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NOTEBOOK / CARNET

Andrew Parnaby

DUE TO A NOTEBOOK/CARNET EDITORIAL ERROR, Sarah Todd's article appeared in *Labour/Le Travail* 50 without footnotes. We are reprinting the article so that readers can see it in its original form. N/C welcomes commentaries on any issue related to labour and the working class. Submissions should be about 1000 words in length and sent to: Andrew Parnaby, Notebook/Carnet, *Labour/Le Travail*, FM2005, Memorial University of Newfoundland, St. John's, NL, A1C 5S7; e-mail: <parnabya@hotmail.com>

Secrecy and Safety: Health Care Workers in Abortion Clinics

Sarah Todd

Whether [the anthrax threat] is a hoax or not, it's a criminal act and that act will be prosecuted to the fullest extent of the law.... It hit innocent people and I want to make sure that we do everything we can to protect those public servants.¹

¹British Columbia Premier Gordon Campbell as quoted in "Anthrax Tests for Three B.C. Workers," *Toronto Star*, 25 October 2001.

The people buying gas masks are trying to impose a shred of control over a potential threat that is silent, invisible. A monster that could arrive in the morning mail, on an autumn breeze — in your next breath. At least that's the fear.²

RECENTLY, I HAVE FOUND myself reading half-a-dozen breathless and fearful articles like the two above, describing the risk that anthrax poses for government and media employees. This threat has, at least momentarily, become a credible issue for workers.³ As someone who has worked in an abortion clinic, watching my mail for “powdery substances” is not an unusual practice.⁴ It has been a year since I was an abortion counsellor at a clinic in a large Canadian hospital. I remember the anthrax information session and the blue binder filled with protocols to be followed if clinic staff were exposed to this “dangerous powder.” I remember opening unfamiliar packages with caution. What strikes me about recent news reports is how anthrax is perceived as a “new” danger for Americans and, to a lesser extent Canadians. This “new” threat, while no less deliberate and focussed than the anthrax risks to which abortion service providers are accustomed, is perceived as a broad social concern, whereas our earlier fears are not considered to be a general threat. Instead, the safety concerns of abortion workers are contained within abortion debates.

The media headlines rest in my thoughts as I write a paper about social workers and abortion services. I am reminded of the cultural ambivalence, if not silence, that surrounds abortion work and which, I argue, makes it difficult to position issues facing abortion workers in relation to more general workplace safety concerns. While we are able to recognize the potential threat that anthrax poses to workers now that it has entered “respectable” workplaces, the safety issues faced by abortion workers seem to be construed as “part of the job” when occurring in abortion clinics. I suggest that the safety concerns of abortion workers are linked to the vul-

²Scott Simmie, “Canadians Cope with New Fears,” *Toronto Star*, 29 October 2001.

³For example, information regarding the threat that anthrax can pose to workers has, since the autumn of 2001, appeared on the Ontario Public Service Employees Union website <<http://www.opseu.org/hands/anthraxfacts.htm>> (22 July 2003), and on the Canadian Centre for Occupational Health and Safety (CCOHS) website <<http://www.ccohs.ca/headlines/text88.html>> (22 July 2003). Both organizations confirm that these web pages were developed in anticipation of receiving inquiries this past autumn. Though the CCOHS web site has recorded thousands of visits, an inquiries officer confirmed that “[anthrax] has not been the subject of many work-related inquiries — one in 1998 and another in 1995!” Huguette Nadeau, Inquiries Officer, personal communication, 29 January 2002.

⁴It is difficult to find statistics that have not been worked into one side or the other of the abortion debate. The National Abortion Federation has documented 630 anthrax threats across clinics in the United States and Canada. See <<http://www.prochoice.org/Violence/Statistics/default.htm>> (22 July 2003). Any number of internet websites will suggest that either abortion clinics are fabricating the threats made against them or, alternately, are violent and threatening toward pro-life groups. Therefore, I use statistics to document, if nothing else, the perception of danger and threat into which the daily practices of abortion workers are embedded.

nerability of all workers who may have jobs (or whose work comes into contact with jobs) that attract violence or threats of violence. In order to understand these links, we need to move beyond the sensationalized debates that often dominate any reflection on abortion services and attempt to understand the daily workplace risks faced by workers in these clinics. Although such a task is beyond the scope of this brief paper, I would like to use this opportunity to establish a conceptual framework for such a rethinking.

