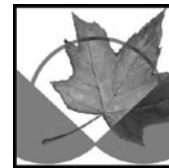


# The Right to Strike in Nova Scotia Series



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-Nova Scotia

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“The Right to Strike in Nova Scotia Health Care: Issues and Observations” is a 3-part series that examines the right to strike for public sector workers in the context of Government of Nova Scotia’s stated intention to introduce legislation to remove the right from health care and community service workers.

This report, “A Tale of Two Provinces,” is the first in the series and it focuses on the Nova Scotia government’s anticipation that outlawing strikes in health care and community services will reduce labour conflict. It examines the experience of provinces that have outlawed the right to strike.

A second report focuses on the question of whether strikes are as harmful to the health care system as the government and employers contend.

Given that the government and employers are touting arbitration as a solution to labour conflict, a third report examines whether arbitration has been effective in addressing the multitude of problems in health human resources—especially recruitment and retention of key professional staff.

## A Tale of Two Provinces: Alberta and Nova Scotia

*Judy Haiven and Larry Haiven*

The debate over strikes in Nova Scotia health care and community services continues with Labour Minister Mark Parent arguing that only a total ban can really protect the public interest. The Nova Scotia Association of Health Organizations—the employers’ association—has weighed in with its support for this proposal, most recently with a series of media advertisements touting arbitration as a fair solution for all concerned. The provincial government anticipates that outlawing strikes in healthcare and community services will reduce labour conflict.

In light of the initiative by the Nova Scotia government to ban strikes in health care and community services, this article examines critically the notion that outlawing strikes will result in an end to strike activity. We look in particular at health care and especially at the comparison between two provinces. Alberta banned strikes in acute care institutions in 1983, while during that same period strikes in the same sector in Nova Scotia have been legal. In those 24 years, that sector in Alberta has had more than fifty times as much strike activity as its counterpart in Nova Scotia. Corrected for population, this still leaves fifteen times more strike activity where it is illegal than where it is legal. We also look at strike activity under conditions of illegality in several other provinces and sectors and find similar results.

### How Much Industrial Conflict?

To bolster his case that labour conflict must come to an end, the Minister of Labour urges the public to read a discussion paper prepared by Nova Scotia Environment and Labour entitled “Dispute Resolution in Healthcare and Community Ser-

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vices Collective Bargaining.”<sup>1</sup> Included in that document is a list of work stoppages, going back to 1969, when the government began tracking such things, in the sectors where the government proposes to ban strikes: health and community services. By listing all labour-related service interruptions and their volume (the number of worker-days involved in the work stoppage), the government attempts to show that strikes in health and community services are numerous, disruptive, intolerable and must be stopped.

The success or failure of the government’s argument here depends on several key assumptions. The first is that making strikes illegal will result in a reduction of their number or their total disappearance. Another, related, assumption is that the Nova Scotia strike figures can stand alone and need not be compared to those of any other province. But both of these assumptions weaken considerably when we look at other jurisdictions in Canada. Those wishing to eliminate strikes by making them illegal would do well to look beyond Nova Scotia.

Real world experiments are not as easy as those in a laboratory. Unlike physical scientists, we cannot hold variables constant in a complex and dynamic social system. Nonetheless, Canada is not a bad social-scientific laboratory in which to explore these problems. We now have fourteen political jurisdictions (ten provinces, three territories and the federal jurisdiction.) Each of these jurisdictions has the constitutional power to regulate health and labour relations. And they regulate them in different ways. Yet every government faces the following dilemma: how to deliver effective health care to the population while at the same time treating health care workers fairly. This problem is particularly severe for one good reason. Delivering effective health care and treating workers fairly are not mutually exclusive. The latter has much to do with the former.

