preparation was nearly non-existent. Workers' feelings ran high and little training was offered to these first-time strikers.

One clerical worker commented:

"I didn't know anything about strikes. I wanted to know so I tried to find out. After I phoned around it was clear to me that either no one knew or the ones who did were impossible to get to. I finally called a friend in another local and they told me there was information in a CUPE manual. I read it over and that's how I learned about picketing and things". (Clerical, Hamilton)

Other unionists also expressed dissatisfaction. An aid commented:

"...in a union as big as ours I figure someone knew how to run a strike but I'll be damned if I could figure out how to find them". The additional problem of no clear communication network or educational network increased the difficulties.

A second dimension was strike coordination. Timing is often critical in a strike. Actions have to be coordinated. Those trying to hold things together reported real difficulties, given the lack of a systematic coordinating body.

The third dimension was the lack of information. It was a serious contributor to disunity during the strike. Many areas of the province secured their news about the strike from the media, not the union. This left them prone to misinformation about the direction the strike was taking. One disturbing aspect of this was the news about Toronto. During the strike Toronto was one of the weaker centres. The media 'played this up'. This produced feelings of failure and led to disappointment in other centres around the province which undermined the strike. An orderly made a typical comment:

"It was depressing. Every night they showed unpicketed hospitals on the tube [Television]. Our own president didn't know if Toronto had given up. I know that I found it hard to take!" (Orderly, Hamilton).

C. The Second Indicator: Members Seek Changes Over the Years

It is difficult to separate the two indicators of structural problems at the level of their effects. The criticisms of the strike from outside commentators and inside members intersect. The criticisms, from the inside, coalesced around bargaining.

The difficulties with the existing structures had "...been a constant topic of discussion" among local members (CUPE 1982:1). This "...can be traced back to the 1974-76 period when the bargaining situation was in flux" (CUPE 1982(a):2). In 1974 several areas, notably Toronto, began cooperating and bargaining regionally. The larger wage increases won by Toronto (see Chapter Three above) reinforced the positive attitude to regional cooperation. On the basis of the 1974 negotiations, the hospital workers formed seven regions. The hospital workers moved from a structure where each hospital conducted its own negotiations to a federation of regions enroute to full central bargaining. The review of hospital negotiations by the Johnston Commission proposed moving to central bargaining as a method of improving industrial relations (Ontario, 1974:2). CUPE was already in support of such a move<sup>1</sup> but the OHA was reluctant for a variety of reasons. Despite this the OHA and CUPE proceeded toward centralized bargaining on a voluntary (i.e., non legal) basis. Over several rounds of negotiation a form of centralized bargaining did evolve. "Despite

the fact that provincial-wide bargaining became a fact CUPE never adapted its structure to suit the new situation" (CUPE 1982(a)).

The union adopted a regionally-based bargaining committee similar to a U.S. Senate-style model where each region, regardless of its population, had equal representation. Toronto, for example, had the same number of delegates as the northwest region, despite its membership being nearly ten times larger (Ibid). This caused some problems of unequal representation but this was not the only difficulty.

This Senate-style central bargaining committee (CBC) had other problems. The CBC performed an important set of duties outside of bargaining, even though it had no mandate to do so. It was the only body that provided a link between hospital workers. Unfortunately it functioned only during the period of negotiations. As well, the CBC's membership changed regularly. Between negotiations the committee lacked the ability and desire to coordinate members' affairs. This lack of coordination was compounded by a poor system of communications. Little information travelled between regions. This ensured that, even when the CBC met, the representatives had considerable difficulty sorting out priorities. A collective approach to deciding on priorities was also difficult because the constituencies often gave their representatives very explicit instructions, leaving the CBC with little room for compromise.

Another structural problem evident in the 1981 conflict was the lack of authority which the various bodies within the union needed to do their work. In 1981 at the Health Care Workers Coordinating Committee (HCWCC)<sup>2</sup> annual convention was noted:

"...As it stands now our presidents meetings and mini-conferences have no constitutional authority...We feel that the approval of a new structure would go a long way toward cleaning up our act". (CUPE 1981)

The new structure they refer to is a council of hospital unions which would, in their words, "retain the regions, and ensure local autonomy would be protected while providing a rational and disciplined means of making and abiding by central decisions"(Ibid). This council was to be born out of an internal review prompted by the 1981 strike.

D. CUPE Investigates Itself: Two Commissions

While nerves were raw, and tempers hot, CUPE's national executive and staff pondered their moves. The staff that had led negotiations had opposed the strike and in an interview (1986), they said the research and organization departments were complicit in undermining their no-strike position and in pushing people into the strike. In 1981 the district director, Patrick O'Keefe, led the negotiators in their criticisms of the national staff. He travelled to Ottawa for a confrontation. He claimed that national staff members had interfered in the process, thereby creating conditions for the strike. As he recalled the meeting to this investigator, his thoughts in 1981 came out in a steady patter. A handful of leftists and "those who curse the darkness" (O'Keefe uses this phrase to indicate people who complain about the inevitable) had created the whole strike, in O'Keefe's view. At O'Keefe's side, in 1981, sat Labelle (the assistant director) and Bill Brown (the hospital coordinator). Opposite were his brothers at the National level such as Gil Levine, Director of Research.

Unfortunately this discussion, which could have kicked off a process of investigation, ended abruptly. O'Keefe was provoked and he took a swing at another participant. The hearings ended.

Two initiatives followed. Shortly after the strike, the Secretary Treasurer of CUPE, Keally Cummings (the number two national leader) appointed Bill Vincer, President of the CUPE Hydro Workers Local 1000, to investigate what "really" happened during the strike. The "Whitewash Commission", as it quickly came to be known, didn't report until April of 1982. This was ironic since it was the founding date of the new Council of Hospital Unions (OCHU). The structure of the council was designed to solve problems. Vincer blamed everything on personality clashes.<sup>3</sup> Meanwhile, Grace Hartman accepted the advice of her senior staff directors. Tobachnic (public relations), Levine and Sykes (research), and MacMillan (organization department) approached President Hartman repeatedly, pressuring her to take steps to correct the situation among hospital workers. At the Health Care Workers Conference that followed the strike in May of 1981, a motion had been passed calling for a defence committee for those fired and suspended. Another called for a post mortem and a review of the union structure (CUPE, May 1981). To this end, a tentative committee was formed.

This provided the opening the national staff needed. They put convincing arguments to a receptive President. Hartman was deeply concerned about the whole affair. It is true that she tended, in difficult situations, to act on advice. Many felt Hartman had few firm plans of her own, and could easily be swayed. But, the whole affair had

disturbed her and she felt a genuine desire to make improvements for hospital workers.

The national staff asked Hartman to give the committee, created at the Health Care Workers Conference, an official mandate. The committee could be expanded to include a national staff member and other departments would cooperate. Part of the convincing argument, put to Hartman by the central staff, was the threat of a breakaway of hospital workers similar to one that had taken place in B.C. in the 1970s. President Hartman went one step further than the national staff proposal. She commissioned the "gang of 4" (Levine, MacMillan, Sykes, Tobachnic) to do the study. Paul Barry was selected from the hospital workers as were six other elected negotiators. This would ensure tight control, give the committee more voice in CUPE proper, and show that the National Executive Board was serious.

The Bargaining Review Committee's findings were not aimed at the particular battles between individuals during the strike. It set out to accomplish two things:

1. Give hospital workers a chance to voice complaints.
2. Make recommendations concerning a new structure.

(Interview with Committee Member)

The committee began by reviewing the situation in other Canadian jurisdictions. They found many provinces had adopted intermediate bodies, namely, councils of hospitals. Some organizational literature maintains that introducing intermediate bodies tends to blunt participation, reduce democratic challenges and bureaucratize functioning (See Edelstein and Warner, 1976; Anderson 1981). However,



in this case, the aim was different. The upper echelon of leadership, notably President Hartman, wanted to fashion a better niche for the hospital workers in CUPE. Several of her senior advisors had reinforced her concern and were convinced that structural change would increase participation. As we will see below, this was essentially a correct perception.

It was not just senior staff and officers that looked to a new body. The HCWCC conference had endorsed a similar idea. The committee, armed with its research, went on tour. Committee members knew they would have to vent anger, test the council idea and gather other ideas. In a tour of the province, over 80% of the hospital membership were reached and support for the council was strong. The results of the review committee reveal sets of inter-related and structural problems. Table 6.1 outlines the complaints uncovered and Table 6.2 outlines the recommendations.

The report led to the founding, in 1982, of the Ontario Council of Hospital Unions (OCHU). As we will see in the next section, the council accomplished or attempted to accomplish many important things.

It appears the hospital workers had created a vehicle they could 'drive' - one that could be aimed more effectively at that impinging structure of legislation and history that shaped the future.

Paul Barry (the rank and file leader who emerged in the heat of the strike) was elected president at the 1982 founding convention. OCHU was structured along the lines of the committee's report (See Table 6.2). It was innovative because it contained many provisions for

TABLE 6.1

Report of Complaints Reported to Hospital  
Bargaining Review Committee

STRUCTURE	BARGAINING	COMMUNICATIONS	STAFF
<ol style="list-style-type: none"> <li>1. Structure was not working; it had not changed with the move to regional and central bargaining. The federation structure was inadequate.</li> <li>2. It was impossible to bring locals together with the authority to make decisions</li> <li>3a. There was no permanent central decision making group.</li> <li>3b. The equal representation despite population was undemocratic.</li> <li>4. Smaller regions have on-going financial problems.</li> <li>5. There was a need for an impeachment or recall provision for leaders.</li> </ol>	<ol style="list-style-type: none"> <li>1. There was a need to improve the centralized bargaining process.</li> <li>2. In moving to central bargaining superior benefits and general superior language has to be protected.</li> <li>3. The bargaining resolution procedure for local issues is unsatisfactory. After central bargaining there is very little room for local issue bargaining. As well, central negotiators can't understand the importance of local issues.</li> <li>4. Bargainers elected locally have their hands tied with local instructions. They are unable to make quick decisions.</li> <li>5. Bargaining is too secretive.</li> </ol>	<ol style="list-style-type: none"> <li>1. There is no system of communications therefore there are very poor internal communications.</li> <li>2. The lack of a communication system leads to waste because printed material never gets distributed.</li> <li>3. Lack of information is more acute in the small centres, thereby creating splits and animosities.</li> <li>4. Hospital workers get more information from the "Globe and Mail". There should be a newspaper or newsletter.</li> <li>5. All communications have been in English. French and even other languages should be used.</li> </ol>	<ol style="list-style-type: none"> <li>1. Hospital coordinator has been utilized poorly. The lack of a central body for hospitals means coordinator takes on too much.</li> <li>2. Staff have too much power and elected people too little.</li> <li>3. The current hospital co-ordinator (Bill Brown) must go.</li> </ol>

TABLE 6.2

## Major Recommendations Reported to Hospital Board Review Committee

Structure	Bargaining	Communications	Staff
1. Move to create a council of Hospital Unions.	1. A policy must be adopted to ensure that local unions will not be forced to accept a reduction in benefits or inferior language as a result of a central bargaining (without their knowledge). Central bargaining committees should not interfere with local bargaining.	1. A proper communications system shall be established which does not rely on the staff but utilizes them. Area Vice-Presidents shall be responsible in large part for that system.	1. In future the coordinator or must be selected in consultation with the new council.
2a. The regions will become information bodies for the locals. Their role in bargaining will diminish.			2. Coordinators must have high profile in regions.
2b. Council would have responsibility for bargaining and would leave the H.C.W.C.C. the jurisdiction over political issues, at the provincial level, that do not concern bargaining.	2. A computer data bank with all contracts should be established so negotiators will know whether any hospital has a superior clause.	2. A newsletter shall be established.	3. Coordinators should be primarily involved in negotiations.
3a. There will be an elected leadership that will run the council between conventions.	3. A protocol between CUPE and OHA should be defined to outline what are central issues and what are local issues.	3. All materials should be published in French and English. Where possible, other language reports should be produced.	4. Each region should have a staff coordinator.
3b. There should be representation by population except in bargaining where the areas each elect a Vice-President which is a member of the executive and on the bargaining committee. This was a compromise position.	4. Central bargaining should not be so secretive. Regular reports will be issued to the locals.		5. There must be cooperation between coordinators and national office departments such as research.
4. There should be a recall provision.			
5. One financial commitment will be minimal; 1/10 of 1% and in the process of operation poorer regions will be helped.			

membership control, such as the recall of officers. The hospital workers remain proud of the structure.

The accomplishments (or lack of such) are a 'window' on the past and present. Let us look through that 'window'.

E. What Has Been Accomplished?

Our discussion of the effects of the strike can cover a great number of areas. First we will review the functioning of the new hospital council, after which we can explore the changes for women.

(1) The Ontario Council of Hospital Unions (OCHU): Addressing Membership Demands

Our concerns fit into three major areas for the purposes of assessing the changes for hospital workers:

- a. Democracy, participation and accountability within the OCHU.
- b. The relationship and interaction of hospital workers with other structures in CUPE.
- c. The myriad questions directly concerning bargaining.

(a) Life Inside the Ontario Council of Hospital Unions

The Council's aim, according to its President, was to become workable and rational. The outcome of this was a body in which hospital workers respected their leadership and the collective decisions. This respect was to be based on democratic functioning and the accountability of that leadership. The prior situation was likened, by Barry, to "...feudal Italy with its city states". The province had been divided

into seven regions that did not mesh into a collectivity. In addition, there was the staff problem. The regional director, who controlled all staff, "...often passed by elected people and circumscribed any democracy that might have survived the structural morass" (Barry Interview, 1986). Since democracy was a key goal for the new executive, it introduced an annual convention. This delegate convention is governed by parliamentary procedure, has representation by population<sup>4</sup> and can replace leaders<sup>5</sup> if delegates so decide. Hospital locals are voluntary members of the council. This keeps the council executive on its toes for fear of losing members. Members of OCHU have reported a dramatic change. A recurring comment from those who had been at conventions was:

"You don't feel intimidated. If you want to talk people let you - and they listen. I trained as an observer so it was easier too. (Interview, Housekeeper, 1986).

The "training" which this housekeeper speaks of is a unique procedure. OCHU encouraged each local to send an observer to conventions so that more people could become familiar with procedures. This means that each year the competency of the delegates improves. This whole package of changes is, in the words of the President, "putting hospital workers in the driving seat of their organization". This in turn makes people responsible for their organization and its function.

"Something you make with your own hands or fix up you know - it's different than what you get pushed on you - you can feel its yours and be proud or if its going bad - you fix it again". (Maintenance Worker, Hamilton)

The Council moved very quickly to get its house in order. Its president began immediately, with support from his newly elected executive, to rebuild or initiate programs in education and communication. In the realm of communications, the new philosophy of accountability and membership involvement is manifested at three levels. First, hospital workers learn about overall developments and longer-range plans through the Council's congress and other permanent bodies. Representatives to the Council are expected to reasonably inform their constituents. The second level is a regular newspaper/newsletter. This "press" was created by the new Council executive. It is a readable and topical newspaper which aims at informing and educating. The third level is a systematic mailout which gets fast breaking information to people in leaflet or letter form.