Three assertions ground my discussion. First, since 1988, abortions have been recognized as a legal health care service. As such, this exploration of the conditions under which abortion workers practice will focus on our experience as “everyday” practitioners of health care. In fact, abortion workers’ daily tasks (and thus working experience) differ little from the employment experiences of any health care provider. Our days are full of providing accessible, safe, supportive, and responsible health care to people who have a right to these services. We are housekeeping staff, social workers, physicians, nurses, receptionists, and technicians. In these roles we provide, for the most part, ordinary health care services and go home to ordinary lives.

Second, workers in abortion clinics are often not pro-choice activists or “radicals.” Although most workers in these settings are committed to women’s access to legal and safe abortions, the cultural and religious ambivalence that surrounds abortion is also reflected in our daily struggles with the nature of our jobs.⁵ In addition, when clinics operate within a hospital setting, some of the health care professionals engaged in this work have little choice as to whether or not their technical skills are implicated in the provision of abortion services.⁶ As a result, many health care professionals approach their work in abortion clinics, not as a political practice, but as part of an imagined politically-neutral health care system.⁷

Finally, the daily practices of abortion workers take place within a hostile, often dangerous environment. Anthrax threats — sending powdered substances to clinics with notes inferring that the contents are anthrax — appeared as a method of harassing abortion clinic staff in the late 1990s. This was, however, just the most re-

⁵Marianne Such-Baer, “Professional Staff Reaction to Abortion Work,” *Social Casework*, 55 (July 1974), 435-41; Cheryl van Berkel, “Abortion Work: Health Care’s Best Kept Secret,” MSW project, McMaster University, 2001; Catherine Chiappetta-Swanson, “The Process of Caring: Nurses’ Perspectives on Caring for Women Who End Pregnancies for Fetal Anomaly,” PhD dissertation, McMaster University, 2001.

⁶For instance, van Berkel spoke to a hospital technician who suddenly found her job had expanded to providing ultrasounds to women before they terminate their pregnancies. This practice ensures that medical staff know the exact gestational “age” of the fetus. See van Berkel, “Abortion at Work.”

⁷This type of approach to the work has been noted in various studies, see Cheryl van Berkel, “Abortion at Work,” and Chiappetta-Swanson, “The Process of Caring.”

cent manifestation of what have been several decades of violence.⁸ For some time, many of us working in Canadian abortion clinics could rationalize that, however tragic, these types of dangers only existed for clinics in the United States. Then, on 24 January 1992, Dr. Morgentaler's clinic in Toronto was bombed; on 8 November 1994, Dr. Romalis was shot and wounded in his Vancouver home; and on 11 November 1995, Dr. Short, a Hamilton doctor, was also shot and wounded while in his home.⁹ In 1996, there was a butyric acid attack on the Morgentaler Clinic in Alberta, and in 1997, Dr. Fainman was shot and injured at his home in Winnipeg. Though most anti-abortion violence has been aimed at physicians, clinic receptionists, nurses, and security staff have all been terrorized, wounded, or killed because of their work in abortion clinics.¹⁰

This type of sustained yet unpredictable violence is, as Dr. Morgentaler has suggested, "a terror tactic to spread panic among people who are providing abortion services."¹¹ On this level, it is an effective strategy. A number of studies suggest that anti-abortion violence results in fear and stress among clinic staff.¹² These events form the basis for my third assertion, that abortion workers are employed in a context that is perceived by them (there is sufficient evidence to suggest that this perception is grounded in reality) to involve a significant degree of personal risk. This risk takes two forms: the fear and actual experience of physical harm and a pervading social stigmatization.¹³ Each has a particular effect on workers, shaping their sense of workplace safety or lack thereof.

⁸Since 1977 the National Abortion Federation has documented violence against abortion clinics. This has included 7 murders, 17 attempted murders, 41 bombings, 165 arsons, 82 attempted arsons and bombings, 122 assaults, 950 acts of vandalism, 343 death threats, 3 kidnappings, 100 butyric acid attacks and, as already noted, 630 anthrax threats see National Abortion Federation, "2001 Table: Incidents of violence and Disruption Against Abortion Providers," <<http://www.prochoice.org/Violence/Statistics/default.htm>>.

⁹On 11 July 2000 Dr. Romalis was also stabbed as he walked through the lobby area of the office building where he worked. Dr. Romalis was not fatally injured.

¹⁰For example, in 1991, in Springfield, MO, a clinic receptionist was shot and paralyzed from the waist down. A nurse and security guard were also killed in the 1998 bombing of a Birmingham, AL, clinic.

¹¹"Abortionist Says Doctors Can't Abandon Women," *Toronto Star*, 14 November 1997.

