

“Labour Activists Always Find a Way:” Social Reproductive Unions and their Social
Unionism During the COVID-19 Pandemic

by

Danielle Saj

A thesis submitted to the Faculty of Graduate and Postdoctoral Affairs in partial
fulfillment of the requirements for the degree of

Master of Arts

in

Political Economy with Concentration in Work and Labour

Carleton University
Ottawa, Ontario

© 2022, Danielle Saj

Abstract

How are workers organizing to retain long-term care as a public service and what have been key opportunities and challenges in organizing? How has organization around public ownership of long-term care been influenced by the COVID-19 Pandemic? This thesis contributes to these questions by examining long-term care sector union activities in Manitoba. I draw on Feminist Political Economy to consider how social, economic, and political factors shape gender and race-based inequalities, and Social Unionism, to understand union engagement with social justice issues affecting union members and communities. I employ four qualitative methods: a literature review; semi-structured interviews; social media analysis; and digital ethnography. Findings show unions constructed collective action frames which identified the diagnoses (problems) of for-profit care, privatization, and lack of care standards. Mental health support, a seniors advocate, ending for-profit care and national care standards were prognoses (solutions). The repertoire (strategies) included union-community coalitions, political lobbying and mobilizations.

Acknowledgements

I would like to acknowledge the many labour scholars, activists and personal supporters who provided guidance and encouragement as I navigated this project.

First, I would like to thank my supervisor, Dr. Susan Braedley. Your support throughout this process has been invaluable. Thank you for challenging me to think deeper about theory and encouraging my pursuit of emerging opportunities related to my research methods. You are a caring mentor and I appreciate your enthusiastic support. I also want to recognize the important contributions of my committee members, Dr. Ania Zbyszewska and Dr. Donna Baines, as well as Dr. Rebecca Schein who was involved in the development of this project. Thank you for your thoughtful questions and engagement with my work. I am grateful that we had the opportunity to collaborate.

I would also like to thank the labour leaders who participated in this study during an intense time for long-term care workers and union activity. I appreciate you sharing your knowledge and insights with me, as well as your ongoing efforts to retain long-term care as a public service in Manitoba.

Thank you to my parents, Rennie and Angie Saj, for supporting my love of learning and pursuit of justice for working people. Your experience as union members and recognition of the importance of public services within our community has helped foster the values that guide my research. I am also grateful for my friendship with my sister, Jen Saj. Throughout this project, your readiness to celebrate each milestone with me provided

great encouragement. I am also thankful for my partner, Evan Krosney, who shares my interest in contributing to the labour movement in Manitoba and inspires me to continue this work.

Additionally, I would like to acknowledge the Social Sciences and Humanities Research Council (2020-2021) and Ontario Graduate Scholarship program (2021-2022) for their funding of this project.

Table of Contents

Abstract.....	ii
Acknowledgements	iii
List of Tables	viii
List of Illustrations.....	ix
List of Appendices.....	x
Chapter 1: Introduction	1
1.1 Introduction.....	1
1.2 Theoretical Frameworks	3
1.3 The Case of Long-term care in Manitoba, An Introduction	8
1.4 Outline of Chapters.....	9
Chapter 2: Organizing Social Reproduction: A Political Economy of Manitoba’s Long-term Care System	10
2.1 Introduction.....	10
2.2 Long-term care: A system in distress.....	13
2.2.1 Current conditions in Long-Term care	14
2.2.2 Frail people and their families in distress	16
2.3 Ownership and Staffing: Fragmented Social Reproduction	19
2.4 Manitoba’s Long-term Care Unions	22
2.5 A History of Leftist Politics and Long-term care Organizing in Manitoba	24
Chapter 3: Workers United	39
3.1 Introduction.....	39
3.2 Social Reproductive Workers and Social Unionism.....	40