Health care is labour-intensive (75 to 80% of the health care budget is in employee compensation<sup>2</sup>). It is estimated that close to one million people are employed in health care in Canada.<sup>3</sup> The mix of employees, their tasks and the way they work together is exceedingly complex. Skill levels vary greatly. All kinds of specialist professions, semi-professions and occupations abound,

for example doctors, nurses, technologists and therapists of all descriptions. These occupational groups each have their own jurisdictions, special tasks and skills and competing as well as intersecting interests. Many of these groups have their own professional societies, devoted to promotion and development of the profession.<sup>4</sup> In addition, nearly all of the occupational groups are represented by unions, doctors being the most notable exception.<sup>5</sup> The proportion of health care personnel who are unionized is twice as high as the average union density in Canada and in some occupations, for example, nursing it is almost three times as high.

Health care workers have become highly unionized because they want to ensure that they are treated fairly. And when they do not feel they are being treated fairly, as a last resort they will go on strike. How to handle strikes in health care is a pressing particularity of the general problem mentioned above. Across Canada, three legislative options have emerged:

1. Two provinces (Saskatchewan and Nova Scotia) do not treat health care strikes any differently than in any other sector. Unions can legally strike when their collective agreement expires and several conditions have been met. The negotiation of “emergency services” during a strike is left up to the parties involved.
2. Several provinces (Alberta, PEI and Ontario) ban health care strikes entirely, substituting binding arbitration if the parties cannot resolve their bargaining differences.
3. In the other jurisdictions health care strikes are legal but there is some form of legislatively-mandated process whereby emergency services are determined.

Nova Scotia Minister Mark Parent has rejected the third option. “Essential-services agreements, which require a striking union to provide a minimum level of service, are not the answer.”<sup>6</sup> The government is aware that health care unions already negotiate emergency services voluntarily. What the government wants is to do away with strikes entirely.

Having rejected essential-services legislation, Minister Parent effectively presents us with

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a stark comparison: the model where strikes are not illegal versus the model where they are banned entirely. So comparing actual experience of the two models might shed some light on the question.

## Strikes in Alberta and Nova Scotia

One particularly useful comparison is between Nova Scotia and Alberta. Some of the similarities between the two provinces are, for lack of a better word, striking. The Alberta experience with an outright strike ban is now twenty-four years old—short enough to be within memory, long enough to have provided some reliable evidence. So we have one province that allowed health care strikes within that period and another that banned them entirely. The comparison between the two provinces may not be conclusive, but it is compellingly suggestive.

The most obvious difference between the two provinces is that, compared to Nova Scotia, Alberta's labour movement is considerably weaker, with the lowest proportion in Canada of workers in trade unions (at 22.3%, Alberta's union density is almost 20% less than that in Nova Scotia<sup>7</sup>). The lower density is also an indication of lower public support in Alberta for trade unions. One would therefore not expect a high level of labour militancy in that province, especially in sectors where strikes are outlawed. For that reason alone, Alberta's experience with health care strikes should give us pause.

In 1983, then Alberta Premier Lougheed was determined to solve what he perceived as a health care strike problem. Up to that point, like Nova Scotia today, strikes in health care had been legal. Lougheed proposed an outright ban on strikes in acute care hospitals. Like our premier, he wanted to give the appearance that the government was not just arbitrarily imposing a new regime but soliciting a public dialogue. Thus the consultation process was even more elaborate than appears to be the case in 2007 in Nova Scotia. Lougheed went so far as to open the legislative chamber in Edmonton for an entire week to individuals and delegations and made his entire caucus (then almost the entire house because

of his huge majority government) sit and listen, although many legislators nodded off during the admittedly long and tedious process.<sup>8</sup>

At least one union, the United Nurses of Alberta, warned that regardless of the outcome, it would not recognize a strike ban and would bargain as if it did not exist. Its members, it warned, would strike if and when they felt it was warranted.

Despite the consultation and many negative responses, the Alberta government outlawed strikes that year. It substituted binding arbitration, but over twenty-four years this proved to be an inadequate replacement.<sup>9</sup> For example, the nurses' union was as good as its word and its members went on strike across the province just before the 1988 Calgary Olympics. They did this despite the threat of several penalties, including the eventual fine of \$400,000 for contempt of court. Over the years the nurses' action was followed by several other groups. Licensed practical nurses and nursing assistants in another union grew increasingly irate at arbitration decisions, and struck illegally in 1998 and 2000.