¹²In W. Simmond "Feminism on the Job: Confronting Opposition in Abortion Work," in Myra Marx Ferec and Patricia Yancey Martin, eds., *Feminist Organizations: Harvest of the New Women's Movement* (Philadelphia 1995) one worker suggested that the work they were doing following a rather prolonged period of pro-life protests was like, "what it must have been like for soldiers in the war" (255). For a discussion of some of the effects that "harassment" has had on clinics in Ontario, see Lorraine Ferris, Margot McMain-Klein, and Karey Iron, "Factors Influencing the Delivery of Abortion Services in Ontario: A Descriptive Study," *Family Planning Perspectives*, 30 (June 1998), 134-8.

¹³Simmonds "Feminism on the Job"; and B. Major and R.H. Gramzow, "Abortion as Stigma: Cognitive and Emotional Implications of Concealment," *Journal of Personality and Social Psychology*, 77 (October 1999), 735-45.

Although these assertions suggest that abortion services could be explored through established notions of workplace safety, there are two central problems with such an integration of analysis and practice. First, it is not easy to apply pre-existing concepts of workplace safety to abortion work. The models that many authors have developed to address health care workplace safety, though useful, are often concerned with patient violence, domestic violence that spills into the workplace, and random violence by the public.¹⁴ These frameworks are cumbersome when trying to account for the ideology-based, systematic, and yet random threats and assaults by multiple unknown assailants. In other words, the pattern of violence that defines the working practices of people employed in abortion clinics is not easily understood within traditional notions of workplace safety.

The second barrier to applying notions of worker safety to abortion services relates to the ways in which abortion work is positioned in our society. A number of authors have drawn on Everett Hughes's sociological concept of "dirty work" to explain the ways that abortion is positioned as morally reprehensible.¹⁵ Hughes describes "dirty work" as work that is defined by powerful others as morally reprehensible and work that society may require, but would prefer to avoid even thinking about.¹⁶ Despite a long struggle to have abortion legalized and recognized as a valid medical procedure, it is still either hotly debated in moral terms or positioned in the shadows, discussed only in whispers. The inadequacies of language in discussing the specificity of abortion and the parallel construction of abortion as dirty work are mutually reinforcing. Our silence and the polarized moral debates about abortion increase the likelihood that it can be imagined as dirty work, which in turn manifests the silence and moral judgment.¹⁷ These disjunctures between abortion work and workplace safety leave us clumsily considering a number of issues that, in turn, challenge us to find ways to rethink abortion work and notions of worker safety.

¹⁴Dorothy Wigmore, "'Taking Back' the Workplace," in Karen Messing, Barbara Neis, and Lucie Dumac, eds., *Invisible: Issues in Women's Occupational Health* (Charlottetown 1995); Beverly Younger, "Violence Against Women in the Workplace," in *Employee Assistance Quarterly*, 9 (Spring-Summer 1994), 113-33.

¹⁵The notion of dirty work is present in Carole Joffe's "Abortion Work: Strains, Coping Strategies, Policy Implications," *Social Work*, 24 (November 1979), 485-90; Chiappetta-Swanson, "The Process of Caring." However, this use of the concept is somewhat problematic in that Hughes develops it from thinking through how ordinary Germans stood by while the Nazis murdered six million Jewish persons and how American and Canadian societies said little about the internment of the Japanese.

¹⁶Everett Hughes, *The Sociological Eye: Selected Papers* (Chicago 1971).

¹⁷When a postal worker receives an anthrax threat, we can all imagine ourselves being vulnerable and can identify the issue as one of general concern to workers. On the other hand, when abortion workers raise similar concerns, we prefer not to identify with these workers. We (including much of the media) avoid the issue and certainly do not generalize abortion workers' fears to all workers.

The silence that surrounds abortion work magnifies workers' insecurities and increases the isolation many of us feel in our jobs. It is not only the fear of physical violence that constitutes the hostile environment in which we work. It is also our fear of social stigma that regulates silence regarding abortion and subsequently leaves us dealing with our safety concerns alone. The pervasiveness of this stigma was never more evident to me than when the very women to whom we provided services expressed that they could not understand how we could be involved in this work; even some of the women who access abortion services consider it to be dirty work. Many abortion workers find it difficult, if not impossible, to tell friends, neighbours, and often even family members about our jobs.¹⁸ Our vulnerability, and thus our constant heightened awareness that friends and neighbours might discover "what we do," is often a source of ongoing stress.¹⁹ To illustrate, shortly after clinic staff received a fax confirming that pro-life groups had all of our names and addresses, my neighbours posted a sign in their front window with the slogan "justice for the unborn." I was completely unnerved, uncertain as to whether this was a statement for the general public or a message aimed directly at me. Each day I returned home from work to see the sign sitting there, unsure as to whether I needed to be concerned for my safety. It is these broader workplace hazards that make abortion workers' concerns even more difficult to contain within mainstream notions of worker safety. When the danger that originates in our workplaces slips incessantly into our private spheres, our ability to find ways to address these concerns within existing frameworks seems grossly inadequate. At the same time, perhaps the problems that abortion work presents provide an opportunity to consider the multiple ways in which many aspects of workers' safety fail to be contained within spaces of employment.