Despite an extended 'shakedown' period, the communications system has been a great success. None of the interviewees complained of problems and some commented very positively. A typical reaction was:

"Oh sure there's junk but what paper doesn't have some things that are. I'll tell you - I want to decide if its good or bad - before I got nothing - no information. Now I do and that's the way I like it. (R.N.A., Hamilton)

In the second year of operation, the Council began an innovative education program. It was designed to take activists, and "green" people alike, and give them two types of training. In the footsteps of urban organizers such as Sol Alinsky, the Council provided training on how to motivate and organize others. Several women (and men) interviewees noted:

I'm still scared but I don't think its half as bad as before - If you told me a year ago that I'd be wandering around with leaflets during break chatting people up about the union I would have laughed. Now I do things- I even gave a talk". (Dietary Worker, Burlington)

The second type of training was the kind of basic 'nuts and bolts' instruction on steward activities, such as grievances and wider political education on labour legislation and related matters. While these type of seminars were available in the past, their frequency and quality were improved in the Council. The result has been an increasing number of activists who can build the Council and/or shape and promote policy.

The Council has somewhat neutralized the influence of the Regional Director and staff. As we note below, the staff member who coordinates bargaining no longer chairs the bargaining committee. As well, the Council provides a forum with clout to criticize or make proposals about staff. The OCHU also has a say in the selection of hospital sector staff coordinators.

The effect of these measures was to increase the rank and file's interest in the Council. One indication of this is the voluntary and very stable membership in the Council.

In sum, the Council has changed the structure and function of the hospital unions. Structurally there is (1) a permanent leadership; (2) accountability and recall, and (3) representation by population. Improved communications have resulted from (1) a regular newspaper; (2) a structure to convey reports and concerns, and (3) the desire and mechanism to distribute immediate news or problems. The staff has thus been brought under more scrutiny.

(b) Hospital Workers in CUPE

We noted earlier that hospital workers had not fared well in CUPE. There were residual prejudices due to the gender composition, the historical employee characteristics, and the fact there had been no right to strike. Other CUPE members viewed hospital workers as complainers with little ability to act. The fact that there had been a strike of such magnitude, changed many of these subjective attitudes.

The president of OCHU commented:

"I think perceptions are changed. The hospital workers themselves feel a pride in what they have accomplished. I think other CUPE members have a new respect as well. It's not something you can measure but you can feel it".  
(Interview, Barry, 1986)

Since the formation of OCHU there have been major shifts of responsibility. The tension between hospital workers and the Ontario CUPE division leadership has flared several times. At the annual conference of the HOWCC in 1981, a senior elected negotiator noted the lack of public relations and other support from the Ontario division leadership. He accused the Division leaders, such as Lucy Nicholson, of creating conditions for "red baiting". At the same conference members from CUPE Local 79 (Riverdale Hospital) said:

"The leadership of this union must learn to look around them and to recognize the hospital workers and their needs or we will replace them". (Minutes of 1981 H.C.W. Conference, May 19-20, Windsor)

The creation of the OCHU cooled the criticisms of the Ontario Division somewhat as the Ontario division leader and her executive were pushed into relief.



The Health Care Workers Coordinating Committee (HCWCC) was originally created as an organization of the Ontario CUPE division. OCHU took on all the coordination and communication functions formerly handled by the HCWCC. This effectively severed most of the day to day ties between the Ontario Division of CUPE and the hospital workers. Since the OCHU was founded, the HCWCC's primary role has been member education. This has been in coordination with the Council.

The Council has good working relations with the CUPE National Executive Board (Barry Interview, 1986) and with the departments at the national level (Levine Interview, 1986).

These developments are all relatively positive in the sense that there has finally developed a respected place for hospital workers in CUPE.

(c) Bargaining

Bargaining is a very central activity for any trade union. Legislation makes the union a legal bargaining agent. That is, along with enforcing agreements, the major activity of a union is, in a legal sense, bargaining. This reflects a certain reality in that 'all roads lead home' in the sense that most issues are attached to bargaining. Issues of legislation (concerning strikes) or technological change emanate outward from bargaining similar to spokes in a wheel. In this context we felt bargaining should be looked at briefly in its own right.

The OCHU functions somewhat as a province-wide local of a union. However, it has no legal standing in Ontario labour law. The Council is not a recognized bargaining agent. For that matter neither is the OHA.

The constituent members must voluntarily agree to bargain through their central bargaining structure before each round. They may opt not to be involved. However, the relative success of the pseudo-central bargaining makes this difficult. Bargaining through the Council remains a two-tiered system. From the beginning, the central 'table' had always shifted different issues to the local 'tables'. This circumvented problems of superior benefits and sticky local issues. For those locals that opt out of provincial bargaining, every issue is on their local 'table'. However, they face a decision between two choices that are not particularly positive. They could accept a contract that is less than what is anticipated in central negotiations in order to achieve a quick settlement. The hospital that is bargaining with a local that has opted out is kept informed by the OHA on developments at the central 'table'. This ensures that it does not offer items that are not being given at the central negotiations. The second option open to the local bargaining on its own is to wait for the central bargaining to finish and hopefully get the same package. So there is little advantage to opting out. This pressure on locals to opt in reinforces the central system.

A review of bargaining since the Council was formed indicates some improvements:

1. In 1984 they succeeded in standardizing language and format between hospitals.

2. The superior benefits issue was partially solved by taking steps to sample existing agreements, which were put into a computer data base. If an issue was being discussed at the central table and a local had contract language that was superior, then the bargaining committee phoned to check the importance of the clause and sought agreement to bargain around it.
3. During this period the first "freely" negotiated settlement was achieved.
4. Membership participation and interest in bargaining has greatly increased since OCHU's formation.

#### IV. The Changes for Women

In Chapter Four we raised problems affecting women's participation in hospital work and in the union. Continuing with these themes, we will discuss the effect of the strike on: (a) women in OCHU as union participants; (b) women as hospital workers, and (c) women as individuals.

##### (A) Women and the OCHU

"We had one thing going for us. There was no old boys tradition or history of male domination in OCHU".  
(OCHU President, 1986)

There were advantages to reformers interested in improving the status and participation of women in the OCHU. The newness of the Council gave people a platform on which to build. However, the OCHU was actually a creature of the past.

The intermediate structure had all the birth marks of its source. The role of women could be conditioned and encouraged by decisions at the Council level, but changes in the role and status of women would be determined by actions in the locals themselves. So we

have a rather complex interaction between these two levels. The functioning and decisions of the Council could encourage or discourage increased women's participation and improvement of women's condition in the locals. The activities and change in the locals would determine women's role in OCHU.

The Council's leadership wanted, according to its recollections, to enhance the role of women in the union. As one person said, "The vast majority of hospital workers are women, so efforts to help all members help women too". While this is true, feminist unionists would argue that the policies for improvement have to recognize the particular situation facing women. In this study we can only point toward three general areas which provide an angle of vision on women's status, role and relationship to the union. These are: (1) style of work and special measures within the union, (2) women in elected positions, and (3) the relevance of union actions, such as bargaining, to women.

(1) Style of Work and Organization

This is perhaps an oddly named section in which to put the range of policies that impact on the structure affecting women's participation. In Chapter Four we mentioned women are deterred from partaking in union affairs due to the contradictions participation creates with family life. As we said, "male unionists have their wives to depend on at home while women have only themselves". This has meant that many women simply do not take part in committees, executives or even conventions. The lack of participation is symptomatic of the problems facing women AND it reinforces the problem. When few women

participate, the chances of changing practices diminishes. In addition, when women do participate, as in conventions, the methods of work and content are important. If these methods are geared to experienced unionists (more likely males), then the newcomer will be intimidated or get lost in them. If the conventions, negotiations or council executives do not take up issues that are important to women members, this will also discourage participation.

Senior hospital workers, who have attended many conventions, comment that it is often the case that "women have no history of talking or speaking out". For this reason the OCHU executive instituted a system of flexible parliamentary procedure. The establishment of clear rules of procedure makes it possible to learn how to participate. Indeed, the council trained rank and file members on how to use these procedures. The flexibility mentioned above involved innovative application of the rules in order to allow less aggressive delegates to get to the floor to speak. This flexibility includes recognizing first time speakers before repeat speakers and soliciting views of delegates who are knowledgeable even if they are not in front of the microphone.

"Your first convention can be frightening. You don't really know if your idea fits in or if you can explain it properly. Unless you get helped a bit you can't really get up to do it. I remember being asked by the president to get up. They did not rush me. I haven't stopped talking out since"! (R.N.A., first time delegate to 1984 Convention)

"I told them that I had been left standing at the mike [microphone] twice. The next time I got the nerve to stand up. I was way back in line and they asked me to step up ahead of others". (Dietary Worker)

The special measures necessary to get women more active are not restricted to the convention itself. To get more women to run for delegate positions, the critical issue of the interface of family and union responsibilities must be addressed.

One central aspect is child care. The existence of quality child care at conventions is important. President Barry noted in an interview:

"We found that very few were using the facilities but we kept it up anyway. We identified several problems. I think the thought of having kids come to a two or three day convention was too much. The sessions often go too long and we have night sessions too. Parents felt it was too long for kids to be in the daycare. One measure we took was to subsidize home daycare". (Paul Barry, Interview, 1986)

As we pointed out before, the under utilization of the daycare is deceptive. If women know there is quality child care, even if they hope not to use it, there is more likelihood they will put themselves forward as delegates for a convention. So the existence of the service is important even if it is not used. The move to subsidizing home based care is an interesting alternative.

## (2) Women and Elected Positions

It is too early to tell whether the steps taken to increase the involvement of women will bear fruit on a permanent basis. There are indications that improvements have begun.

If we take the first executive as indicative of the past influence, then the gender imbalance is explicable. By 1984 the situation had reversed and the female majority was maintained in 1985.

TABLE 6.3

Gender Composition of  
the OCHU Executive

			<u>% Women</u>
1982	6 male	3 female	33%
1984	3 male	6 female	67%
1985	4 male	5 female	57%

Sources: Convention Delegate Lists  
OCHU Mailing Lists

There is still a gap between the average percentage of women in the hospitals (approximately seventy percent) and their representation in the OCHU executive, but this gap has narrowed since the strike. (The exact gender composition of the hospital sector is not available)

A shift in the gender composition was also evident in the Presidents of locals. While data is difficult to obtain, the 1978 complement of women hospital presidents was 44%. By 1986 64% of all presidents were women.<sup>6</sup> At CUPE's National Executive Board level women officers have not exceeded 25% of total numbers. This is not representative of the numbers of women in CUPE.

This imbalance is reflected in most areas of CUPE. Only 30% of the Provincial Division leaders are women. There is only one woman at the senior Director or Assistant Director level and, of the 177 field staff, only 22 or 12.4% are female.

TABLE 6.4

## Percentage of Female Membership in CUPE

<u>Year</u>	<u>% of Female Members</u>
1971	33.6%
1975	39.8%
1979	45.4%
1982	46.9%

Source: CUPE National Research Department

The movement in OCHU to greater participation by women is evident, particularly in contrast to CUPE in general. However, we cannot definitively say that this is an established trend resulting from the initiatives taken in OCHU. We can only say this is indicated in the data.

(3) The Relevance of Bargaining to Women

The third major area we examine revolves around bargaining. In Chapter Four we noted that, too often, issues directly concerning women are dropped as negotiations progress. If bargaining is seen to inadequately serve women's interests, then they will not participate. The other difficulties emanating from the interface between home and work will block participation if the union activities are not perceived to be beneficial.



Relatively speaking, the Council has only bargained for a short period. The 1982 round was 'scrubbed' due to legislated guideline settlements. The following round was negotiated and the third and most recent round went to arbitration.

The most recent round of negotiations serves as a reasonable base to analyze the relevancy of bargaining to women's concerns. A union going to arbitration will normally put forward the issues it feels are the most important to its entire membership. The arbitration is one period when issues that are primarily related to women members are often dropped. The other major period, when issues important to women are dropped, occurs when strike issues are determined.

In 1986 the union put forward seven issues to the arbitrator. These included maternity leave, wages/pay equity, vacations, job security, part-time protection, sick leave, disability and benefits. While all the issues affect women as hospital workers, several are primarily women's issues. Pay equity, maternity leave and protection for part-time workers have a more significant impact on women than on men. The union did not merely push the issues on the table. It actively campaigned around these issues. Pay equity, for example, was the subject of several internal communications and a set of innovative proposals to management. OCHU had campaigned with its members to get a ten dollar per hour minimum wage proposal, regardless of gender, accepted as the bargaining position. Table 6.5 shows the typical relationship between male and female wages in one occupation.

In its own words, the "central bargaining committee (CBC) was unable to make any progress with the hospitals on [the] \$10 minimum wage

TABLE 6.5

Comparison of Hourly Wages Between Male and Female  
Cleaning Staff in selected Hospitals  
1985

<u>Hospital</u>	<u>Female</u>	<u>Male</u>
Chedoke/McMaster	9.28	9.96
St. Josephs (Guelph)	9.02	9.66
Humber Memorial (Toronto)	8.79	9.96
North Bay Civic (North Bay)	9.06	9.99

Source: CUPE Research department: selected hospital contracts

proposal" (CUPE Bargaining Update, 1986:1). In response to the intransigence, the CBC put forward an innovative proposal which would soften the costs of moving to pay equity by making the classifications negotiable and stretching the funding commitments over a longer time.

In the CBC's words:

We have proposed the hospitals set up a provincial Pay Equity fund with 1% of their total compensation costs (about \$2.67 million) and then sit down and negotiate with OCHU which female dominated jobs would receive pay equity upgradings. (CUPE, 1986)

A second major bargaining issue of relevance to women in this sample round was maternity leave. It is an issue aimed at women and it addresses the contradiction between home/family and work. The union promoted the issue's importance to its members through a series of

pamphlets and held it to the final stage (for an example see Appendix One).

These "Bargaining '85" pamphlets have two purposes. They educate the public and demonstrate to an arbitrator that the issue is important to the union. They also educate the union membership on the importance of the issue.

The arbitration process in 1985 was only partially successful. The arbitration was, once again, a "centre ground" or "split the difference" settlement. The award was "...sprinkled with phrases like 'having weighed the competing interests' and 'the exercise we undertake is one of balancing a number of factors' or '...better balancing of interests...'" (CUPE 1986:1).

In the Burkett arbitration award, maternity leave was improved substantially but pay equity was ignored. The union had requested the employer pay maternity leave benefits on top of the unemployment insurance. This would bring payment levels during leaves to 75% of regular pay. The arbitrators, however, ignored the 17 week proposal of the union and imposed a two week qualifying period. (The union nominee to the arbitration board noted that "...there is no justification for a two week waiting period, because the very purpose of the supplement is to recognize that women ought not be penalized for being the gender to bear children" (CUPE 1986:2).

Prior to its passing, the original version of the new pay equity legislation was not intended to cover hospital workers. The public sector workers not directly working for the state were told to wait for a second bill. This changed at the last draft when public and private

sectors were integrated into a new legislation effective January 1, 1988. In this confused and highly charged situation unions such as CUPE pushed for equity at the bargaining table. The message in the arbitration award is clear. Wait for the government! There was no movement on the question.