## “Lies, Damned Lies and Strike Statistics”

Comparing strike statistics among different places is not a simple matter and not perfect. Israeli industrial relations specialist Michael Shalev illustrated the perils by paraphrasing Mark Twain in an article entitled “Lies, Damned Lies and Strike Statistics.”<sup>10</sup> On the other hand, comparing across Canadian provinces is somewhat easier than comparing across countries. One particularly apt comparison is between Nova Scotia and Alberta. Alberta has banned strikes in acute care hospitals since 1983. In that same period, Nova Scotia has not banned strikes.

Possibly the best way to measure the amount of disruption is to count the “volume” or the person-days involved in strikes. According to the government of Nova Scotia about 5,560 person-days lost in strikes at acute-care institutions since 1983<sup>11</sup> (see Table 1). This includes several very small and short stoppages that virtually no-body has heard about, as well as big ones.

Table 1: Acute care strikes in Nova Scotia since 1983<sup>12</sup>

Institution	Union	Year	Volume (person-days involved)
Sydney City Hospital	CUPE	1990	3,100.00
Glace Bay Community Hospital	CBRT	1985	11.79
Glace Bay Community Hospital	CBRT	1990	35.71
IWK Health Centre	NSGEU	2007	449.29
Camp Hill Med Centre	CBRT	1990	28.57
Cape Breton Regional Hospital	CUPE	1990	30.00
Cape Breton Regional Hospital	CUPE	1995	121.43
Cape Breton Regional Hospital	CUPE	1996	121.43
Sydney Community Health Centre	NSNU	1990	5.00
Cape Breton Health Care Complex	CUPE	1997	85.71
Capital District Health Authority	NSGEU	2001	857.14
Capital District Health Authority	NSGEU	2001	714.29
<b>TOTAL</b>			<b>5,560.36</b>

Getting similar statistics for Alberta is more daunting. The Alberta government simply does not count illegal strikes. Why? They're a little coy so we have to guess. Is it because illegal strikes are not supposed to happen? Is this wishful thinking that governments engage in when they do the strike-banning exercise? If Nova Scotia ends up making strikes illegal in health care and social services, will we too pretend that they no longer happen and stop collecting data?

So we have had to reconstruct the statistics ourselves. Not having numbers for smaller strikes, we can view only the larger, more publicized ones—which would underestimate the Alberta figure. Nonetheless, on the very conservative side, we see no fewer than 287,625 person-days involved in acute care strikes since 1983 (see Table 2). This includes the nurses' walkout in 1988, a laundry workers' wildcat in Calgary in 1995 (to protest Ralph Klein's broken promise of employment security and which almost

sparked a province-wide general strike in sympathy<sup>13</sup>), a stoppage in Edmonton and Calgary of auxiliary nursing workers in 1998 (to address the ever-plummeting salaries and working conditions of these workers, who tend to be ignored, despite their central role in caregiving, wherever they work). A province-wide strike by these same workers followed in 2000.<sup>14</sup> In the same year, there was an illegal strike by general support workers (e.g., housekeeping, dietary, laundry and maintenance) in CUPE in Edmonton.<sup>15</sup>

These work stoppages were not all by a single rogue union or a single occupational group but by at least four separate unions representing different types of workers. And in some instances, they were initiated not by the union leaders, but by health care workers in defiance of their union.<sup>16</sup> The nurses' union avoids arbitration on principle. But other unions have used it and have concluded that it does not work for them.