Another challenge in addressing the safety concerns of abortion workers is that the dangers faced by health care workers more generally have only been brought to light in the past decade or so.²⁰ Abortion workers' experience of verbal harassment, placard-carrying protesters, hospital staff placing various religious paraphernalia in the clinic, and staff silences and avoidances all serve to imbue our workplace with a virtual miasma of threat and uncertainty. We only have our first names on our nametags, we do not have names or titles on our office doors, the hallways sur-

¹⁸Interestingly the "outing" of abortion providers, workers, and women seeking abortions has been a strategy of intimidation used by certain pro-life groups. Given the cultural ambivalence and often-hostile context in which abortion services are provided, the threat of having one's name or photograph posted in the internet presents a significant threat.

¹⁹Chiapetta-Swanson, "The Process of Caring; and van Berkel, "Abortion at Work."

²⁰Jane Lipscomb and Colleen Love "Violence Toward Health Care Workers: An Emerging Occupational Hazard," *American Association of Occupational Health Nurses* (hereafter *AAOHN*), (May 1992), 219-27; Sally Lusk, "Violence Experienced by Nurses' Aids in Nursing Homes: An Exploratory Study," *AAOHN*, (May 1992), 237-41; Wigmore, "'Taking Back' the Workplace."

rounding our clinics have security cameras, and a security guard often sits at the front door of the clinic. Around Remembrance Day, which has, for a number of years, signaled an escalation in pro-life violence, we become increasingly cautious, particularly when using isolated parking spaces. The police have, at times, recommended that we vary our routes home. In this atmosphere of vague threats, perpetual caution, and little institutional or social support, our emotional responses are often difficult to organize in terms of paranoia versus legitimate caution, which also makes it difficult to discuss our work fears. Why should a pro-life bumper sticker on a car in the hospital parking lot raise my anxiety as I ride up the elevator? Then again, why should it not? This lack of a space in which we can confidently assess our fears as legitimate or otherwise ensures the silences regarding our work continue. We are left vulnerable and isolated.

The reluctance to explore the work of abortion workers and our safety issues is, moreover, a factor of the continued focus on patient safety; the patient's well-being is our primary concern while our own fears of violence shift to the periphery. We take care of the patients, but who is taking care of us? Although I do not suggest that patients should be anything but a priority, when this hierarchy of concern is situated within a context where much of women's caring labour is devalued, the issues faced by abortion workers fade into the background.²¹

What might be possible to consider within existing frameworks for debating worker safety is the broad restructuring of the health care system and the institutional structure in which many Canadian abortion clinics operate. The relationship between clinics and their parent hospitals has always been ambivalent. In 1995, Carole Joffe noted that even after the legalization of abortion services there was a significant degree of institutional resistance against their provision.²² In today's neo-liberal economy, this relationship has the potential to become even more strained. For instance, hospitals increasingly rely on private donations as opposed to government funding; abortion services threaten those types of donations. If hospitals are forced to prioritize the acquisition of private funding, what will happen to the place of abortion services within the hospital system and what will these changes mean for patients and staff? Fiscal concerns have also resulted in an increase in part-time labour and the out-sourcing of services such as security, which presents new challenges to clinic staff who are often forced to depend upon less specialized security personnel who may know little about the specific safety concerns of abortion work. Shifts to the private sector often ignore the special needs of hospitals, particularly abortion clinics.

²¹See Sheila Neysmith, "Networking Across Difference: Connecting Restructuring and Caring Labour," in Sheila Neysmith, ed., *Restructuring Caring Labour: Discourse, State Practice, and Everyday Life*, (Don Mills, Ontario 2000), 1-28.

²²Carole Joffe, *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe vs. Wade* (Boston 1995).