In this round of negotiations, the union did not drop the women's issues. It is clear where the union stood. The picture painted here is rather sterile. However, several interviewees made traditional criticisms of the union's actions in negotiations. There was a negative backlash to the inclusion of demands that focussed on women. A maintenance worker commented:

"What's the union doing messing with family questions. We should have left out all these extra type issues and gone for more basic stuff like money. Don't get me wrong, the union has to stand up for everyone - women too. But that leave for maternity cost all of us money".

"The maternity benefits now that's nice but not for everyone - we got to concentrate on issues that affect everyone, not just young gals who got husbands for money anyway". (Dietary Worker)

In the midst of these types of pressures, the union maintained its new balance of demands.

Lastly, we should mention the moves to make the bargaining process more open to members. The executive held an arbitration review conference to accomplish this. The aim was to give people a chance to understand the award and to criticise and comment on the events leading to it. In summary, it is safe to say that there was an attempt by the union to make bargaining relevant to the women members at the local level.

(B) The Effect on Women as Individuals

"I don't regret it - in fact I'm glad we struck. You couldn't begin to understand what it meant for me. I'm a different person at home and at work".

The involvement in a strike as extensive as this has many subtle effects on the participants. We examined two general areas in this regard: (1) Women's "self view", (2) Women's view of the world around them. In the first chapter, we outlined some theoretical and methodological premises and noted that change is constant. Constant change also characterizes inter-relationships between things and people. This change is not linear and even. There are times of rapid and obvious change and periods of slow and subtle change. The strike was an event which prompted rapid change for women. The changes were both internal to themselves and involved their relationships with work and co-workers. The reason a strike can facilitate such changes in people is linked to the notion that our experiences condition thoughts or ideas. Many researchers have noted that the isolation of the home can particularize women's vision of the world (See Porter 1983:172-190). For example the experience or understanding of economic crisis was gained in the home. Inflation and underemployment impact on the family budget. This gives the woman a particular view of economic reality.

Work experiences also impact on, and help to shape, world views (consciousness). The massive disruption a person experiences in a strike calls into question many ideas and understandings. It forces people to humble themselves or test their limits. The massive information and daily human intercourse floods the senses, forcing an

expansion of our thinking. This is why such collective actions have a great impact on consciousness. Ideology is indeed "born of experience". That is why women can often share a common understanding of the world because they share the experience of being women yet no two persons think or understand things identically. There is a difference in each individual's experience.

The strike experience "...is liberating in its own right" as it challenges the often felt "...sense of powerlessness and dependency" women feel because of their relative lack of participation in out-of-home affairs (Darcy 1983).

In this strike women noted three areas of change in consciousness/understanding/ideology. The first level was self confidence. The strike, at the local levels, fell into the laps of the workers at the base. CUPE was unable to provide much support. Taking up the challenge gave women a new found confidence:

"I'd of never thought I would do it. You surprise yourself when times like this come up. Now I'm much more confident about my ideas and everything".

(Clerk, Interview, Hamilton)

This was reflected in home relations for some:

"I told my husband that I was right a lot more than he realized. If I had been able to make strike decisions, I was able to make house decisions".

(Dietary worker, Interview, Hamilton)

Before the strike many women didn't see the union as theirs.

After the strike there was a closer identification:

"My question was silly. Who the heck had run the union before the strike. I knew the answer and I wanted the chance to say we were going to do it together now".

(Housekeeper, Interview, Hamilton)

"Once you know a bit about things you can help run the union. I didn't think I could do anything before. I guess some of the union talk of "its your union" is right". (R.N.A., Hamilton)

Secondly, women also noted their pride as workers was affected by the fact they had stood up and 'saved face'. Their pride was restored and many said they felt conditions would be much worse if it were not for the strike.

Thirdly was women's understandings of the process, institutions and structures that they were part of. Women received a taste of the role of law and the state. Defying the law and courts made those institutions seem much less omnipotent. The anger towards the government for what was perceived as pro management labour laws and enforcement was translated, for some workers, into militancy:

"I use to see the government as kind of like a ref [referee] in a game trying to stop people from killing each other. Now that's part of it but they also got their bias and their own wants. They went after us, no fairness there". (R.N.A., Hamilton)

A laboratory tech notes:

"What can you say anymore - I couldn't tell the difference between the government and the hospitals. I wonder who was paying who".

There was little evidence among the workers of a massive shift politically, but the cynicism, hostility and re-evaluation of the government was evident. In response to the question about whether they would defy the law and strike again, many workers responded affirmatively. The vast majority said that, under the right conditions and with proper support and preparation, they might strike again. Many demonstrated a leap in thinking also. The notion of political struggle

was part of many people's agenda (if they indicated change was to be pursued):

"Go on strike - maybe but I'll tell you the only way we're going to get our rights is to push the government to change the law. If that means marching on Queen's Park or changing governments so be it". (Dietary Worker)

"Maybe other tactics are better you know like protests or disobedience - things like that. It's the law that's got to change". (Lab. Tech.)

Other changes related to the home and a women's relation to it. The different life and family cycle situations of workers influenced the changes.

For single women, involvement in the strike process built confidence. Some of these women had to fight with boyfriends over the strike and to deal with family and friends who cautioned against action.

"They all said I should use my head and not get involved. My father, my boyfriend, they sounded the same. I made two big decisions, first I decided to ignore them, then I went ahead with the strike".

The male "counselling" on the strike was non supportive. One young woman crossed the picket line as her husband watched and told her what to do. Two hours later, in tears, she burst from the building:

"I couldn't, I couldn't - all my friends, my God and me - yeah me. I wanted to strike. When I realized that I left to join my side... My husband is a good man but he doesn't think I understand what I'm doing. I can tell you things are so much better now. I put my ideas up now and make him listen". (Clerical Worker)

"It nearly destroyed us - he sayin no, me sayin I had to. I should say we're together still and the strike saved us. It made me wake up. I can decide things, big things, bigger things than I dreamed about". (Dietary Worker)



Many women reported increases in self confidence, self esteem, and spousal respect.

These elements parallel the issues raised in Chapter Four. The women workers were interested in both intrinsic and extrinsic rewards from their paid labour. Changes in the work environment, and the myriad of other factors, precipitated support for the strike. The strike gave workers some of the rewards they sought from their paid work. This partially explains to this day the positive attitude women have toward the ill fated strike.

This positive attitude to the strike was captured by a dietary worker who said:

"It was a necessity, it brought us back to life, it restored my pride".

(C) Woman and The Right to Strike

A last point to make here was made by Judy Darcy (1983). We noted earlier that the denial of the right-to-strike is a women's issue because women are most affected by the denial of the right-to-strike. The public sector bears the brunt of the various labour laws. In this sector the occupations held by women are often tagged essential so that the gender segregation of work transforms into women's sectors into legislated no strike zones. Thus the right-to-strike becomes a major women's issue for unions. The hospitals provide us with a caricature of this point. Doctors (majority male) have the right-to-strike; housekeepers (majority female) have no right-to-strike. The strike did not advance the right-to-strike campaign.

V. The Right-to-Strike; The HLDAA  
and Compulsory Arbitration

At its 1979 convention, CUPE decided to campaign for the right-to-strike. The hospital strike may have been the greatest test of the campaign. The lack of a genuine fight to forward the rights of hospital workers doomed the 1979 decision.

The HLDAA is still in place and unamended. The government clearly rebuffed any amendments that could weaken the act. The government was also clear that the method for seeking change, i.e. the illegal strike, was unacceptable. The jailing of the three union leaders was designed explicitly to make that statement. That statement was a warning that the government was in control and would not budge on demands presented outside sanctioned avenues.

The sanctioned avenues were trails well known to the union and unsuccessful to date.

VI. Conclusions

In this chapter, we discussed both causes and effects of the strike. CUPE's structure influenced the course of events. The lack of permanent mechanisms to allow the hospital unionists to influence events and decisions was a contributing factor. The structure, with its powerful staff positions and monopoly on information flow, caused ill will. The attempt to use these seats of power to enforce a direction was the downfall of the district director and his two negotiators. The lower level leaders who emerged in the controversy took charge of the bargaining committee and then took little advice or direction from

outside. The lack of appropriate structures left the upper levels of CUPE in charge during good times but this lack of structure became a liability in this crisis. Therefore the creation of the OCHU is a "double blessing"; not only do the rank and file workers get control over their own affairs, but the structure now allows dialogue and joint decisions in times of crisis. This may give the national executive a greater say in the affairs of the hospital workers.

The new Council is experimental in many ways. Its constitution and philosophy are designed not only to permit unionists a say in their affairs but to create the conditions for people to get involved in decision making, education and negotiations. There have been some early successes in this endeavour. The credit for this goes to the many enthusiasts who have been building the new Council and particularly to the Council's first president, Paul Barry.

The hospital workers have benefitted from the Council and improved communication. Most of the members are women, and as women, they have unique concerns. The new arrangements in the hospital sector have begun to recognize this. More attention has been given to issues important to the women members.

The women unionists shared with their union brothers a sense of accomplishment, but women's pride of accomplishment was special and particular. It reflected the reasons women were on strike and their conviction that if they had not stuck things would have gotten worse.

Some aspects of the situation did not change. First the HLDAA remains in place and the right to strike is still denied to the hospital workers. That the union has significantly altered its structure in a

rubric where there is little change implies the potential for further unrest 'down the road'. Secondly, the very conditions that led the members to strike still exist and, despite an increase in compensation, the women are still upset with them. While the workers think that the pace of change has slowed, the basis for conflict remains. If the new union structures and functions lead to a perception of increased union strength, there may well be more strikes.

## FOOTNOTES

1 While the 1974 victories on wages prompted a move to more centralized forms of bargaining there were also serious blocks to this shift. The member locals did not want to give up any superior benefits or "language" in negotiations centrally. This meant CUPE had to demand that any centrally negotiated contracts adopt the best clauses from the local contracts. Such a demand was sure to scuttle early attempts at achieving agreement from the O.H.A. Even tough negotiators, such as Peter Douglas, recognized this as a difficult stumbling block.

2 The HOWCC was a creature of the Ontario division. It was seen by activists as a place where political questions concerning all hospital workers could be discussed but not as a body to alter bargaining structure. The mandate of the committee was narrow and the average rank and file member saw it as "ineffective and a waste of time and money". Since structural changes have taken place the HOWCC has concentrated on member education and the nursing homes. Members are commenting more favorably about the HOWCC since this shift in priorities.

3 The Vincer Commission findings are of a different order than the other bargaining review committee led by Levine and Barry. Vincer's investigation was conducted very rapidly. The commission interviewed 36 people in 14 days and the rapidity of the investigation is reflected in the disorganized presentation of its findings. Vincer's major comments included:

1. "Personalities caused the disruption in the flow of communication which eventually resulted in the bargaining impasse and the strike" (p. 3).
2. There was "...uncertainty and a lack of strong control" and leadership.

The Vincer Commission's findings were released in the week that the OCHU was founded. The Vincer analysis had no impact on hospital workers.

Several unionists interviewed felt Keally Cummings had appointed the Vincer group to head off demands for a separate structure. Cummings was the heir apparent to Hartman's presidency and some CUPE members felt he didn't want any potentially troublesome power blocks that might challenge his leadership in the union.

- 4 Previously there were U.S. senate style elections where regions had equal representation regardless of the number of members. There is a fascinating story intertwined with this change. In prior structures, such as the C.B.C., Toronto had complained that the equal representation hurt them. Small regions had the same clout as Toronto. Under "rep by pop" Toronto has proportionately more delegates but has not secured a wider influence. The Toronto voice is somewhat muted because of the collapse in support for the strike in 1981.
- 5 The leadership can be made accountable between conventions as well.
- 6 Data was collected from reviews of membership and delegate lists at conventions. The gender of the delegates was determined by the first name and a verbal check with senior unionists who were present at the meetings. The possibility of error is small but does exist. If presidents missed the three meetings that were examined and/or signed the delegate lists with an initial and were not known by the unionists used to verify them, they could be missed. The error, if it exists, would underestimate the increased participation of women.

## CHAPTER SEVEN

### CONCLUSIONS

#### I. Introduction

In the wake of the 1981 CUPE hospital walk out, there were those who claimed it was an odd or exceptional act with little or no meaningful explanation. The results of this investigation indicate otherwise. The strike is an understandable occurrence resulting from a complex set of factors. It was partly caused by a deepening fiscal crisis which prompted the government to tighten expenditures and control labour. The tightening of government expenditures pressured hospital administrations to push for cost efficiency and increased labour productivity. The denial of the right to strike gave management a freer hand in trying to accomplish its goals. One of the sets of measures involved changes in the labour process. Women reacted to changes in their labour process because the modifications seriously eroded the rewards they sought from work. Most women wanted things to go back to the way they had been. Men were also affected, but for a complex of reasons sought to be compensated for the changes. They feared more 'take aways' in the future and hoped the strike might slow that down. The differences between men and women revolved around their different reward structures.

The "illegal" strike was the one method unionists considered available to them to deal with the problem. The strike was not "odd"

or "exceptional". What is odd and exceptional is the "mythology" produced to explain the strike. This mythology takes the form of the "popular theories" and in this chapter we will look at some of these. In this chapter we will: (1) review the working propositions that framed the case study; (2) evaluate, in terms of our study, the critiques of Braverman's theory of the labour process that were raised in Chapter One; and, (3) outline the contributions, potential generalizations and further research suggested by the data.

## II. Working Propositions: The Findings

Our first proposition was that changes in the labour process prompted hospital workers to take action to safeguard their appreciated sense of the job. Interviews indicated that many labour process changes took place in the late 1970s which affected workers in many departments and job classifications. The RNAs were being replaced by the RNs and their bedside duties were being reduced. Patients were being moved out of the hospitals more quickly than in the past. The patient 'turn around time' was being reduced. Patients were literally being forced to do their convalescing at home so that the workers did not see and communicate with patients during the most positive recovery stages. Patients were, on average, more acute. The work became more difficult, the interaction with patients decreased and the sense of accomplishment in terms of health-care delivery was diminished. This led the RNAs to assess their health-care standards as dropping. The introduction of split shifts and the use of part-time and on-call persons aggravated this.



The housekeepers closely approximated our proposition. They reported having had an attachment to their ward and their patients. They had pride, knew the nurses and regulars. The housekeeper saw herself as part of the health care team. In the mid to late 1970s this changed. Budget cutting measures led to changes in the location of work. The hospitals gave the housekeepers multiple wards, moving them every few days; shifts were altered and the pace of work quickened. Housekeepers felt that the standards of cleanliness and disease control were being reduced. Full-time housekeepers saw an increasing use of part-time and "on-call" persons and their own hours may even have changed. The pride was gone, the work done was not of the same quality because the pace was faster and there could be no attachment to a job well done. There was a separation from the rewarding, care-giving aspects of work such as the 'chatting up' of patients. This, reported interviewees, was an extremely frustrating situation.

Dietary workers were separated from any contact with patients. The preoccupation with productivity improvement through further consolidation of assembly line techniques was distressing and led to a further separation from the job (see Rinehart [1986, Chapter Two] for a discussion of this alienation from work).