Table 2: Acute care strikes in Alberta since 1983<sup>17</sup> – under conditions of illegality<sup>18</sup>

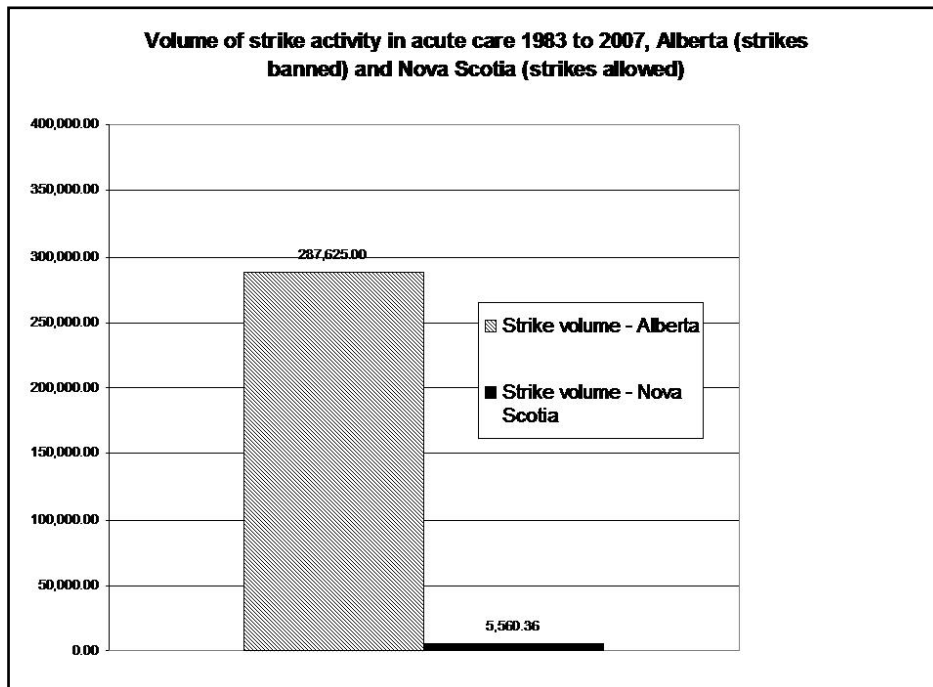
Group of workers	Union	Year	Volume (person-days involved)
Nurses	UNA	1988	266,000.00
Laundry Workers	CUPE, AUPE	1995	1,200.00
LPNs, nursing assistants and others	Cdn Health Care Guild	1998	250.00
LPNs, nursing assistants and others	AUPE	2000	20,000.00
General support workers	CUPE	2000	175.00
<b>TOTAL</b>	<b>TOTAL</b>		<b>287,625.00</b>

Sources: These figures were compiled by the authors, first from newspaper reports and then from interviews with the unions involved. They are estimates and are deliberately conservative.

So what we have, in a province where strikes are illegal, is a strike volume more than fifty times

Figure 1). More speculatively, we might even suggest causation, i.e., that banning strikes may well contribute to more strikes.

Figure 1



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Skeptics may argue that Alberta is larger than Nova Scotia, with more hospitals and hospital workers. But even correcting for the difference in population (Alberta is about 3.5 times larger), we are still left with almost fifteen times the disruption in a province that set out to end disruption forever than in a province that (at least until now) was prepared to brook some disruption.

The Alberta-Nova Scotia comparison is the clearest and most dramatic. But, as we will see below, Ontario, one of the other two provinces to have banned strikes, has not escaped tumultuous illegal strike action.<sup>19</sup>

## Tight Tolerances?

Environment and Labour Minister Parent begs us to consider just “how tight the tolerances are in a modern health-care system,”<sup>20</sup> arguing that the system has become so tight that it indeed cannot brook disruption. Of course, that begs several questions: Why does the system have such tight tolerances? Nova Scotia is more than half again as rich per capita in real terms as we were twenty-five years ago, when Medicare’s viability was not questioned.<sup>21</sup> Why are we less able to afford our public system now that we are collectively better off?