The dynamics that evolve from these new funding relations result in a less supportive workplace, and increase the need to keep one's work secret from other hospital staff. This atmosphere is further complicated as our roles change. We find that our jobs are becoming more rationalized and routinized, with an increased emphasis on technical aspects and less of a focus on caring and interpersonal relations.²³ Although many of us draw on the caring components of our practice to deflect our attention away from our fears and ambivalences, organizational pressures mean that "caring" has little significance in our overall work performance. These changes in health care are seldom considered in terms of their possible impact on abortion work, particularly in its location as dirty work. When workplace discussions increasingly focus on technicalities, our safety concerns seldom receive formal responses from hospital administrators or proactive preventative work from unions. Instead, safety issues are left largely in the hands of clinic staff. I think we seldom ever asked administration or union staff to become involved in our concerns because we had internalized the notion that violence, intimidation, and fear were "just part of the job" and that the priorities of our work were the technicalities (i.e. number of patients seen, hours worked, staff seniority, rate of complications among patients, etc.). We were probably also worried that raising our concerns would threaten what we perceived as our tenuous hold within the health care system. We would often speak about trying to stay quiet and under everyone's radar.

The changes in health care priorities will have a particular impact on the safety concerns of abortion workers. What will it mean to have part-time workers rotating through clinics? Will this type of employment structure not diminish the informal structures that offer staff security and safety? The caring component of our work is one of the few aspects that help workers negotiate its rather slippery moral terrain: if that falls away, what will be left? These are all significant aspects of considering worker safety. They are also the issues that concern all health care workers. How will health care restructuring affect our understandings of worker safety?

The ways in which our society responded to the anthrax concerns of postal workers as a general threat to Canadian workers is interesting when compared to our earlier responses to similar fears expressed by abortion workers. Our responses signify the cultural ambivalence we have toward health care workers who provide abortion services.²⁴ This is to the detriment of all workers, but particularly the nurses, social workers, ultrasound technicians, receptionists, security staff, house-keeping staff, and physicians who are struggling through the day-to-day safety is-

²³Marie Campbell, "Knowledge, Gendered Subjectivity, and the Restructuring of Health Care: The Case of the Disappearing Nurse," in Neysmith, *Restructuring Caring Labour*, 186-208.

²⁴Interestingly, in my e-mail conversation with an Inquiries Officer at the Canadian Centre for Occupational Health and Safety, the only "legitimate" concern for anthrax poisoning was the threat it poses "for workers exposed to infected animals (or contaminated carcasses or hides)" Personal communication with Huguette Nadeau, Inquiries Officer, CCHOS.

sues involved in abortion work. Unless we begin to find ways to explore abortion work from the perspective of workplace safety, the important issues that are facing these workers will continue to be ignored. Abortion work is principally a regular health care service carried out, for the most part, by unsupported health care providers in an extraordinarily hostile environment. At a time of enormous transition within the health care system, and in our current heightened sense of insecurity, it is important that the uneasiness of these workers be recognized as credible concerns for workers in general.

Hard Bargaining

Kate Bronfenbrenner

FOR THE LAST DECADE, the United States has experienced the longest and most dramatic peace-time economic expansion in its history. Since 1991, an estimated 22 million jobs have been added to the economy, while the Gross Domestic Product has increased, on average, 4 per cent each year. Corporate profits have soared, unemployment has dropped, and labour productivity has increased at nearly double the rate it did in the nation's last economic expansion, almost 30 years ago. But this economic boom carries with it some disturbing contradictions. Despite low unemployment and tight labour markets, American workers are more, not less, anxious about job security. This persistent insecurity is in large part a function of rapid increases in the extent and frequency of capital mobility, and the threat of capital mobility, since the passage of the North American Free Trade Agreement (NAFTA). The spectre of capital mobility, and the employment upheaval that follows in its wake, haunts the union organizing process for unorganized workers and collective bargaining for workers already in unions — keeping wages low, unions weak, and workers anxious.¹

In the late 1980s, prior to the passage of NAFTA, employers made plant closing threats a primary focus of their anti-union campaigns in 29 per cent of National Labor Relations Board (NLRB) certification elections. By the mid-1990s, when NAFTA

¹This essay is drawn from a much longer report entitled "Uneasy Terrain: The Impact of Capital Mobility on Workers, Wages, and Union Organizing." The report was submitted to the US Trade Deficit Review Commission in 2000. A complete version of this report can be found on line at <www.usdrc.gov/research/research.html>.

first went into effect, plant closing threats during organizing campaigns had increased to 50 per cent of all elections and 62 per cent in more mobile industries such as manufacturing where the threat to move all or part of a facility either within or outside the US was much more credible.² Not surprisingly, unions are shifting their focus from organizing targets in industries with high threat rates, such as garment and textiles, electronics, communications, and auto parts, toward less mobile industries such as health care, passenger transportation, social services, and education. The Union of Needle Trades, Industrial, and Technical Employees (UNITE), for example, which in past years has concentrated most of its efforts in organizing in textile and apparel manufacturing, where the threat rate is 100 per cent and the percentage of plant closing and jobs moved overseas from already organized units increases each year, has shifted its focus to laundries and distribution warehouses where the threat rate is 50 per cent and 43 per cent respectively, and the ability of employers to move work out of the country is much more restricted. Similarly, the percentage of campaigns in the health care industry has doubled since 1993.