The laboratory technologists reported problems as well. The rate and volume of tests coming to them increased rapidly and the status of the tests changed. More and more tests arrived "stat" (emergency or priority) and this put pressure on the technologist. The lab technicians found themselves doing work on a mix of testing equipment at unfamiliar rates. This was not well received by the technologists who

saw their work as an important aspect of the health care delivery system. They worried about how sloppy or rushed work might affect the patient and other health care workers.

Why did these changes provoke a strike? We hypothesized that there was a continuum between home and paid workplace. In the case of women, the work in the home was expressed as the mediation of resources into services for the family. Service work was on the continuum between home and paid labour. The service work in and of itself was not the sufficient condition for women choosing work in the hospital. There was the need for a complex of rewards, including formal recognition of the usefulness of the work, an interaction with other workers, and an intrinsic sense of a job well done. The hospital work provided this complex of rewards. The care giving was a key aspect of this. Labour process changes broke this care giving bond for many women workers. The desire to reestablish this bond was one factor involved in the decision to strike.

Men responded to their changing situation as well. Increases in compensation, a reduction in workload and protection of benefits, such as the sick leave plan, were the male unionists' goals in the strike. The male unionists were concentrated in work areas with less patient contact and a much reduced care giving component. This was a non-service, non-care giving milieu which reinforced the extrinsic reward system of the men. The search for compensatory extrinsic rewards for changes in the workplace characterized the men of the hospital.

Caution must be exercised in applying this gender-based extrinsic/intrinsic division outside the hospital sector. However, in

workplaces that have a care giving component, the gender specific responses of workers would seem to have explanatory power.

Our second proposition was that the political and economic situation in Ontario played a significant role in creating the conditions for the strike. Our investigation verified this. We found that the increasing fiscal problems forced the state to take restraint measures. The costs for healthcare were predicted to escalate rapidly which aggravated fiscal decision-making. The federal government passed the responsibility for cost control to the provinces. The provinces in turn made dollars more scarce for hospital administrations. Relatively reduced hospital budgets forced hospital administrations to take a series of actions, including cutting staff, initiating productivity enhancement policies, changing work organization, and replacing full-time workers with part-time workers. The government also embarked on a set of labour restraint policies. These included wage controls, the retention of seriously flawed compulsory arbitration, and the ban on strikes despite the growing evidence of its serious flaws.

These policies emasculated the union, severely distorted bargaining and subverted democracy. On the one hand changes were being forced on the workers while on the other the method of dealing with these problems (i.e. the union) was being emasculated.

This led to the strike decision in several ways. The relative cuts in budgets led to a deterioration of working conditions and a perceived deterioration in health care quality. Because traditional channels, such as bargaining, were no longer effective due to the labour

restraint legislation, the only option was, for many workers, to go ~~on~~ strike.

This illustrates the far-reaching effects of the state's policies. In this case one could argue that the state, in dealing with its fiscal crisis, ignored one set of legitimization functions while serving another set. Governments must appear to be in fiscal and legal control. But the measures adopted to ensure fiscal solvency exacerbated difficulties in other policies. The fiscal policies exacerbated existing problems in the process of bargaining in the hospitals.

The legislation had created many problems, and when more contradictions erupted, bargaining could not handle them.

This raises many interesting possibilities with regard to our understanding of the public sector. The public sector is especially vulnerable to political changes. The government, indeed many aspects of the state, including the bureaucracy, have more direct ports of action to the work world. When settlements are too rich, the state can hold wages down through direct legislation (i.e. wage controls) or informal methods such as tougher collective bargaining. If militancy is on the rise there is back to work legislation or no strike legislation. But these policies, which are tools to achieve particular ends, can interact causing serious problems. This is what we found in this study. Provincial wage controls, stacked on federal controls, both overlaid no strike/compulsory arbitration in a period of budget restraint; this web of factors interacted to distort the work and labour relations situation.

The political economy of state involvement is important in the public sector.

Our third proposition targeted the union's organization, structure and functioning. We found that the rank and file had few 'windows' on the decision-making process. Elected officials were often powerless in dealing with the staff. CUPE's practice of hiring staff at the national level, and directing their work centrally, made it impossible for local elected people to direct the work of the staff. The disagreement between some local leaders and the staff over whether to strike had the overtones of a democratic issue in many workers' minds. They saw the staff who were in charge of negotiations as outsiders subverting their interests. This contributed to the overwhelming strike vote. Part of the vote was against the perceived manipulation by the staff and central union. This problem was aggravated by the infighting amongst staff and the union's upper level officers. Our proposition that these factors contributed to a confrontation with management was confirmed by the interviewees.

The question we examined concerned women's participation in the union and in the strike. As we reported in Chapter Four, the structuring of union work discourages women from participating. The gender time constraints face any women wanting to participate in any activity in addition to their regular work. This was compounded by the union's particular problems in terms of what it did and how it did it. These procedural problems included after hours meetings, multiday conventions, barriers to holding office, and a "homosocial" atmosphere.

This is not a unique problem to CUPE; in fact many say CUPE was better than most unions (Hartman 1986).

The fourth and third propositions are related. The strike precipitated a union reorganization which was needed because of the many problems in the structure of the union. The restructuring accomplished several things. First an intermediate body was formed that was responsible to the union membership. This has strengthened elected hospital union officials vis a vis staff and created a forum for dealing with the problems of democracy. There is something to be said for creating new bodies and committees. They have no negative history. Union members can approach them with no prejudices and can be enthusiastic about working in them. There is an argument that structures have a very direct bearing on the democratic functioning of an organization. We put forward evidence in two instances above. The denial of the right to strike structured the bargaining and contract ratification process in a way that diminished the democratic functioning of the union. This is one level where structures affect democracy. The second level is the case of the creation of OCHU.

### III. Braverman's Lost Variables: Gender, Resistance and Actions of the State

We set out in Chapter One to discuss the causes and effects of the strike and to use the case study as an alternate way of looking at some long-standing criticisms of Braverman's approach to work. Our case study, as expected, did not shed much light on the deskilling and scientific management aspects of the Braverman debates. This was,

however, not an area we set out to examine. The three areas of criticism that we explored were Braverman's:

1. underestimation of the resistance workers have to labour process changes.
2. blind spot to gender in the context of the labour process and the effect of the linkages between home and paid labour.
3. downplaying of the role performed by political environment and the fiscal crisis in labour process changes.

(1) The Underestimation of Resistance

In Braverman's thesis the implied passivity of the working class to labour process change rests on some shaky assumptions. In our case study we found that both men and women opposed or disliked several changes (i.e., workloading, changing duties, change of work locations, etc.). Some unionists opposed the strike. There were some staff and senior elected officers who were open to accommodating management when it made these types of changes. Much of Braverman's thinking rests on an assumption that leaders in unions accept and promote changes initiated by management, i.e., act as an aristocracy of labour. Goldthorpe's "affluent worker model" may explain some aspects of their behavior. Goldthorpe says that workers will accept dollars in return for dropping their resistance to labour process change.

Our study indicates that this is simply not true. The unionists swept past the group that wished to stop the strike. They demonstrated resistance where wages were not the articulated issue and where the intrinsic rewards were the most important.

The weakness in Braverman's misconception is important because it reveals his partially cynical and defeatist attitude vis a vis the potential for working people to influence their working lives.

(2) Gender: Home, Paid Labour, and Resistance

Braverman avoided or ignored a discussion of the interrelationship of women's role in home and paid labour processes. Our case study indicates that the complex relation between home and paid labour helped to generate resistance to the changes outlined above in Section II. Women sought employment to fulfill several needs.<sup>1</sup> The foremost was financial but this was not the sole, nor sufficient reason, for entering the paid work force. Women workers brought with them certain feelings, ideas, and wants that were conditioned by their experiences in family settings. As we noted above, a complex of rewards was sought that family life had not satisfied. When the service/care links, interpersonal relations, and pace and method of work were forcefully altered by management, there was a deep disappointment, resentment and finally resistance. The desire to reestablish the original labour process contributed to the decision to strike.

Braverman's blind spot to gender is serious. His view of women is rooted in the sphere of consumption and he restricts his discussions to this domain. Braverman's blind spot to women reinforces (and is reinforced by) his downplaying of resistance. If one assumes, as Braverman does, that the working class will not respond to change, then working class women will not respond. By ignoring gender effects, one makes the mistake of ignoring a source of worker resistance.



(3) The State and the Role of Political  
Environment in Labour Process Changes

There is a third distinct problem in Braverman's appraisal of labour process change. Our case study strongly indicates that the fiscal policy and legislative environment, created by the government, structured industrial relations and affected the management decisions around the labour process. As noted above, the decisions to alter the labour process by introducing part-time workers, changing the location of work, changing the pace and content of work, and eliminating male cleaners and orderlies from the area of work were prompted, in some cases, by the budgetary pressures to increase productivity. We traced this budgetary pressure back to the fiscal crisis experienced by the central and provincial levels of the state. The new conditions of work imposed by management were enforced by legislative restrictions on the right to strike and the problematic arbitration process.

This study indicates that, in the public sector, the political environment is of great importance in understanding worker action and the labour process. Braverman makes the error of not exploring the potential differences between the private industrial setting and the public sector. This, in turn, leads him to gloss over state policies that impact on the general conditions of work and worker-management relations.

IV. Mythology and Apology: Popular Theories of the  
1981 Hospital Strike

It may have seemed out of place to have raised the notion of "popular explanations" for the strike at the beginning of the dissertation. Popular explanations of the strike appear to be rooted in the agency of the participants. They claim that the strike was 'fomented by the agitators, leftists, or misleaders. So they put forward the question whether real people take action...or do they? Actually, on reflection, they do not give workers a role in the conflict. Popular theories offer no explanation of why people strike. They are simply led to it, victims of a force external to their own decision making. As Hyman (1972:57-8) notes, this is not a sociological analysis since it ignores the fact that people must have grievances in order to be motivated to take militant action. Therefore leaders are at best "instruments of conflict, not the actual cause". A related difficulty with popular explanations is the chauvinism implicit in this view. The agitator-misleader theory belittles the role of women and the understanding women have of their decisions. It portrays most women workers as dupes of a few male leaders. This was patently false in the 1981 hospital strike.

A second difficulty with popular explanations is their ideological nature. The assumption underlying this whole maze of "popular theories" is the equilibrium of society. The need to find an aberrant reason for the conflict allows the various forces making the claim to ignore the real material causes of the strike. The state was not interested in examining its labour legislation or its fiscal

policies. Certain CUPE leaders did not want their policies and attitudes put under scrutiny. The OHA did not want the rules of the 'game' to be tilted away from their favour. Any legislative changes that would allow strikes might do that. There is no evidence of a conspiracy which led to coordinated actions aimed at causing a strike. No leftist or leadership group acted in coordination at different levels of the union to plan and execute a strike action. Given this, the government's claim that there was a conscious misleading of CUPE hospital workers rings of ideological self interest aimed at blocking the challenge to the legitimacy of the existing labour legislation. The popular theory of the strike exposes some of the possible motivations of certain key actors.

The structural functional bias is not limited to the popular theories. A review of strike theories in the academic milieu indicates a similar bias (Hyman 1972:Chapter Three). Hyman divides the studies of strikes into two categories (1972:56). The first is a variety of forms related to the structural functionalist approach. In such studies evaluation of the causes and effects of strikes is implicitly and/or explicitly based on the examination of previous actions. The aim is to gather a list of characteristics which indicate a proneness to strike. For example, the examination of the structural conditions surrounding a large number of Canadian strikes indicates that they will likely occur during periods of high inflation and are less likely to occur under conditions of high unemployment (Anderson 1982). This allows the social scientist to look at a set of circumstances and predict the potential for a strike. That does not mean giving a percentage possibility for a

strike but does involve a comparative differential, i.e., a strike is more likely under these circumstances than under those circumstances. There are two difficulties with this approach. It gives us, at best, an indication of the statistical proness to strike, given a set of conditions. It does not explain why a strike happened. This raises a second problem with this approach. The structure becomes universally dominant. People, or the actors of history, become too determined. They become passive in face of the sweep of structural determinants. The most advanced case of this is the various Dunlop-style "system analyses" (Dunlop 1956).

A second approach to explaining strikes explores the particular event and ferrets out the causes and their rationale (Hyman op.cit. 56). This involves working at two levels of analysis. One must look at both the structural determinants and the motivations (ideas, conceptions, social consciousness) of the participants. This is the basic approach of this dissertation. We neither want to say that each strike is unique because motivations are unique nor do we want to say that the structure was totally determinant. We wish, in Hyman's words, to do an analysis where ... "social structure and social consciousness are dialectically related, each acting upon and influencing the other, and in some instances leading to increased stability and in others to heightened conflict" (Hyman 1972:68). The link between structure and agency is action. Action is not simply "called forth" by the structure. While structure encourages certain actions and circumscribes others, action is also dependent on how people assess the situation. The actions of individuals and groups stem from "... the goals and motives which the

participants bring with them" (Ibid.). The structure of relations and the predispositions, motivations and understandings that people have are dialectically related. They are linked and interdependent, with each influencing and being influenced by the other. They are not equal and are often in opposition, despite belonging to a single whole. For example, the law denying the right to strike dissuades collective action but unionists may strike because there is a general disenchantment with the way labour relations develop with that law in place. In this case the structure would, on the surface, appear to be dominant in determining behaviour while in practice the decisions of the workers are actually important, given the contradiction that developed between the two.

These are not new ideas. They were originally developed by Marx (see Archibald 1985).<sup>2</sup> In his political writings the notion of individuation and human agency are developed. In the famous phrase from the Eighteenth Brumaire of Louis Bonaparte (p.10) Marx comments: "men (sic) make their own history but not under conditions of their own choosing". Marx also argued that human beings set out to change the material world through work but find themselves changed in the course of this activity. The development of consciousness occurs as we live and work. "Being determines consciousness", argued Marx, or more simply: consciousness, attitudes, worldviews or motivations come from somewhere and 'that somewhere' is the living interaction with structures and people around us. This same consciousness propels people's actions and, as they act, they condition the structures.

Actions are the "stuff of history making", but history is not an endless stream of undifferentiated actions. Situations and conditions are always changing. The difficulty for the social scientist is to understand and explain change. Often the change is too subtle to see and understand. The strike or other events are of import as they expose change and make it easier to comprehend its causes. An event, in historical terms, is significant. As Abrams points out, the event is born in the past and signifies the future (1984:191). Events are "...our principal points of access to the structuring of social action in time" (Ibid). While the structuring of history, which is "...the reciprocal flow of action and structure, is manifold and endless ...", the event becomes the moment "...where action and structure meet" (Abrams 1984:192). The strike is an event that can be used to expose past processes of change. These processes help to cause the event. Understanding the particularities of the event, through examining the deep seated motivations/consciousness in the structured milieu over time, will yield the most satisfying explanation and description of a strike. This second general approach is called historical materialism.