If the system is so tightly strung that the Halifax Chronicle-Herald runs an article on its front page entitled “Staffing shortages now a hospital epidemic,”<sup>22</sup> then might those staffing shortages be the real problem? Moreover, wouldn’t labour disruptions be a result, rather than a cause, of problems in health care?

Indeed, it can be argued that the labour shortages in Nova Scotia health care are a major cause of labour disruptions. Under “health reform,” health care personnel are working harder, longer and more intensely than ever before.<sup>23</sup> It can be said that these workers are a key element holding together an overstretched system. They need a process to make their concerns known to their employers, the government and the public more, rather than less, now than before. For better or for worse, that system is collective bargaining, which includes, if necessary, the threat of withholding their labour.

Careful observation of collective bargaining in health care has shown that health care employers and managers become less attentive to worker needs and less willing to negotiate seriously when the strike threat is missing—the so-called “chilling effect.”<sup>24</sup> This is only natural. Employers faced with the possibility of a work stoppage are more likely to take worker concerns seriously. Employers not faced with this possibility can be expected to turn their attention to the hundreds of other things on their plate. But allowing employers to evade the issues actually makes things worse by feeding the worker anger that produces strikes.

Even where strikes are not illegal, the mere threat of government making a strike illegal is often enough to freeze collective bargaining. An example occurred in 1999 in Saskatchewan, where health care strikes are usually legal. With nurses engaged in province-wide negotiations, however, the Minister of Health announced that the province would act to end a strike if it occurred. Immediately the health care employers slowed bargaining to a halt. Why bargain to a settlement if a strike could not occur? Naturally, this made an actual strike more, not less, likely. The nurses eventually struck. The legislature passed a back-to-work law, imposing terms upon the nurses. The nurses continued to strike in defiance of the law, building public support as the strike continued.<sup>25</sup> And the strike was not concluded until ten days later, on terms the union was prepared to live with. Since that time, the Saskatchewan government has been careful not to repeat its mistake of making strikes illegal, including during a recent dispute with paramedical workers.

In much the same way, the 2001 impasse in collective bargaining in Capital District Health Authority (the Halifax region) was made worse by the Nova Scotia government’s barely concealed threats to introduce ad hoc legislation banning strikes that year. Health care workers had fallen seriously behind not only their counterparts in the rest of Canada but in the Maritimes as well, and the employer was not making serious moves to rectify the imbalance. The prospect of government action to end the strike only encouraged employer reluctance. As Nova

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Scotians remember, the government introduced Bill 68 to try to end the labour dispute and it had the opposite effect. The unions and the opposition parties mounted a vigorous campaign against the legislation. Finally, a desperate threat of mass resignation by nurses and growing public support for health workers led the government to back down and compromise.<sup>26</sup>

Ontario is a province that has banned health care strikes entirely. But that has not stopped strikes from happening. In 1981, more than 10,000 Ontario hospital laundry, housekeeping, dietary and maintenance workers went on an eight-day illegal strike for better wages and working conditions. CUPE's national president and two other leaders were sentenced to jail terms. Thirty-four workers were fired. 3400 were suspended, some for up to a year.<sup>27</sup> The jailing of the union leaders is misleading, however, as the strike began without the official sanction of the union hierarchy. The hospital workers were simply fed up with what they felt were substandard collective agreements and arbitration decisions under the Hospital Disputes Labour Arbitration Act.<sup>28</sup>

Ontario nurses too have used the strike weapon. In the 2001 bargaining round they showed their impatience and displeasure with negotiations by working-to-rule and refusing overtime and extra shifts.<sup>29</sup> Such measures can have as much disruptive effect as an all-out strike, if not more. Indeed, such actions are technically strikes under labour law. It is interesting that in that case the health care employers declined to invoke the legal sanctions available to them in order not to further inflame the situation.