Given that direct and unambiguous threats to close a plant in response to union organizing are often in violation of the law, most employers make their threats indirectly and verbally, which makes them difficult, though not impossible, to document. A recent study conducted by the New York State School of Industrial and Labor Relations at Cornell University of 400 NLRB election certification campaigns that took place between 1998 and 1999 illustrates this broader point well: 79 per cent of the election campaigns where threats were made involved veiled verbal threats, while 51 per cent of campaigns with threats involved specific and unambiguous threats. Threats of plant closure usually took place in the context of other aggressive anti-union behaviour by employers. Employers who made threats of plant closings were more likely to hire outside consultants, discharge union activists, hold captive-audience meetings and supervisor one-on-ones, establish employee involvement committees during the organizing campaign, make unilateral changes in benefits and/or working conditions, use bribes and special favours, use electronic surveillance, threaten to report workers to the Immigration and Naturalization Service (INS), and show anti-union videos. Significantly, threats of plant closing were found to be unrelated to the financial condition of the company, with threats no less likely to occur in companies in a stable financial condition than in those on the edge of bankruptcy.

As expected, the Cornell study found that union election win rates were significantly lower in units where plant closing threats occurred (38 per cent) than in units without plant closing threats (51 per cent). Win rates were also significantly lower in mobile industries where the threat of closure was more credible (32 per cent). In

²The overall threat rate, however, underestimates the extent that employers use plant closing threats during organizing drives because it includes industries and sectors of the economy where threats to shut down or move facilities are much less prevalent and carry less weight because the industry or product is less mobile.

Kannapolis, North Carolina, for example, the Amalgamated Clothing and Textiles Workers Union faced an employer, Fieldcrest Cannon, that hired a public relations firm to circulate advertisements that, according to the NLRB, “feature[d] a picture of a nuclear explosion with the caption ‘There’s more than one way to destroy a community. VOTE NO.’” When the United Auto Workers (UAW) squared off against Mitsubishi Heavy Industries in Franklin, Tennessee, company consultants talked openly about a plant Mitsubishi was building in Mexico and the possibility of some work being transferred to that facility; a poster on a plant bulletin board showed an Indiana facility closed with a lock on the gate and the caption: “This is what happened to hundreds of strikers in Indiana.” In the last two weeks of the organizing drive, supervisors escalated the threats in individual conversations with workers, asking one employee: “Is your family ready to move to Mexico?”

Yet even in campaigns in mobile industries without threats, the win rate averaged only 37 per cent, suggesting that the threat of capital mobility need be neither spoken nor written to have an impact. Workers in industries such as textiles, electronics, telecommunications, food processing, or computer technical support do not need any reminder from their employers that they work in an insecure industry where companies shut down and move in search of lower labour costs, higher profits, and a non-union workforce. Indeed, for large multinational companies such as Pepsico, Royal Dutch Shell, and Pratt and Whitney, an increase in shipments to other facilities or a visit from company officials from other countries can serve as a very credible threat of plant closure during an organizational campaign.

Thirty years ago, textile workers were the kind of people who benefited most from tight labour markets and helped drive the economic expansion and build the middle class. But today, workers in this industry, as in food processing, metal fabrication, and auto parts manufacturing, operate in the shadow of the economic boom, sharing in little, if any, of its benefits. They work ever longer hours in workplaces beset by serious job injury and health problems, with declining pay, few benefits, and little security. Many are recent immigrants from Latin America and Asia, or women, or both, and few have the skills or education needed to transfer to better jobs in the “new economy.” They are workers who would benefit most from the collective power and voice that a union provides. Yet, in a climate where capital mobility and the threat of capital mobility are driving unions to seek targets in less mobile industries, these are the workers who are most likely to be left behind.

Just ask the employees who backed UNITE’s widely celebrated 1994 election victory for 2,500 workers at Tultex Corporation, a fleece-wear manufacturing plant in Martinsville, Virginia. The union had won the victory after five very difficult organizing attempts which included repeated threats of plant closing in captive-audience meetings and videos. The success in Martinsville was followed quickly by a series of organizing victories at Tultex facilities in South Boston, Virginia, and Mayodan, North Carolina, and solid union contracts were bargained at all three facilities. But by early 2000, Tultex had shut down all three facilities and moved pro-

duction to Mexico and Jamaica, leaving more than 2,600 union workers out of a job.