Historical materialism is often misunderstood. Part of the problem lies in the fact that historical materialism is both a theory and a method. Many consider historical materialism a method which reunited historical research and conscious human action (in direct opposition to the German idealists). Others see it as a conception of human praxis, a theory of social change, or even a reductionist theory of consciousness (White 1986:18). The most concise definition, from Marx himself, is in The German Ideology. Historical materialism<sup>3</sup> points

to production and reproduction, along with both the attendant relations among people as well as those interrelations between human beings and structure, as the essence of society. This approach demands that the researcher look at the personal and structural antecedents of the event to be explained. It pushes the researcher to seek the 'headwaters' of explanation in the complex interconnections of production and reproduction. It finally pushes the researcher to deal with both the surface level and the deeper levels of explanation and description.

The materialist approach opens up several important avenues of research. It forced us in this study to consider the structural constructs that, over time, created the conditions for the changes and constraints that eventually led to the 1981 hospital strike. The structural determinants seemed to mitigate against a strike, but the particularities of the union and the unionists led to a strike. The theory and method used in this study was valuable in many ways. Let us look at the more concrete contributions and extrapolations that can be made about this study.

#### V. Significance of the Study and Further Research

The public sector differs from the private sector in several ways. As we mentioned in Section II above, the public sector worker is more vulnerable to political decisions than the private sector worker. The budgeting and planning process differ due to public demands and fiscal restraints. Industrial relations are different between the two sectors. The industrial relations differences are manifested in how the union may approach public management. Often the union, as in our

study, appeals to the public at large in order to gain leverage against management. Management also appeals to the tax paying public's interest in holding costs down in order to turn public support against workers.

Looking at the particularities of the public sector is the first contribution of this study. One distinguishing aspect of the public sector is its proximity and vulnerability to the political climate. Objectively this closer relation and vulnerability has direct effects on the union. In our study we saw that the federal and provincial governments instituted wage controls which harmed the hospital workers. Restrictive labour legislation (the HLDAA) was maintained despite mounting evidence in government studies indicating serious problems. The cost cutting measures introduced at the federal level of the state impacted on the working lives of the hospital employee. This climate, according to the workers, also affected those 'consuming the service' (i.e., the patient). Perhaps this concern of the workers stems from being able to directly see the consumption of the "product". The service/care link produced a desire for quality. There is a distant link to practices in societies where most work falls in the public sector. In socialist countries "moral incentive systems" urge a worker to take pride in his or her work and to see the service to society as a reward. This system reinforces the feeling of collective responsibility in publicly-owned and controlled production. The hospital workers in our study who could see a positive service being delivered saw this as a reward of the job. We found that the workers felt management 'guilted' them in order to get more work done. While this phenomenon is not restricted to the public sector nor to women, it is enhanced in the



public sector. However, it is also a 'double edged sword' since a work situation that mitigates against a quality job will be judged negatively. This was also the case in our study. One can see that this relationship has many potential applications in industrial relations.

The public sector worker may resist changes to the work environment in more cases if they feel they have a stake in the smooth and quality production of public service. Greater study is needed to accurately determine the unique aspects of labour process changes in the public sector and the contrasts with the private sector.

This study is also important because it highlights the gender specific aspects of the changing labour process. Women and men reacted somewhat differently to the changing work environment of the hospital. The women interviewed in Hamilton/Burlington had an inclination towards wanting their internal (intrinsic) rewards brought back. The men wished to protect monetary and fringe benefits. The explanation for this lies in the relationship between home and paid work (a factor raised in this study). This contribution was largely on the theoretical plane with the introduction of explanatory concepts, such as "gender time". These theoretical constructs are intended to open up ways in which we can see the structuration of the work relationships and work connected activities in light of their relation to the home. The implications of this thinking are most clearly seen in the realm of union structure and action. The union movement's desire to expand female participation will partially depend on recognizing the limitations placed on women by their responsibilities in the sphere of reproduction (i.e., the home). The role of women in unions, the structure and activities of these

organizations with regards to women, and concrete steps being taken to involve women, all demand further study. There was and remains a dearth of material in this important area.

The last area of contribution concerns the ongoing debate on the labour process. This case study in Hamilton-area hospitals indicates that the critique of Braverman is justified. The influences which Braverman ignored, namely gender, resistance and political/fiscal environment, were important in our study. The political environment promoted changes in the labour process which, in turn, provoked resistance. The expectations of work that women brought to the job were important to our interviewees. The expectations that were increasingly unfulfilled conditioned women's position on the strike. They wanted recognition and pride in a job well done, and a service that provided a high quality of care.

This desire to achieve a positive reward from work is linked to and reinforced by the attitude to public sector work noted above. This could point to a particular relationship between women's work and public service and could prove valuable for further research.

#### FOOTNOTES

- 1 This finding is not unique. H. and P. Armstrong also found this to be the case in their studies (1983;1985).
- 2 Archibald's review of Marx's work, as it relates to individuation, had a considerable effect on the understanding of this author. At times it is difficult to determine what are the author's ideas and what was directly influenced by Archibald.

## BIBLIOGRAPHY

The following Bibliography contains four sections. Section I documents secondary literature directly pertinent to the analysis of the strike and its participants. Section II is a record of the newspapers consulted from 1963 to 1986. Section III records the Government Documents related to this study. Section IV is the primary research material used. This record is complex as it is a very abridged selection of the approximately five hundred documents generously turned over to the author by members of the Canadian Union of Public Employees. Only those documents that are referenced in the text and/or directly influenced the direction of the argument are reported. They are grouped by certain key identifiers, based on the type of document (correspondence, newsletter, etc.) and their date. Titles for unnamed documents are consistent with references in the text.

### I. SECONDARY LITERATURE

Aaron, Benjamin; Joseph R. Grodin and James L. Stern. Public-Sector Bargaining. BNA Publishing, Washington, D.C., 1979.

Abrams. Historical Sociology, London, 1984.

Adams, G. "The Ontario Experience with Interest Arbitration" Relations Industrielles, Vol. 36, No. 1, 1981.

Anderson, J. "Determinants of Collective Bargaining Impasses" in Conflict Management in Industrial Relations (ed.), G. Bomers and Richard Paterson, Nichoff, 1981.

----- "Local Union Participation": Industrial Relations, Vol. 17; No. 3, October 1978

----- "Local Union Participation: a reappraisal", Industrial Relations, Vol. 18, No. 1, Winter 1981.

Anderson, J. and Morley Gunderson. Union-Management Relations in Canada. Toronto: Addison-Wesley, 1982.

Anderson, P. Debates in English Marxism. London: NLB, 1979.

Andreopoulos, Spyros. National Health Insurance: Can We Learn From Canada? John Wiley & Sons, New York, 1975.

- Archibald, P. "Agency and Alienation: Marx's Theories of Individuation and History", Studies in Political Economy, No.16, Spring, 1985.
- Armstrong, H. "The Labour Force and State Workers in Canada" in Panitch (ed.) The Canadian State. University of Toronto Press, Toronto 1977.
- Armstrong, Pat. "Female Complaints: Women, Health and the State". Unpublished Paper, Montreal, 1986.
- Armstrong, Pat and Hugh Armstrong. The Double Ghetto, Canadian Women and Their Segregated Work. McClelland and Stewart, 1984.
- Armstrong, Pat and Hugh Armstrong. A Working Majority, What Women Must Do For Pay. Canadian Advisory Council on the Status of Women, Ottawa, 1983.
- Armstrong, Pat and Hugh Armstrong. "More For the Money: Redefining and Intensifying Work in Canada". Unpublished Paper, Montreal, 1986.
- Armstrong, Pat, Hugh Armstrong, Patricia Connelly and Angela Miles. Feminist Marxism or Marxist Feminism: A Debate. A Network Basic, Toronto, 1985.
- Badgely, R. "Health Workers Strikes". International Journal of Health Services, Vol. 5, No. 1, 1975.
- Balbo, L. "The Servicing Work of Women and the Capitalist State", Political Power and Social Theory, Vol. 3, 1982.
- Barker, D. and S. Allen. Dependence and Exploitation in Work and Marriage. Longman, London, 1976.
- Beechy, V. "Some Problems in the Analysis of Female Wage Labour in the Capitalist Mode of Production". Capital and Class, No. 3, Autumn, pp. 45-66, 1977.
- Beechy, V. "On Patriarchy", Feminist Review. No. 3, pp. 66-82, 1979.
- Bell, D. The Coming of Post Industrial Society. Basic Books, New York, 1973.
- Bird, M. and R. Fraser. Commentaries on the Hall Report. Ontario Economic Council, Toronto, 1981.
- Blauner, R. Alienation and Freedom. University of Chicago, Chicago Press, 1964.
- Bloom, D. Is Arbitration Really Compatible with Bargaining. Industrial Relations, 20(Fall)

Boivin, Jean. Collective Bargaining in the Public Sector: Some Propositions on the Cause of Public Employee Unrest in Gunderson Collective Bargaining in Essential and Public Service Sectors. University of Toronto, Toronto, 1975.

Bomers, Gerard B.J. and Richard B. Peterson. Conflict Management and Industrial Relations. Kluwer-Nijhoff Publishing, Boston, 1982.

Borman, Kathryn M., Daisy Quarm, and Sarah Gideonse. Women in the Workplace: Effects on Families. Ablex Publishing, Norwood, New Jersey, 1984.

Braverman, H. Labour and Monopoly Capital. Monthly Review Press, New York, 1974.

Briskin, L. "Women's Challenge to Organized Labour" in Briskin and Yanz (ed.) Union Sisters, Women's Press, 1983.

Briskin, L. "Women and Unions in Canada: A Statistical Overview" in Briskin and Yanz (ed.) Union Sisters, Women's Press, 1983.

Brock, Jonathan. Bargaining Beyond Impasse. Joint Resolution of Public Sector Labor Disputes. Auburn House, Boston, 1982.

Brown, C.A. "Women Workers in the Health Service Industry", International Journal of Health Services, Vol. 5, No. 1, 1975.

Burawoy, M. Manufacturing Consent. University of Chicago Press, Chicago, 1979.

Burman, Sandra. Fit Work For Women. Croom Helm London, Canberra, 1979.

Butler, R. "Estimating the Narcotic Effect of Public Sector Impasse Procedures". Industrial and Labour Relations Review. Vol. 35, No. 1, Oct. 1981.

Calvert, J. Canada Incorporated. Canadian Centre for Policy Alternatives. Toronto, 1985.

Canadian Labour. "N.U.P.E. Hoists Hospital Strike", May, 1963.

Carter, G. E. "Financing Health and Post-Secondary Education: A New and Complete Fiscal Arrangement". Canadian Tax Journal, Vol. XXV, No. 5, September, 1977.

Cavendish, R. Women on the Line. Routledge, London, 1982.

Chaison, G., P. Andrappan. "Characteristics of Female Union Officers in Canada". Relation Industrielles, Vol. 32, No. 4, 1982.

- Christensen, Sandra. Unions and the Public Interest, Collective Bargaining in the Government Sector. The Fraser Institute, Vancouver, 1980.
- Clawson. Bureaucracy and the Labour Process. Monthly Review Press, New York, 1980.
- Clegg, H. "Legal Framework" in Clegg and Flanders The System of Industrial Relations, Oxford 1954.
- Coombs, R. 'Labour and monopoly capital', New Left Review, Vol. 107, January-February, pp. 79-96.
- Coser, L. A. The Functions of Social Conflict. Keagan and Paul, London, 1956.
- Courchene, T. et al (ed.) Which Way Ahead? Canada After Wage and Price Control. Fraser Institute, Vancouver, 1977.
- Crouch, Colin. State and Economy in Contemporary Capitalism. St. Martin's Press, New York, 1979.
- Culyer, A.J. Measuring Health: Lessons for Ontario. University of Toronto Press, Toronto, 1978.
- Cuneo, C. "Barriers to Union Organizing: Struggling Against Patriarchal Classes". Unpublished Paper, 1986(a).
- Cuneo, C. "Trade Union Organizing: Struggling Against Patriarchal Classes". Unpublished Paper, 1986(b).
- Dahrendorf, R. Class and Class Conflict in Industrial Society. Stanford University Press, Stanford, 1959.
- Darcy, J. "The Right to Strike" in Union Sisters (ed.) B. Briskin and C. Yanz. Women's Press 1983.
- Darcy, J. Untitled Letter. The Clarion. February 1981, p. 5.
- Darcy, Judy. "Hospital Workers Won". The Clarion, Toronto, February 1982.
- Delmar, R. "Looking Again At Engels' Origins of the Family", in J. Mitcheland, A. Oakley, The Rights and Wrongs of Women. Harmondsworth, Penguin, 1984.
- Denton, Margaret Anne. Industrial Sectors and the Determinants of Earnings: Male-Female Differences. Ph.D. Dissertation, McMaster University, 1984.

- Deverell, J. "The Ontario Hospital Dispute 1980-81". Studies in Political Economy, 1982.
- Dixon, K. Hamilton Civics' Hospital Memorandum to Department Heads and C.U.P.E. Members - Threatened Strike by C.U.P.E., January 23, 1981.
- Downie, B. "Collective Bargaining Under an Essential Services Disputes Commission" in Conflict or Compromise, The Future of Public Sector Industrial Relations. Institute for Research on Public Policy.
- Dulein, R. Working Union Management Relations: The Sociology of Industrial Relations. Prentice Hall, Engelwood Cliffs, 1958.
- Dunlop, J. Industrial Relations Systems. Holt, New York, 1958.
- Dworkin, A.G. and Chavetz, T. "Macro and Micro Process in the Emergence of Feminist Movements". Western Sociological Review, Vol. 14, No. 1, 1983.
- Edwards, Gordon and Reich. Segmented Work Divided Workers. Cambridge Press, Cambridge, 1982.
- Edwards, P.K. and H. Sullivan. The Social Organization of Industrial Conflict: Control and Resistance in the Workplace. Blackwell, Oxford, 1982.
- Ehrenreich, B. and Ehrenreich, J. "Hospital Workers: A Case Study in the New Working Class". Monthly Review (24) No. 8, 1973.
- Ehrenreich, John. The Cultural Crisis of Modern Medicine. Monthly Review Press, New York, 1978.
- Elshtain, J. "In Grand Manner", Women's Review of Books. January 1987, pp. 13-14.
- Edelson, M. "Breaking Down the Barriers". Our Generation, Vol. 15, No. 3, Fall 1982.
- Engels, F. The Origins of the Family, Private Property and the State. London, Lawrence and Wishart, 1972.
- Esland, G. and G. Salaman. The Politics of Work and Occupations. University of Toronto Press, Toronto, 1980.
- Evans, R. G. "Health Care Costs and Expenditures in Canada". Paper for International Conference on Health Costs and Expenditures. Washington, June, 1975.
- Farker, H.S. "Does Final Offer Arbitration Encourage Bargaining". Proceedings of the Thirty-Third Annual Meeting (ed. Barbara Dennis), Denver, September 5-7, 1980.