Quebec does not have an all-out ban on health care strikes but legislation there specifies very high proportions of workers who must be on duty during a strike (up to 90%.) So high are these numbers that more people are sometimes required to be at work during a strike than under "normal" conditions. In these circumstances, the unions have treated the legislation as tantamount to a total strike ban. And Quebec has had a huge amount of defiance of those laws in health care over the past twenty years, including the longest nurses' strike in Canadian history in

1999, with almost 50,000 nurses striking for almost a month.<sup>30</sup>

It is not only direct health care workers who have defied strike bans in Canada. The Nova Scotia government's current strike ban extends to social and community services as well. But advocates of a strike ban in this sector should know that social workers and other community service workers have defied strike prohibitions when their working conditions have become intolerable. This happened in 1990 in Alberta, where 2100 social workers, faced with insuperable work loads, walked off the job illegally for twenty-two days.<sup>31</sup>

And can anyone forget the 42,000 British Columbia teachers who defied back-to-work legislation for sixteen days in 2005, after the government imposed terms on them? The repercussions entailed a seizing of the union's assets and a \$500 million fine against the union, the largest civil contempt penalty in provincial history. During the strike, thousands of workers in other unions walked out illegally in sympathy. Only a government climb-down, brokered by the provincial federation of labour, ended the strike.<sup>32</sup>

Correctional officers in several provinces have defied strike bans, including on at least two occasions in Ontario. In one of these, the union's president was jailed. An interesting sidelight to the issue of strike bans has occurred in Ontario. After at least a half century of prohibiting strikes in its civil service, in 1993 the Ontario government (under the NDP) made strikes legal for this large group, which includes correctional officers. When the Conservative Mike Harris became premier in 1995, many thought he would repeal the change. But he did not, nor did his successor Dalton McGuinty, and the right to strike still stands. The world as we know it did not cease. In fact, the new collective bargaining regime arguably allows the government and its 45,000 employees to bargain more effectively and to engage in the occasional wrestling match on a footing that is not tilted so strongly in the government's favour.

Thus evidence abounds that banning strikes does not succeed in eliminating them.

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## Emergency Services

A final comment needs to be made about emergency services.<sup>33</sup> Again, a comparison between Alberta and Nova Scotia reveals much insight. While there is no law making it mandatory, unions representing Nova Scotia health care workers have clauses in their collective agreements stipulating how they will negotiate the provision of services during a strike. When a work stoppage becomes a possibility, these unions negotiate detailed plans with employers specifying which and how many workers will stay on the job. Just such a plan was in place before the recent one-day strike at the IWK hospital. Not only did the parties meet intensively to canvass each other's opinion on what services should be covered, they voluntarily employed a mediator to help them make those decisions.

Contrast this to the situation in Alberta. In that province, not only are health care strikes illegal in most institutions but the mere threat is illegal as well.<sup>34</sup> Ironically, any attempt by a union to approach an employer to discuss the provision of emergency services is evidence of intent to strike. Representatives of several Alberta unions have told us that, with illegal strikes in the offing, they have approached hospitals to ask them to

negotiate emergency services agreements. But the employers are loath to do so, citing the fact that strikes are illegal. And one could hardly expect the employers to do otherwise. With strikes outlawed, they are in a difficult situation. The unions in this case went ahead and developed their own emergency services plans, but most of these were done without serious input from employers. If strikes will happen regardless of a legal ban, it is easy to see which situation places patient safety in more jeopardy.

Let's leave the final word to the premier of Saskatchewan, where governments have resisted the temptation to ban health care strikes. As a 2007 dispute involving paraprofessional employees reached its most anxious moments, Premier Lorne Calvert was a voice of calm. CTV News reports him as saying: "This is not the first time health care workers have withdrawn their services, let's not all panic here.... The vast majority of our health care agreements have come to negotiated settlements, and as a result I believe we've had a better work place for our health care providers."<sup>35</sup>

Wise words from a premier.

Words the Nova Scotia government could well contemplate.