The cost of plant closings and threats of plant closings in response to unionization goes well beyond broken unions, failed organizing campaigns, and first contract campaigns. Lacking intensive efforts to organize the nation's most mobile industries, union density will plummet further, causing working conditions to worsen, as workers lose their only hedge against the worst effects of the global economy. And, without hope of collective power to demand real improvements in wages and benefits, more reasonable hours and pace of work, and long-term job protections, workers' insecurity about their position in the current economy and their prospects for the future will continue to rise. The resultant insecurity will continue to constrain wage and benefit demands and hold down inflation, but it will not be good for American workers, their families, and their communities. Without the collective voice and power that unions bring, the global economy becomes little more than a worldwide race to the bottom in wages, working conditions, and living standards that no nation can win.

Brothers and Sisters: Gender and the Labour Movement, a Feminist Labour Studies Conference at the Workers Arts and Heritage Centre, Hamilton, May 2002

Franca Iacovetta

OVER THE LAST TWENTY YEARS, it has become something of a political tradition within the Canadian Committee on Labour History (CCLH) to organize, where possible, a CCLH labour day conference with an activist program during the time of the annual Canadian Historical Association (CHA) meetings. Thanks to the volunteer labours of many people, we were able to do so in May 2002, when the CHA met in Toronto. At the CCLH general meeting the year before, there had been unanimous support for Craig Heron's suggestion of holding our labour day event at the Workers Arts and Heritage Centre (WAHC) in neighbouring Hamilton. Along with

the feminist organizing team, Heron mounted a woman-dominated program on the always timely topic of gender and the labour movement. It drew almost 100 people on a warm and sunny Sunday.¹

Heron not only did most of the organizing work but he kicked off the day beautifully with “Labour’s Manhood,” an evocative and humorous performance piece that looked critically at male unionists’ shifting attitudes to women and at their own notions of masculinity. He played five fictitious male unionists in five historical moments: 1890 (craft unionism), 1912 (Industrial Workers of the World), 1946 (the boys come home), 1976 (women’s liberation), and 1996 (faculty unions). The audience roared with laughter.

The women then “took over” the program. Feisty, funny, and engaging women shared their stories of struggles against male sexism and machismo culture in male workplaces and unions and against police and state harassment. Deirdre Gallagher (Public Service Alliance of Canada) offered personal reflections on her involvement in creating the Women’s Committee of the Ontario Federation of Labour in the 1970s, and Sue Genge (Canadian Labour Congress) addressed the labour movement’s weak historical record on women and on gay and lesbian issues. Genge also noted the higher political profile of gay and transgendered brothers and sisters in the labour movement over the last few decades, and outlined some of the CLC’s efforts to raise awareness around issues of gender and sexuality. Socialist feminist sociologist Pam Sugiman (Labour Studies, McMaster University) addressed another recurring theme of the day — the challenges of being an activist feminist scholar with roots in feminist, labour, and social justice movements and the academy. She discussed the dual political and intellectual agenda of her recent work on black foundry workers and on Japanese Canadian women interned during World War II and called for more efforts to bring together activists and academics into research projects.

A leading Québec labour historian who also fits the activist feminist scholar profile, Andrée Levesque introduced our special guest, Canadian labour heroine Madelaine Parent, trade union organizer, feminist activist, and social justice fighter whose struggles for women’s, workers’, and minority rights earned her the condemnation of the Cold War Canadian security regime but the respect of untold numbers of Canadians. One could have heard the proverbial pin drop as the audience listened enraptured to the soft-spoken and captivating Parent recollect various episodes of her remarkable life, including Cold War stories of union organizing, blacklisting, state harassment, and imprisonment.²

¹The organizing team consisted of Bettina Bradbury, Julie Guard, Franca Iacovetta, Kate McPherson, Ester Reiter, Mercedes Steedman, and Charlotte Yates.

²Those interested in reading some of Parent’s personal memoirs should consult her autobiographical contribution in Gary Kinsman, Dieterk Buse, and Mercedes Steedman, eds., *Whose National Security?: Canadian State Surveillance and the Creation of Enemies* (Toronto 2000).