- Feuille, P. "Final Offer Arbitration and the Chilling Effect", Industrial Relations, Vol. 14, No. 3, October 1975.
- Feuille, P. "Selected Benefits and Costs of Compulsory Arbitration", Industrial and Labour Relations Review, Vol. 33, No. 1. (Oct. 1979).
- Finch, Janet and Dulcie Groves. A Labour of Love: Women, Work and Caring. Routledge and Kegan Paul, 1983.
- Foot, David K. Public Employment and Compensation in Canada: Myths and Realities. Butterworth, 1978.
- Foot David K. Public Employment in Canada: Statistical Series. Butterworth, 1979.
- Fox, Alan. A Sociology of Work in Industry. Collier-MacMillan, 1978.
- ✓ Fox, Bonnie. Hidden in the Household, Women's Domestic Labour Under Capitalism. The Women's Press, Toronto, 1980.
- Fraser, R.D. Canadian Hospital Costs and Efficiency. Economic Council of Canada, Ottawa, 1971.
- Friedman, A. Industry and Labour. MacMillan, London, 1977.
- Gallagher, D. and Kurt Wetzel. "The Saskatchewan Governments Internal Arrangements to Accommodate Collective Bargaining". Working Paper 79-02, College of Commerce, University of Saskatchewan, 1979.
- Gannage, Charlene. Double Day, Double Bind, Women Garment Workers. The Women's Press, Toronto, 1986.
- Giroux, Claudette. The Role of Women in the Canadian Trade Union Movement. School of Social Work, Carleton University, Ottawa, 1978.
- Goldstein, J.P. The Micro-Macro Dialectic, The Concept of a Marxian Microfoundation in Research in Political Economy. J.A. Press Inc., 1981.
- Goldthorpe, J. et al. The Affluent Worker: Industrial Attitudes and Behaviour, Cambridge:Cambridge University Press, 1968.
- Gonich, C. Inflation and Wage Controls, Canadian Dimension, Winnipeg, 1976.
- Government of Saskatchewan. Department of Social Services. Briefing Notes - Federal-Provincial Cost Sharing Conference, Regina, 1976.

- Graham, H. "Providers, Negotiators and Mediators: Women as the Hidden Carers" in Lewin and Olesen, Women Health and Healing. Tavistock Publishing, London.
- Grant, Judith E. Women's Part-Time Employment and the Reserve Army of Labour: A Theoretical Refinement and An Exploratory Investigation. Master of Arts Thesis, McMaster University, 1983.
- Gray, S. "Sharing the Shop Floor". Canadian Dimension, 18(2), 1984.
- Griffin, L., Joel Devine and Michael Wallace. "On the Economic and Political Determinants of Welfare Spending in Post-World War II Era". Politics and Society 12, No. 3 (1983).
- Guberman, N. "Working, Mothering and Militancy: Women in the C.N.T.U." in Briskin and Yanz (ed.) Union Sisters, Women's Press, 1983.
- Gunderson, M. Economic Aspects of Interest Arbitration. Ontario Economic Council Discussion Paper Series. Toronto, 1983.
- Gunderson, Morley. Collective Bargaining in the Essential and Public Service Sectors. University of Toronto Press, Toronto, 1975.
- Hartman, G. "Women and the Unions" in Women in the Canadian Mosaic. Peter Martin, Toronto, 1976.
- Hicks, J. The Theory of Wages. MacMillan, London, 1932.
- Hughes, Edward F.X. Hospital Cost Containment Programs, A Policy Analysis. Ballinger, Cambridge, 1978.
- Huxley, C. "The State, Collective Bargaining and the Shape of Strikes in Canada". Canadian Journal of Sociology, Vol. 4, No. 3, Summer, 1979.
- Hyman, R. Strikes. Fontana, London, 1971.
- Isbester, F. and S. Castle. "Labour Relations in Ontario Hospitals". Relations Industrielles, Vol. 26, No. 2, 1970.
- Jamieson, S. Times of Trouble. Queens Printer, Ottawa, 1971.
- Johnston, D.C. "Public Interest Disputes and Compulsory Arbitration: A Case Study of Hospitals in Ontario", Ottawa Law Review, Vol. 7, 1976.
- Kelly, J.E. Scientific Management, Job Redesign and Work Performance. New York, Academic Press, 1982.

- Kochon, T. "Estimating the Narcotic Effect: Choosing Techniques that fit the problems". Industrial and Labour Relations Review, Vol. 35, No. 1, Oct. 1981.
- Kruger, A. "Collective Bargaining in Ontario Public Hospitals". Relations Industrielles, Vol. 40, No. 1, 1985.
- Langford, Tom. Gender and Worker Resistance, An Analysis of Studies of Women and Men Factory Workers. Unpublished Paper, McMaster University, 1985.
- Lerner, G. The Creation of Patriarchy. New York, Oxford University Press, 1986.
- Levin, D. and Shirley B. Goldenberg. "Public Sector Unionism in the U.S. and Canada". Industrial Relations Vol. 19, No. 3 (Fall 1980).
- Lieberman, Myron. Public-Sector Bargaining. A Policy Reappraisal. Lexington Books. D.C. Heath, Lexington, 1980.
- Lipset, S.M. Union Democracy. Free Press, Glencoe, 1956.
- Littler, C.R. 'Understanding Taylorism', British Journal of Sociology, Vol. 29, No. 2, pp. 185-202, 1978.
- Littler, Craig, R. The Development of Labour Process in Capitalist Societies: A Comparative Analysis of Work Organisation in Britain, the U.S.A. and Japan, Heinmann, London, 1982.
- Littler, Craig, R., and Salaman, Graeme. Class at Work, Batsford, London, 1984.
- Low-Beer, John R. Protest and Participation. Cambridge University Press, Cambridge, 1978.
- Luxton, M. More Than A Labour of Love, Women's Press, Toronto, 1980.
- MacFarlane, L. J. The Right to Strike. Pelican Books, Harmondsworth, 1981.
- MacIntosh, M. "Reproduction and Patriarchy". Capital and Class, No. 2, 1977, pp. 119-127.
- MacKenzie, G. 'The political economy of the American working class', British Journal of Sociology, Vol. 28, No. 2, pp. 244-52.
- Mackie, M. Exploring Gender Relations. Butterworth, Toronto, 1984.
- Marchak, P. "Women Workers and White Collar Unions". Canadian Review of Sociology and Anthropology, 1972.

- Maroney, H.J. "Feminism at Work" in B. Palmer (ed.) The Character of Class Struggle. Toronto, 1984.
- Martin, J. "Predictors of Industrial Propensity to Strike", Industrial and Labour Relations Review, Vol. 39, No. 2, January 1986.
- Marx, K. Class Struggles in France 1848-1850. International Publishers, New York, 1964.
- Marx, K. The Economic and Philosophic Manuscripts. New World, New York, 1964.
- Marx, K. Capital. International Publishers, New York, 1967.
- Marx, K. The Eighteenth Brumaire of Louis Bonaparte. International Publishers, New York, 1974.
- Marx, K. The German Ideology. New world, New York, 1974.
- Marx, K. The Grundrisse. Harmondsworth, Penguin, 1976.
- Maslove, A. and G. Swimmer. Wage Controls in Canada 1975-78. The Institute for Research on Public Policy, Montreal, 1980.
- McFarland, J. "Women and Unions: Help or Hindrance". Atlantis, 1979.
- McMurtry, Attorney General Roy. Statement: Hospital Workers Strike. Attorney General's Department, Saturday, January 31, 1981.
- Milkman, Ruth. Women, Work and Protest. A Century of U.S. Women's Labor History. Routledge and Kegan Paul, 1985.
- Montero, G. We Stood Together. Lorimer, Toronto, 1979.
- Monthly Review. Technology, the Labor Process, and the Working Class. Monthly Review Press, New York, 1976.
- O'Connor, J. The Fiscal Crisis of the State. St. Martins Press, New York, 1973.
- O'Keefe, Patrick. A Personal Statement in Rebuttal of Statements Made by some Members of the Central Bargaining Committee. C.U.P.E. Health-Care Workers Conference, May 1981.
- Ontario Economic Council. Issues and Alternatives Update, Toronto, 1979.
- Ontario Waffle. The Struggle of Ontario Hospital Worders. Pg. 537-551.  
 ✓ H.d.

- Panitch, L. (ed.) The Canadian State. University of Toronto Press, Toronto, 1977.
- Panitch, L. and Don Swartz. "From Free Collective Bargaining to Permanent Exceptionalism: The Economic Crisis and the Transformation of Industrial Relations in Canada" in Conflict or Compromise, The Future of Public Sector Industrial Relations. Institute for Research on Public Policy.
- Pathy, Alexander C. (ed.) The Problem of "Essential Services": Inconvenience, Importance or Emergency. Proceedings 17th Annual Conference of the McGill Industrial Relations Centre, 1979.
- Penn, R. "Skilled Manual Workers in the Labour Process" in Wood, S. (ed.) The Degradation of Work. Hutcheson, London, 1982.
- Penn, Roger. Skilled Workers in the Class Structure, Cambridge, University Press, Cambridge, 1985.
- Perline, M. and V.R. Lorenz. "Factors Influencing Participation in Trade Union Activities", American Journal of Economics and Sociology, Vol. XXIII, 1978.
- Perrow, C. and C. Jenkins. Insurgency of the Powerless: Farmworker's Movements (1946-1972). American Sociological Review, Vol. 42, April 1977.
- Perry, D. "The Federal-Provincial Fiscal Arrangements Introduced in 1977." Canadian Tax Journal, Vol. XXV, No. 4, July - August 1977.
- Pollert, Anna. Girls, Wives, Factory Lives. MacMillan, London, 1981.
- Ponak, A. "Public Sector Dispute Resolution". Relations Industrielles Vol. 31, No. 4.
- Porter, Marilyn. Home, Work and Class Consciousness. Manchester University Press, Manchester, 1983.
- Prokop, U. "Production and the Context of Women's Daily Life". New German Critique, Number 13 (Winter) 1978.
- Purcell, Kate. "Militancy and Acquiescence Amongst Women Workers", in Sandra Burman (ed.) Fit Work for Women, Croom Helm, 1979.
- Reder, M. and George Neuman. "Conflict and Contract: The Use of Strikes", Journal of Political Economy, Vol. 88, No. 5, 1980.
- Rickard, G. "The Effects of Financial Restraint on Health-Care". Hospital Administration in Canada, June, 1975.

- Rowbotham, S. Women's Consciousness, Man's World, Harmondsworth, Penguin, 1974.
- Sachs, K. "Engels Revisited: Women The Organization of Production and Private Property" in R. Reiter Toward an Anthropology of Women. New York, Monthly Review Press, 1975.
- Salaman, G. Working. Ellis Horwood, Chichester, 1986.
- Salaman, Graeme. Community and Occupation, Cambridge University Press, Cambridge, 1974.
- Salaman, Graeme. Work Organisations, Resistance and Control, Longman, London, 1979.
- Salaman, Graeme. 'Managing the Frontier of Control' in Giddens, Anthony and Mackenzie, Gavin (eds.), Social Class and the Division of Labour, Cambridge University Press, Cambridge, pp. 46-62.
- Schreiner, J. "Hospital Staff Arbitration: Beginning New Labour Trend". Financial Post, May 18, 1983, p. 34.
- Schutt, R.K. "Models of Militancy: Support for Strikes and Work Actions Among Public Employees". Industrial and Labour Relations Review, Vol. 35, No. 3, April 1982.
- Seve, L. Man in Marxist Theory and the Psychology of Personality. Humanities Press, New Jersey, 1978.
- Sharpe, S. Double Identity: The Lives of Working Mothers. Penguin, 1984.
- Shorter, E. and Tilly. Strikes in France 1830-1968. Cambridge University Press, London, 1974.
- Smith, D. "Strikes in the Canadian Public Sector" in Conflict or Compromise, The Future of Public Sector Industrial Relations. G. Swimmer (ed.) Institute for Research on Public Policy.
- Sniderman, P. and P. Tetlok. "Interrelationship of Political Ideology and Public Opinion".
- Stevens, C. "Is Compulsory Arbitration Compatible with Bargaining", Industrial Relations, February 1966.
- Stevenson, G. "Federalism and the Political Economy of the Canadian State" in The Canadian State. University of Toronto Press, Toronto, 1977.
- Stinson, J. "Women in the Canadian Union of Public Employees". Unpublished Paper, Carleton University, Ottawa, 1978.

- Stoddard, G. The Privatization Debate, Issues and Policy Considerations. A Research Project requested by Health and Welfare Canada, Ottawa, 1985.
- Stoddard, G. "Rationalizing the Health Care System" in D. Conklin (ed.), Ottawa and the Provinces: The Distribution of Money and Power. Ontario Economic Council, Toronto, 1985.
- Stone, C. "The Origins of Job Structures in the Steel Industry". Edwards et al, Labour Market Segmentation. Heath, Lexington, 1975.
- Strauss, G. "The Union Government in the U.S." Research Past and Future", Industrial Relations, Vol. 16, No. 2, May 1977.
- Stromberg, Ann H. and Shirley Harkness. Women Working, Theories and Facts in Perspective. Mayfield Publishing Company, New York, 1978.
- Swartz, D. "The Politics of Reform: Conflict and Accommodation in Canadian Health Policy: in The Canadian State. University of Toronto Press, Toronto, 1977.
- Swimmer, G. "Militancy in Public Sector Unions" in Conflict or Compromise, The Future of Public Sector Industrial Relations. Institute for Research on Public Policy.
- Swindensky, Vandercamp. "A Micro-Econometric Analysis of Strike Activity in Canada". Journal of Labour Research, Vol. III, No. 4, Fall 1982.
- Sykes, R. "The Squeeze is on in Ottawa" in Proceedings of the Conference on Medicare: The Decisive Year. Canadian Centre for Policy Alternatives, Montreal, 1982.
- Thompson, M. and Gene Swimmer (ed.) Conflict or Compromise, The Future of Public Sector Industrial Relations. Institute for Research on Public Policy, Ottawa, 1984.
- Thompson, Paul. The Nature of Work, Macmillan, London, 1985.
- Timbrell, D. "Ontarios Attitude to Cost Restraint". Hospital Administration Canada, December, 1977.
- Torrance, G. The Underside of the Hospital. Ph.D., University of Toronto, 1978.
- Trudeau, Right Honourable Pierre. "Established Program Financing: A Proposal Regarding the Major Cost Shared Programs in the Fields of Health and Post Secondary Education". Statement Tabled at the Federal-Provincial Cost-Sharing Conference, June, 1976.
- Warner, M. and J. David Endelstein. Comparative Union Democracy. Wiley, N.Y., 1976.