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## Notes

- 1 Department of Environment and Labour, Government of Nova Scotia <http://www.gov.ns.ca/enla/unionworkplaces/docs/DiscussionPaperHealthcare.pdf> accessed Oct. 12, 2007.
- 2 According to Rylska, Natalie and Carl Sonnen. 2006. Economic Footprint of Health Care Services in Canada: Prepared for: Canadian Medical Association, February 27. (Ottawa, Infometrica) 18. "Health service industries are among the most labour intensive industries in the economy. Combining labour compensation (wages and supplementary payments) and unincorporated income as a share of Gross Output, only the elementary-secondary school system, urban transit, and a couple of non-profit sectors report a higher proportion of total costs as payment for labour services"
- 3 Canadian Institute of Health Information, 2006, *Health Personnel Trends in Canada 1995 to 2004*, accessed July 12, 2007, from [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_21\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_21_E)
- 4 In some provinces, there is another body, often called a "college," which regulates entry into and tenure in the profession, entertains public complaints about misconduct and undertakes discipline of practitioners. In some provinces, the professional society fulfils these functions as well as its primary role.
- 5 Doctors, largely self-employed, do not engage in collective bargaining per se but their professional societies (e.g., Doctors Nova Scotia) negotiate with governments to set a fee-for-service schedule.
- 6 Mark Parent, 2007. "Anti-strike plan open to discussion" Halifax *Chronicle Herald*, 28 June 2007, A13.
- 7 *Perspectives on Labour and Income*, "Unionization," Statistics Canada, August 2007.
- 8 We know, because one of us, Larry Haiven, was there in the chamber, warning of the government's folly.
- 9 The third report in this series will go into more depth about the inadequacies of compulsory arbitration
- 10 Michael Shalev, "Lies, damned lies and strike statistics: The measurement of trends in industrial conflict," in C. Crouch, A. Pizzorno, eds., *The Resurgence of Class Conflict in Western Europe since 1968*, Volume 1, (London: Macmillan), 1978.
- 11 Department of Environment and Labour, Government of Nova Scotia <http://www.gov.ns.ca/enla/unionworkplaces/docs/DiscussionPaperHealthcare.pdf>
- 12 While strikes at the expiry of collective agreements were legal in Nova Scotia during this time, some of the strike activity listed was illegal because it occurred while the collective agreement was current (which has long been an illegal activity across Canada.)
- 13 see "Important dates in CUPE's history" May 6, 2003, retrieved October 15, 2007 from <http://cupe.ca/www/history/4990>
- 14 From personal communications with officials of Alberta Union of Provincial Employees; for 1998 strike, see No author, 1998. "CHA and provincial government share blame for latest hospital strike: Crisis caused by funding cuts and unfair management" March 31 retrieved October 15, 2007 from <http://www.telusplanet.net/public/afl/newsreleases/mar3198.html>; for 2000 strike, see No author. 2000. "Striking Alberta health workers voting on deal." CBC News online. November 10. retrieved Monday, October 15, 2007 from <http://www.cbc.ca/canada/story/2000/05/25/altastrikevote000525.html>
- 15 Personal communication with officials of CUPE, Edmonton.
- 16 In more than a few cases, union leaders tend to be more conciliatory than their members and are taken by surprise by the militancy from below. Licensed practical nurses in Alberta shopped around until they found a union that promised it would support them if they chose to engage in a(n illegal) strike. In the Nova Scotia health care crisis of 2001, several of the unions negotiated agreements with employers, only to have those agreements rejected by members dissatisfied with their pay and working conditions.
- 17 These figures were compiled by the authors, first from newspaper reports and then from interviews with the unions involved. They are estimates only and are deliberately conservative.
- 18 While the vast majority of this strike activity was illegal, a small minority occurred in long-term care homes, which were not under the strike ban.
- 19 The other strike-banning province, Prince Edward Island, with a population of 138,000 is simply too small to provide meaningful comparison. It should be noted, however, that in the 2002, PEI nurses waged a media campaign embarrassing the provincial government into negotiating rather than resorting to arbitration. The president of the nurses' union was preparing to sit in the Premier's office to highlight the dispute. (Personal communication with the authors.)
- 20 Mark Parent, 2007. "Anti-strike plan open to discussion" Halifax *Chronicle Herald*, 28 June 2007, A13.
- 21 Calculated from Statistics Canada, Tables 384-0002 and 051-0010.