Parent then gave her full, literally front-row, attention to two younger, and also funny and courageous, union sisters — Cathy Mulroy (Women of Steel Committee, United Steelworkers of America, Sudbury) and Joanne Santucci (now of Foodshare, Hamilton, formerly of USWA 1005, Stelco Hamilton) who entered “non-traditional jobs” in the steel industry two decades ago (Inco began hiring women in 1974; in Hamilton, the steelworkers 1979 “women into steel” campaign produced results a year later when Stelco hired its first female plant workers). Despite obvious differences in personal and cultural style, the women shared a similar resolve in the face of the nude pinups, crude jokes, lack of women’s toilets, and machismo culture of their respective workplaces. Both women not only refused to be ignored, dismissed, or ridiculed by their male co-workers but found ways of initiating more positive relationships with them, in part by getting to know the men’s wives and children. More specifically, each woman had used a sense of humour to disarm the climate of male chauvinism on the job.³ Cathy and Joanne’s dynamic presentations were a hard act to follow, but Meg Luxton, another activist feminist academic of long-standing, rose to the occasion with a brief history of women’s entry into non-traditional jobs.

The final session, on women organizing in the community, again combined activist feminist academics with labour activists. A slide presentation by Julie Guard (Labour Studies, University of Manitoba) dealt with the housewives who organized militant consumer campaigns in the early years of Canada’s Cold War, including a call for the return of the children’s five-cent chocolate bar. It was followed by two presentations on women’s roles in two long strikes in the Sudbury nickel industry, at Inco in 1958 and 1978. In telling her personal story of her involvement in the women’s strike-support committee that formed during the 1978 Inco strike, Linda George described her own transformation from concerned housewife to militant organizer who, along with other women, stood up to an industrial giant. Mercedes Steedman (Sociology, Laurentian University) offered an historical overview that highlighted the differing situation that the women’s strike-support committees found themselves in the 1958 Mine Mill strike in Sudbury — where a Cold War backlash against a red union and the support work of Catholic and other strongly anti-red women’s groups helped to discredit Local 598 and the Mine Mill ladies’ auxiliary — and in the 1978 strike in which Linda George and other women had successfully participated.

The conference offered an opportunity for trade union women activists to re-unite in a celebration of their achievements. Indeed, as Mercedes Steedman later noted, at times the event was like a homecoming weekend as women renewed friendships and fondly shared memories. The occasion also marked the festive re-union of the Toronto-based Red Berets, a left feminist group that during most of

³These themes will be examined at a feminist working-class history conference to be held at the University of Toronto in the Fall of 2005, and in a separate follow-up article on the issues raised by these speakers.

the 1980s had sung at many feminist, labour, and social justice rallies and demonstrations — including International Women's Day, Action Daycare, and Gay Pride Day, to name but three occasions. With Helen Wehrstein conducting and Mariana Valverde playing guitar, Frumie Diamond, Nuala Doherty, Cathy Goetz, Joan Malcolmsen, Liz Martin, Enid Mosovitz, Ester Reiter, Brenda Roman, and Jane Springer sang from their repertoire, which included "Which Side Are You On (Girl)," "Union Maid," and "Bella Ciao" — an Italian peasant song with partisan lyrics. Fortunately, for us, the Red Berets found the lyrics to songs they had written in support of striking Eatons' workers that had been put to familiar Christmas tunes, such as: "Arise ye proletariat, let nothing you dismay/ We all could buy more presents if we got better pay/ We wish that we could overthrow the government today/Bringing tidings of comfort and joy." Their performance ended with the crowd on their feet for "Bread and Roses" and "Solidarity Forever." Since the conference the group is again in demand for political gigs! Harrison Kenney, a Hamilton Jazz musician, and his trio, rounded out the day with some wonderfully mellow music.

As people noted during the day, the participants and audience included a desirable mix of established and younger scholars and activists, and many women, including a large number of feminist graduate students in working-class history who told us how much they enjoyed the day and how inspiring they found the women who had shared their stories with us. It also bears noting that we were also a predominantly white gathering, despite WAHC's serious commitment to writing the multi-racial history of Ontario's and Canada's working people and the racial diversity of its board members and exhibition teams. Indeed, WAHC's current (travelling) exhibition, the initiative of union sister and former WAHC board member Carmen Henry, is "and still I rise: A History of African Canadian Workers in Ontario 1900 to present." At the same time, as Steedman usefully observed, the whiteness of the trade union women represented at our spring gathering was characteristic of the struggles of this period, in both the women's liberation and working women's organizing movements. While some white women have established a foothold in the trade union membership, efforts to integrate racial-ethnic women into the labour movement has been the continuing challenge of more recent decades.

The goodwill and volunteer labour of many people meant that we could mount this CCLH feminist conference with modest funds, but we certainly needed, and appreciated, the funds that did come our way! Many thanks to our co-sponsors — Future of Unions Network and McMaster University Labour Studies Program — and to WAHC staff and volunteers, Director Renee Johnston, and Heather McClellan, Inessa Petersen, and Brian Kelly.

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