- Weiler, Joseph M. Interest Arbitration, Measuring Justice in Employment. The Carswell Company Limited, Toronto, 1981.
- Weiler, P. Arbitration Report: Between 65 Participating Hospitals and Canadian Union of Public Employees and Their Unions, June 1, 1981.
- Weiler, Paul. Reconcilable Differences. Carswell, Toronto, 1980.
- Weldon, J. C. Wage Controls and The Labour Movement. Research Report No. 10, Canadian Centre for Policy Alternatives, (N.D.)
- Westwood, S. All Day, Everyday, Factory and Family in the Making of Women's Lives. Pluto Press, London, 1984.
- Wheeler, H.T. "How Compulsory Arbitration Affects Compromise", Industrial Relations, Vol. 17, No. 1, February 1978.
- Whitaker, R. "Fighting the Cold War at Home" in Miliband et al (ed.), Socialist Register. Merlin, London, 1984.
- White, J.P. Brief to the Board of the Hamilton General and Henderson Hospitals. Replacing the Registered Nursing Assistant: The Implications, May 1987.
- White, J.P. "Gender and Labour Process in the determination of Public Sector Strike Activities", University of Western Ontario Discussion Series, London, February 1986.
- "The 1981 Hospital Strike", Workers and Their Communities Conference, Ottawa, May 1985.
- Historical Methods Comprehensive Examination for the Ph.D., McMaster University, Sociology Department, 1986.
- Political Sociology Comprehensive Examination for the Ph.D., McMaster University, Sociology Department, 1986.
- White, Julie. Women and Unions. Canadian Advisory Council on the Status of Women, Ottawa, 1980.
- Wipper, Audrey. The Sociology of Work. Carleton University Press, Ottawa, 1984.
- Wirsig, C. "Wider Perspectives on Hospital Constraints". Hospital Administration in Canada. April, 1976.
- Wolfe, D. "The State and Economic Policy in Canada 1968-75" in The Canadian State. Leo Panitch (ed.) University of Toronto Press, Toronto, 1977.
- Wood, Stephen (ed.) The Degradation of Work. Hutchinson, London, 1982.



Yeandle, Susan. Women's Working Lives, Patterns and Strategies. Tavistock Publications, London, 1984.

Zald, M. and J. McCarthy. "Resource Mobilization Model". American Journal of Sociology, Vol. 82, No. 6, 1976.

Zimbalist, A. Case Studies on the Labour Process. Monthly Review, New York, 1979.

## II. NEWSPAPERS

Financial Post, "Hospital Staff Arbitration: Beginning New Labor Trend?" J. Schreiner, 18 May 1963, p. 34.

Financial Post, "Chronic Care for Hospital Strikers", 07 February 1981, p. 18.

Globe and Mail, "Hospital Workers Treated Unfairly", 17 April 1969.

Globe and Mail, "56 Ontario Hospitals Facing Illegal Strike", 21 October 1978, p. 1.

Globe and Mail, "55 (Ontario) Hospitals Seek Order from Labor Board to Stop Strike Vote", 23 October 1978, p. 14.

Globe and Mail, "Canadian Union of Public Employees Hospitals Argue for Strike Ban Order", 28 October 1978, p. 5.

Globe and Mail, "CUPE, 55 Hospitals Opt for Arbitration After Strike Vetoes", 30 October 1978, p. 1.

Globe and Mail, "Unrest Grows at Hospitals", 08 February 1979, p. T1.

Globe and Mail, "M.D. Assails Hospital Outbacks After Sick Woman Dies at Home", 14 May 1979.

Globe and Mail, "Canadian Union of Public Employees Chauvinists Amazed Grace Hartman is CUPE's Chief", 10 September 1979, p. B4.

Globe and Mail, "Illegal Strike at Ontario Hospitals Put to Vote", 20 December 1980, p. 5.

Globe and Mail, "Elgie to Set Arbitrator After Ontario Hospital Workers Union Boycott", 12 January 1981, p. 5.

Globe and Mail, "Employees of Ontario Hospitals Want Strike--Union", 16 January 1981, p. 5.

Globe and Mail, "Ontario Hospital Workers Back Illegal Strike", 19 January 1981, p. 5.

Globe and Mail, "Court Rejects CUPE's Bid to Halt Probe of Hospital Strike", 20 January 1981, p. 2.

Globe and Mail, "Hospital Union Told to Call off Strike Plan", 22 January 1981, p. 1.

Globe and Mail, "Canadian Union of Public Employees Ontario Labor Relations Bd. Hospital Union Told to Call Off (Ontario) Strike Plan", 22 January 1981, p. 1.

Globe and Mail, "Illegal Ontario Hospital Workers Strike (Ed)", 23 January 1981, p. 6.

Globe and Mail, "CUPE Begins Province-Wide Hospital Strike", 26 January 1981, p. 1.

Globe and Mail, "Court Order Sought to End Ontario Hospital Workers' Strike", 27 January 1981, p. 1.

Globe and Mail, "Court Order Sought to End Strike by Hospital Workers", 27 January 1981, pp. 1-2.

Globe and Mail, "Hospitals Look for Ways to Beat Strike Problems", 28 January 1981, p. 5.

Globe and Mail, "Judge Reserves His Ruling on Ending Ontario Hospital Strike", 29 January 1981, p. 1.

Globe and Mail, "Hospitals Use Scare Tactics -- Strikers", 29 January 1981, p. 5.

Globe and Mail, "Ontario Hospital Association Hospitals Raise Offer on Eve of Strike Ruling", 30 January 1981, p. 5.

Globe and Mail, "Ontario Hospital Association Offer to End Strike if Reprisals Dropped Refused by Hospitals", 02 February 1981, p. 1.

Globe and Mail, "Hospital Strike a Clear Defeat, CUPE Leadership in Question", 04 February 1981, p. 5.

Globe and Mail, "The Ontario Hospital Strike Victims", 04 February 1981, p. 5.

Globe and Mail, "McMurtry Preparing Case Against Hartman", 05 February 1981, p. 4.

Globe and Mail, "Lessons from Hospital Strike -- Winsor", 12 February 1981, p. 7.

Globe and Mail, "Weiler Named to Head Panel in CUPE Case", 14 February 1981, p. 5.



Globe and Mail, "CUPE May Agree to Arbitration on Illegal Hospital Strike", 16 February 1981, p. 5.

Globe and Mail, "Sudbury Hospitals Launch Reprisals for Illegal Strike", 18 February 1981, p. 24.

Globe and Mail, "OFL Seeks Cash From Affiliates to Assist CUPE Hospital Strikers", 25 February 1981, p. 3.

Globe and Mail, "OPP Approaching Papers in CUPE Hospital Strike Case", 13 March 1981, p. 3.

Globe and Mail, "CUPE Chief Survives Attack by Workers Over Hospital Strike", 23 May 1981, p. 4.

Globe and Mail, "Ontario Hospital Strike's Aftermath", 29 May 1981, p. 5.

Globe and Mail, "Hartman Sentenced to 45 Days in Prison for Defying Court Injunction During Ontario Hospital Workers", 12 June 1981, p. 1.

Globe and Mail, "Union Leader Hartman Won't Accept Day Parole", 16 June 1981, p. 11.

Globe and Mail, "Government Hypocritical to Seek Raises Denied Labour--CUPE's Nicholson", 22 June 1981, p. 5.

Globe and Mail, "Illegal Strikers not Protected Under Labor Law, Board Rules", 07 July 1981, p. 1.

Globe and Mail, "Three Fired Workers Who Lead Strike Ordered Reinstated in Hamilton Hospital Ruling", 28 August 1981, p. 1.

Globe and Mail, "Jailed for Illegal Hospital Walkout, Hartman Says She'd Back Another", 06 October 1981, p. 1.

Globe and Mail, "CUPE Rejects General Strike as Protest Against Wage Controls", 10 October 1981, p. 11.

Globe and Mail, "Decision on Strikers at Ontario Hospitals Reversed", 25 December 1981, p. 5.

Globe and Mail, "Contempt Decision on Hospital Strikers Reversed", 25 December 1981, p. 5.

Halifax Chronicle-Herald, "Hartman Sentenced to 45-Day Jail Term", 12 June 1981, p. 4.

Hamilton Spectator, "30 Year Old Assumptions Hinder Industrial Relations", 31 January 1979, p. 3.

Hamilton Spectator, "Arbitrators Lack Guts", July 4.

Hamilton Spectator, "Hospitals Staff Urged to Reject Contract Offer", Friday, 24 October 1980, p. 10.

Kitchener-Waterloo Record, "Hospital Contract Leads to Feud Between Two Union Branches", 19 April 1979.

Kitchener-Waterloo Record, "CUPE Facing Uphill Struggle for 18% Hike", 04 July 1979.

Labour Review, "Unions Rally to Fight Hospital Reprisals (For Illegal Strike)", May/June 1981, p. 5.

London Free Press, "More Than Their Fair Share of the Inflation Burden", Saturday, 07 July 1979.

London Free Press, "CUPE Leadership Floored Over Strikes at Hospitals", 03 April 1981.

London Free Press, "CUPE Suffering from Severe Dry Rot Case", Thursday, 28 May 1983.

Montreal Gazette, "Weiler New Actor for Labour Stage -- Finn", 22 November 1980, p. 19.

Montreal Gazette, "Hospital Staff Will Study Strike Action", 09 January 1981, p. 10.

Montreal Gazette, "Talks Resume in Ontario Hospital Strike", 28 January 1981, p. 2.

Montreal Gazette, "Hospital Strike Ruling Put Off", 29 January 1981, p. 10.

Ontario Labour, "Hospital Strike Debate Bitter", January/February 1982, p. 8.

Sunday Star, "Hospital Workers Vote for Illegal Strike Next Week", 18 January 1981, p. A3.

Sunday Star, "Give Employees Right to Strike -- Nursing Home Operator", 24 May 1981, p. D23.

Toronto Star, "Grace Hartman Attacks British Columbia Law on Strikes in Public Sector", 24 October 1977, p. D11.

Toronto Star, "No Word on Banning Hospital Strike Vote", 28 October 1978, p. A3.

Toronto Star, "What is Really A Fair Wage", 11 July 1979.

Toronto Star, "Hospital Union Leaders Plan to Battle Proposed Settlement", 20 October 1980, p. A39.

Toronto Star, "Labor Board Told It Can Halt Strike at Hospitals", 20 January 1981, p. A3.

Toronto Star, "Don't Strike Union Orders Hospital Staff", 22 January 1981, p. A1.

Toronto Star, "Union Defies Order to Halt Hospital Strike", 24 January 1981, p. A1.

Toronto Star, "Defiant Workers Strike Hospitals", 26 January 1981, p. A1.

Toronto Star, "Strikers Tightening Blockade on Hospitals", 27 January 1981, p. A1.

Toronto Star, "Judge Delays Ruling on Strikers", 29 January 1981, p. A1.

Toronto Star, "Judge Orders End to Strike", 30 January 1981, p. A1.

Toronto Star, "Strikers Defiant as Talks Fail; Arbitration Call -- But Hospital Pickets Stay", 31 January 1981, p. A1.

Toronto Star, "Hospital Strike 'Turning Point' -- Morton", 02 February 1981, p. A8.

Toronto Star, "8-Day Hospital Strike Ends as it Began -- In Bitterness", 03 February 1981, p. A1.

Toronto Star, "Hospital Strike Failed But Still Poses Hard Questions", 04 February 1981, p. A10.

Toronto Star, "4 Strikers Fired 40 Suspended at Toronto Western", 12 February 1981, p. A3.

Toronto Star, "Strikers Put CUPE Out of Business", 06 June 1981, p. A13.

Toronto Star, "3 Among Fired Hospital Strikers Win Jobs Back", 28 August 1981, p. A16.

Toronto Star, "CUPE Faces Future With No Strike Fund", 06 October 1981, p. A3.

Toronto Star, "Union is Not 'A Paper Tiger' -- Hartman", 04 November 1981, p. A9.

Vancouver Sun, "CUPE Leader Hartman Attacks Right-to-Work 'Lunatic Fringe'", 16 June 1978, p. B1.

Vancouver Sun, "CUPE's Hartman Jailed", 12 June 1981, p. G10.

Winnipeg Free Press, "CUPE Leader Hartman Says Public Thinks Unions Feed Inflation", 25 May 1981, p. 12.

Winnipeg Free Press, "Hartman Acclaimed to 4th Term as CUPE President", 08 October 1981, p. 1.

### III. GOVERNMENT DOCUMENTS

Arthurs, H. Task Force on Labour Relations: Labour Disputes in Essential Industries. Toronto, 1968.

Brown, D.M. Task Force on Labour Relations: Interest Arbitration. Toronto, 1968.

Canada, Government of. Federal-Provincial Tax Structure Report. Queens Printer, Ottawa: 1966.

Canada, Government of. The Federal Deficit in Perspective. Department of Finance, 1983.

Canada Year Book, Statistics Canada, 1969-1980.

Hall, Emmett. Canada's National-Provincial Health Programs for the 1980s. Government of Canada, 1979.

Ontario, Government of. Report of the Royal Commission on Compulsory Arbitration. The Bennet Commission, Toronto, 1964.

Ontario, Government of. The Impact of the Ontario Hospital Labour Disputes Arbitration Act, 1965: A Statistical Analysis. Department of Labour, Research Branch. Toronto, 1970(a).

Ontario, Government of. Selected Aspects of the Health Care Sector in Ontario, Toronto, 1970(b).

Ontario, Government of. The Effect of Fiscal Constraints on Hospital Employees. Ministry of Health, Toronto, 1974(a).

Ontario, Government of. Report of the Health Planning Task Force. Ministry of Health. Toronto, 1974(b).

Ontario, Government of. The Report of the Hospital Inquiry Commission. (The Johnston Commission). Ministry of Health, Toronto, 1974.

Ontario, Government of. The Report of the Special Program Review. (Henderson Report). Ministry of the Treasury, Toronto, 1975.

Ontario, Government of. Supplementary Actions to the 1975 Budget. Ministry of the Treasury, Toronto, 1975.

Ontario, Government of. Report of The Joint Advisory Committee of the Government of Ontario and the Ontario Medical Association on Methods to Control Costs. Toronto, 1977.

Ontario, Government of. Hospital Statistics. No. 83-232, 1977, 1978(a).

Ontario, Government of. Guidelines for Hospital Nursing Departments, Toronto, 1978(b).

Ontario, Government of. Hospital Labour Disputes Arbitration Act (Revised 1980). Queen's Printer, Toronto, 1980.

Ontario, Government of. Statement by the Honourable Larry Grossman, Minister of Health to the Committee on Social Development. Toronto, 1982(a).

Ontario, Government of. Final Report of the Task Force to Review Primary Health Care. (Mustard Report). Ministry of Health, Toronto, 1982(b).

Ontario, Government of. Health Care: The 1980s and Beyond. Toronto, 1983.

Ontario, Government of. Hansard Official Report of Debates. June, 1984.

Province of Ontario. Report of the Select Committee on Health Care Financing and Costs. (McCafferey Report) October 17, 1978.

Saskatchewan, Government of. Social Services Department Federal-Provincial E.P.F. Briefing Notes, 1976.

Statistics Canada. Corporations and Labour Unions Returns Act, Part II, Labour Unions Annual 71-202.

Weiler, P. Task Force on Labour Relations: Labour Arbitration and Industrial Change, Toronto, 1968.

#### IV. MISCELLANEOUS PRIMARY RESEARCH MATERIAL

##### CUPE CORRESPONDENCE, MINUTES OF MEETINGS, INTERNAL REVIEWS AND SELECTED BARGAINING DOCUMENTS

###### Correspondence

CUPE to service Employees International Union October 16, 22, November 17 and 22, 1977.

Peter Douglas to Hospital Local Presidents, February 2, 1980.

Peter Douglas to P. O'Keefe, February 15, 1980.

P. O'Keefe to CUPE Ontario Division, March 5, 1980.

K. Cummings to P. Douglas, March 16, 1980.

Dufresne to Hartman, March 25, 1980.