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- 22 Hannah Zitner,. “Staffing shortages now a hospital epidemic,” *Halifax Chronicle-Herald*, 3 July 2007, A1.
  - 23 The increasingly burdensome working lives of health care workers are documented in a series of books by Pat and Hugh Armstrong, e.g., P. Armstrong, H. Armstrong, I.L. Bourgeault, J. Choiniere, E. Mykhalovskiy and J.P. White, *Heal Thyself: Managing Health Care Reform. Health Care in Canada*, Vol. 4. (Toronto: Garamond Press), 2000.
  - 24 Robert Hebdon and Maurice Mazerolle, “Regulating Conflict in Public Sector Labour Relations: The Ontario Experience (1984–1993),” *Relations Industrielles*, 2003, Volume 58, No. 4, pp. 667-686.
  - 25 The union was fined \$200,000 for contempt of court and paid the fine.
  - 26 Cox, Kevin. 2001. “N.S. deal averts strike, resignations by nurses.” *Globe and Mail* July 6 retrieved October 15, 2007 from <http://www.theglobeandmail.com/servlet/story/LAC.20010706.UNURSN7/EmailTPStory/>; and No author. 2001. “Where does a nurse turn?” *Globe and Mail*, July 5 retrieved October 15, 2007 from <http://www.theglobeandmail.com/servlet/story/LAC.20010705.ENURSE/EmailTPStory/>
  - 27 Some of the firings and suspensions were reduced upon appeal to an arbitrator.
  - 28 For comprehensive coverage of this strike, see Jerry White,. *Hospital Strike: Women, Unions, and Public Sector Conflict*, (Toronto: Thompson Educational Publishing) 1990.
  - 29 From personal communications with the authors and reported by United Nurses of Alberta retrieved on October 8, 2007 from <http://www.una.ab.ca/conferences/unastats/FOV1-0000EEF9/I002759BF>
  - 30 Reported by United Nurses of Alberta, retrieved on October 8, 2007 from <http://www.una.ab.ca/conferences/F00014095/UNA%20History/UNA%20History%20-%201999>. See also
  - 31 Personal research by the authors.
  - 32 See E. Wayne Ross. 2006. “British Columbia Teachers’ Strike.” *Z Magazine Online*. retrieved on October 8, 2007 from <http://zmagazine.zmag.org/Jan2006/rosspr0106.html>
  - 33 This will be dealt with in more detail in one of the future reports.
  - 34 Alberta Labour Relations Code, Section 71. Queen’s Printer, Government of Alberta
  - 35 From CTV News Saskatchewan, retrieved 28 June, 2007 from [http://www.mysask.com/portal/site/pc-saskatchewan/template.MAXIMIZE/menuitem.0c847c8a90c8ec1588787f4480315ae8/?javax.portlet.tpst=4545cf302f6c148fa37d93af60315ae8\\_ws\\_MX&javax.portlet.prp\\_4545cf302f6c148fa37d93af60315ae8\\_viewID=article&javax.portlet.prp\\_4545cf302f6c148fa37d93af60315ae8\\_storyID=5007&javax.portlet.begCacheTok=token&javax.portlet.endCacheTok=token](http://www.mysask.com/portal/site/pc-saskatchewan/template.MAXIMIZE/menuitem.0c847c8a90c8ec1588787f4480315ae8/?javax.portlet.tpst=4545cf302f6c148fa37d93af60315ae8_ws_MX&javax.portlet.prp_4545cf302f6c148fa37d93af60315ae8_viewID=article&javax.portlet.prp_4545cf302f6c148fa37d93af60315ae8_storyID=5007&javax.portlet.begCacheTok=token&javax.portlet.endCacheTok=token)