Gilbert Levine to J. MacMillan, October 2, 1980.

P. O'Keefe to CUPE Ontario Division, October 8, 1980.

Justin Legault to Grace Hartman, October 23, 1980.

McQuarrie to G. Hartman, October 30, 1980.

G. Hartman to G. Levine and J. MacMillan, November 3, 1980.

C. Dufresne to P. Douglas, November 30, 1980.

Len Lawrence to Striking CUPE members, Regulations for Strikers, St. Peters Hospital (Hamilton) to CUPE members, n.a., February 6, 1981.

W. Noonan to Miss Grange, February 11, 1981.

Mayor Powell to Sister Joan O'Sullivan, February 23, 1981.

Mayor Powell to K. Dixon, February 24, 1981.

Ontario Hospital Bargaining Review Committee to Ontario Hospital Locals, November 3, 1981.

O'Keefe to Ontario Staff Representatives, December 1, 1981.

Middleton to Douglas, December 16, 1981.



Ontario Hospital Bargaining Review Committee to Ontario Hospital Locals, March 15, 1982.

P. O'Keefe Personal Statement to CUPE Members, 1981.

P. O'Keefe to CUPE Ontario, May 6, 1982.

#### Official Documents

Grievance Arbitration N. Train, M. Harrington, M. Martin award (K. Swan Chairman).

Memorandum of Agreement between Participating Local Unions of CUPE and Participating Hospitals, September 26, 1980.

Arbitration Award in the matter of the HLDAA, between sixty-five hospitals and the CUPE and Local Unions (Swan Arbitration), June 1, 1981.

Ontario Council of Hospital Unions - Bylaws of the Ontario Council of Hospital Unions, Canadian Union of Public Employees, February, 1982.

- Minutes: Founding Convention of the Ontario Council of Hospital Unions, March 31 to April 2, 1982.

#### Minutes

Minutes of the Health Care Workers' Coordinating Committee

- Meetings: December 5, 6, 1978; February 13, 16; March 14, 1979.
- Objectives and Bylaws, February 1980.
- "Report On Structure", February 1980.

Minutes: National Executive Board Meeting, 1981.

#### Miscellaneous

Progressive Action Campaign; Prepare for a Strike, November, 1980.

Report to the 1981 Health Care Workers Conference from the Central Bargaining Committee, 1981.

Vincer Commission, Examination and Review: Hospital Workers Negotiations, April, 1982.

**CUPE - OHA CORRESPONDENCE, BARGAINING  
MATERIALS AND OHA BULLETINS**

Dixon to Hamilton Civic Hospital CUPE Members Dissuading Strike Action,  
January 22, 1981.

O.H.A. to CUPE Local 1144, May 5, 1979.

O.H.A. For Your Information (Internal Bulletin)

Volume 12, No. 6, March 15, 1978

Volume 13, No. 3, January 31, 1979

No. 4, February 15, 1979

No. 5, February 28, 1979

Peter Douglas to George Campbell; January 17, March 13 and March 17,  
1978.

**MISCELLANEOUS DOCUMENTS CITED**

F. Anderson to Minister of Health n.d. 1979.

Anti-Inflation Board to Ron Bass, O.H.A., August 1978.

College of Nurses of Ontario, "RNA Questionnaire: Excellent Response",  
College Communique, Vol. 7, Number 3, May 1982.

John Holt (Local 1605) to Minister of Health, June 21, 1979.

Ontario Labour Relations Board, Cease and Desist.

Order Ajax and Pickering General Hospital et al and William Brown et  
al., January 23, 1981.

Transcripts of Termination Arbitrations, St. Peters Hospital Employees,  
April 23-24, 1981.

**UNION NEWSLETTERS, POLICY STATEMENTS,  
UNION JOURNALS AND MISCELLANEOUS LEAFLETS**

Anonymous "The Hospital Revolutionaries" n.d. (January 1981).

CUPE, "Brief to Ministry of Labour Condemning the Hospital Labour  
Disputes Arbitration Act". C.U.P.E., 1971(b).

CUPE, "Central Bargain Committee Report to the 1981 Health-Care Workers' Conference", 1981.

CUPE, The Facts, Vol. I, #5, 7, 8, 9, 10 (1979)  
 Vol. II, #3, 4, 5, 9 (1980)  
 Vol. III, #1, 2, 7, 8 (1981)  
 Vol. VI, #3 (1984)

CUPE, The Ontario Hospital Worker

"Vote No Out October 27, 1980" n.d.

"Regional Executive Urges Rejection of Settlement", n.d.

"Petition" November 6, 1980

CUPE Policy Statement on the Action Program for CUPE Convention Documents, 1979.

CUPE The Public Employee

"How Do I Comfort a Child: The Recline in Standards of Health Care", Spring, 1981.

CUPE, "Report on Structure and Bargaining for C.U.P.E. Ontario Hospital Workers". February, 1982.

CUPE, The Status of Women in CUPE, Ottawa, 1971(a).

CUPE, Union Local 778, "The right to Grieve Suspensions", n.d.

CUPE, Union Local "Retribution at the Perley" n.d.

CUPE, Union Reports on Suspensions and Dismissals at Henderson Hospital n.d.

Ontario Council of Hospital Workers, The Hospital Worker, No. 8, September 1986.

Ontario Federation of Labour, "Pilkey Says Law Criminal Not Workers", Information, January 28, 1981.

SEIU Local 220, "Highlights" June 29, 1979.

Strike Bulletin #1, n.d., #2 (January 28, 1981), #3 (January 29, 1981), #4 (January 19, 1981), #5 n.d., #6 n.d., #7 (February 1, 1981).

Westernnews: February, April, May, July, August, October, December 1979; March, September, October, December 1980.

**APPENDIX ONE**

## APPENDIX ONE

## 1985 BARGAINING LEAFLET

**H**aving a baby costs the average hospital worker \$3,000 in lost wages alone...at the very time a family needs the money most.

A growing number of working women have won the right to paid maternity leave in union contracts across the country over the last several years and — according to the Gallup poll — Canadians believe employers should provide paid maternity leave. We all recognize the importance of giving newborn children all the help they need in the first few months of life.

That's why OCHU has made paid maternity leave a priority for Bargaining '85.

Unemployment Insurance provides maternity benefits for working women who qualify. But there's a two-week waiting period before benefits



**UI Isn't  
Enough**

**85**  
BARGAINING

# PAID MATERNITY LEAVE



**OCHU**  
ON-UNIT COUNCIL OF HOSPITAL WORKERS



start; benefits are paid at 60%, and there's a \$276-a-week maximum. It all adds up to an average loss of 47% of earnings.

That means that an average hospital worker will lose \$3,000 in wages during the standard 17-week maternity period that the UI system allows. And if new mothers need to spend more time with their babies, the loss during the additional unpaid leave is even harder on the family.

The paid maternity leave plan proposed by OCUH is not expensive. In fact, we estimate that it will cost the hospitals less than 3¢ per member.

This is well within the hospitals' ability to pay. The OCUH proposal for paid maternity leave would not require hospitals to pay for an extended

## Maternity Leave A Common Benefit



period. The proposal itself is simple:

The period of paid maternity leave would remain at 17 weeks. Hospitals would be required to pay employees full wages for the two-week waiting period when there are no UI benefits. After that, they would only supplement the difference between the UI benefits and 60% of regular wages.

Paid maternity leave is quickly becoming a common benefit in Canadian union contracts.

CUPE hospital workers in Quebec were part of the Common Front of 200,000 public employees who first won paid maternity leave in 1979. Other CUPE locals in Quebec soon followed.

Since then postal workers represented by CUPW, Bell Canada employees and many federal government employees, including 42,000 civil service clerks, have won paid maternity leave.

Ontario hospital workers represented by SNU and provincial government employees who belong to OPEIU have been awarded paid maternity leave in arbitration.

Our Bargaining '85 proposal is fair. It's an idea that a majority of Canadians support. It only costs a few pennies. CUPE hospital workers deserve the same benefits as other Canadians.

## It's Time For Paid Maternity Leave

For more information on the OCUH proposal for the 1985 health care workers' contract, contact the OCUH office at 1111 - the Ontario Council of Hospital Unions. For more information about Bargaining '85, please contact your OCUH affiliate.

Ontario Council of Hospital Unions  
Canadian Union of Public Employees

## Paid Leave Costs Pennies

APPENDIX TWO

## APPENDIX TWO

The following serves as a guide to ensure that the interviews cover the same material. There are several sections that follow. Section One contains questions asked all informants. These are questions on the nature of work in the hospital and on the strike itself. Section Two has questions that go deeper into the strike - it is for those who had access to greater information due to their particular positions. In Section Three we find questions aimed at Government and hospital officials. Section Four lists specific questions designed to explore problems faced by women trade unionists. In all cases interviewees had the option of remaining anonymous. It was made clear that the interview is totally voluntary.

## INTERVIEW GUIDE

## SECTION ONE

## Generic Questions on Work in the Hospital

What is your job title?

How long have you worked in that department?

Could you describe a typical day at work? (day shift; supplement this with any comments on the other shifts)

What changes have you noticed at work particularly in the time leading up to the strike (i.e., types of duties, numbers of workers; part-time or on-call vs. full-time; mix of men and women)

Which of these changes has caused you or your fellow workers the most frustration or aggravation.

Do you think that hospital work is similar or different from other types of work? What is the effect of the "care for people" mentality?



## RNA ONLY:

Do you work in a chronic or acute ward?

What is the extent of part-time work in your ward? Is it for peak hours only?

Are there orderlies working in your ward? When did they begin phasing them out? Can you guess why?

What has happened since the orderlies were phased out? Who does their work?

At the time of the strike was there any complaints around the three shift schedule? Was weekends an issue in people's minds?

Do you feel that the health care that is provided in the hospitals has improved, deteriorated or stayed the same as it was in the early 1970s? Does this or did this have any effect on your attitude to work?

Some RNAs claim that bedside care has dropped off substantially. Is this your experience? If yes, what is the effect on your feelings about work?

## HOUSEKEEPING ONLY:

What effect has the introduction of part-timers and the on-call system had on work in the wards?

Is it true that you have a ward that is your responsibility? If not, what does the moving around do to the quality of work? Do people take pride in their work? Have they always been like that? Was this an issue for the strike?

Given that cleaners are phased out, who does their work? What effect has this had on you?

## SECTION TWO

## Generic Questions on the Strike

Why do you think there was a strike?

When people went to vote for the strike, what was the main issue(s)?

When the original memorandum of agreement was voted down what was on your mind?

Before the strike, what was your attitude to the union? After the strike?

How did you prepare for the strike? (you yourself and also your local).

Did the strike run well? How was it organized?

Are there any incidents which stand out in your memory?

Did the police ever worry you? Why? Do you recall how people reacted to the Attorney General's warnings of firings and fines? Did the OPP's picture taking bother people?

Did you receive any information from the union as the strike progressed?

Did you think you could win?

Were you aware of any support or assistance from CUPE during the strike?

How was the decision made to go back to work?— What was your response? Your fellow workers?

After the strike, what was it like at work? Had anything changed?

Were you aware of your supervisor's attitude to the strike? Was there any management people that appeared to support the action?

Did the strike accomplish anything? (at work or in the union)

Will there ever be another? Under what conditions?

Were patients ever in danger?

Do you think you should have the right to strike?

Were you aware at any time that upper CUPE leadership did not support the strike?

After the dust settled did you or your fellow workers change your views of your union?

Is there anything you think I should look at concerning the strike or the union?

## SECTION THREE

## Activists, Staff and other key Informants

Was the 1979 convention a key turning point in the process leading to the strike? (i.e., the no arbitration decision and appointment of a hospital coordinator)

At the 1979 convention who pushed for these changes and why? What was the upper leadership's attitude?

Why do you think ONA and SEIU had a different position on arbitration?

What issues were involved in the implementation of the company arbitration policies? What politics?

What and who was behind P. O'Keefe's rejection of Douglas and appointment of Brown to the coordinator position?

Why did Brown negotiate the tentative agreement in September and why did he recommend it for acceptance?

What was the National Executive Board's position on a possible hospital strike? At first? After the memorandum was rejected? At the strike vote? At the time of the walk out? After it was officially over?

Did CUPE leadership ever expect to win the strike? Was this ever viewed as a mass protest of hospital workers against the situation in the hospitals? Against the union leadership?

Some leaders are reported to have said women and immigrants would not or could not pull off a strike? Was this attitude prevalent in the union? If so, was this a factor in any decisions made by senior leadership?

Did the union give active support to the new negotiating team? How and why?

Was there any relation between the strike and denying the right to strike? Was it a consequence of denying this right?

How did CUPE deal with the firings and suspensions? Was it adequate?

In CUPE there have been on-going financial problems. What causes this? Some say the rebate system leaves sections of the union under-financed. Is this true? What effect does this have on the centre? The locals?

Is there any connection between the strike fund problem that surfaced well after the strike and the leadership attitude to the potentiality of a hospital strike?

Some staff appear to have supported the strike from early on while others clearly did not. What determined this division?

How would you characterize the attitude of senior leaders to hospital workers? Has there ever been a fear that they would break away?

#### FOR NEGOTIATORS ONLY:

What effect has compulsory arbitration had on negotiations? Can you give me any examples?

At the table and privately during the initial talks, what was the union really after? Were the talks aimed at avoiding arbitration or was there a minimum being looked for?

What was the consequence of the rejection of the "Brown Agreement"? Did this come as a surprise?

Could you relate what happened when the union came back to the table?

#### SECTION FOUR

##### Administrators, Government Officials, and OHA Personnel

In the early to mid 70s the government decided to put on a push to curb Health costs. How did this affect you? What is your major complaint in this regard?

What are your main levers for cost containment?

Does the effort to bring down costs bring an administration into conflict with the unionized workers? In this sense is it safe to say that administrations are caught between government and union?

What effect does compulsory arbitration have on bargaining? Does this process help individual administrations? How? Is this type of industrial relations an effective way to control fiscal problems?

Why was there a strike in 1981?

How did you deal with the strike?

Was there a lot of central decisions made on how to deal with the strike? Which ones? What was the Government's role? What was requested of the government and why?

Who made the decision to have union members suspended? How was it decided?

Is there a strong rational for denying the right to strike? Were there any patients in danger?

SUPPLEMENT:

Staffing patterns, particularly part-time work and the creation of the on-call system seem to have been changing leading up to the strike. Can you explain the reasons for this?

Other changes included substitutions of RNs for RNAs and elimination of certain classifications i.e., cleaners and orderlies. Did this meet with any resistance? What was intended by this move?

Do you think there will be another strike?

SECTION FIVE

Domestic Interface

At the time of the strike were you married? Children? Ages?

Did you participate in union affairs before the strike? Did family responsibilities affect your participation in the union? In the strike?

Have you ever worked part-time during your career at the hospital?

What was the greatest deterrent to women being active in the strike?

Were you active in the strike? Was this difficult for you? Why?

Did CUPE do anything to make it easier to participate in the strike? In the union?

Did anything change in this regard after the strike?

Do many women hold union posts in your local? (steward, chief steward, executive, etc.) Has this changed since the strike?