3.3	Changes in Union Representation: Manitoba’s Long-term Care Workers	41
Chapter 4: Methods		46
4.1	Academic and Grey Literature Review.....	47
4.2	Semi-Structured Interviews	48
4.3	Social Media Analysis	50
4.4	Digital Ethnography.....	51
4.5	Analytical Tools.....	55
4.5.1	Timeline of Organizing.....	55
4.5.2	Analytical Mapping	56
4.6	Limitations and Opportunities	56
4.7	Ethical Considerations	58
Chapter 5: Organizing for All of Us: How did long-term care workers organize during Covid 19?.....		59
5.1	Introduction.....	59
5.2	Collective Action Frames	60
5.3	Prognoses	65
5.3.1	Developing New Mental Health Supports	66
5.3.2	Advocating for a Seniors Advocate	68
5.3.3	Advocating to End For-Profit Care.....	71
5.3.4	Implement national long-term care standards.....	73
5.4	Motivations	74
5.5	Repertoire.....	76
5.5.2	Political Mobilizations	79
5.5.3	Political Lobbying.....	82

5.6	Internal Organizational Practices	83
5.6.1	Union Self-Characterizations.....	83
5.6.2	Who is Involved in Organizing?.....	84
5.7	Sustaining the Union and Progressive Politics	89
Chapter 6: Conclusions		91
6.1	Introduction.....	91
6.2	Implications for Action.....	95
6.3	Implications for Future Research.....	96
6.4	Implications for Methods.....	98
Appendices.....		99
Appendix A.....		99
Appendix B.....		101
Appendix C.....		103
Bibliography or References.....		108

List of Tables

Table 1 Interview Participants 49

Table 2 Organizing Events..... 52

List of Illustrations

Figure 1 18

Figure 2 18

Figure 3 18

List of Appendices

Appendix A.....	99
Appendix B.	101
Appendix C..	103
Appendix D.	106

Chapter 1: Introduction

1.1 Introduction

How are workers organizing to retain long-term care as a public service and what have been their key opportunities and challenges in organizing? How has organization around public ownership of long-term care been influenced by the COVID-19 Pandemic, including factors such as labour force exhaustion, over-work, worker exits, and work disruptions as well as public attention and media critiques of the sector?

This thesis contributes to answering these questions through an examination of long-term care sector union activities in Manitoba. The questions themselves proceed from assumptions about public services in Canada and the role that unions play to preserve and bolster them. I start with the research-informed assumption that publicly owned and operated long-term care is best able to produce conditions for quality of both work and care (Armstrong, Armstrong 2020; Canadian Union of Public Employees Manitoba 2015; Ronald, McGregor, Harrington, Pollock, and Lexchin 2016). Second, I understand long-term care as an important social indicator of equity (Armstrong, Armstrong and Daly 2012). Long-term care constitutes a gendered, racialized and classed system as women comprise the majority of workers and residents (Armstrong and Armstrong 2019) and immigrant, racialized and Indigenous workers are over-represented in the labour force. Historically, the public sector, and healthcare specifically, have provided opportunities for women to secure quality employment due to high levels of unionization within this sector (Armstrong and Armstrong 2019). Further, it is working class women in households and families who provide more care, unpaid and in addition to their existing

paid and unpaid work, when public services are not available. When the public sector takes a share in care, it re-distributes the necessary work of care to alleviate inequitable divisions of labour, while also re-distributing care to those who most need it. By paying people and specifying the skills needed to do care, inequities associated with women's unpaid work are addressed, at least in part. Long-term care also recognizes the most vulnerable and disabled people, acknowledging their right to receive care. Therefore, organizing around public care has implications for gender, race, and class equality.

The context for my case study has both parallels and differences with the politics of long-term care in other provinces in Canada. As I will show, the Manitoba provincial government has targeted public sector workers and their unions as a means to facilitate health care and long-term care privatization. Since the election of Manitoba's Progressive Conservative government in 2016, Manitoba's public services have been under attack. As I will discuss further in Chapter 2, anti-union policy has been coupled with stagnant funding for long-term care in Manitoba, opening opportunities for emerging care needs to be addressed through private operators.

Despite facing increased pressure, Manitoba's long-term care unions have remained strong advocates for quality conditions of care and work. During this time, unions have continued to carry out organizing activities to oppose privatization and advance their vision for quality public long-term care. Within this vision, union priorities are not limited to issues such as wages and working conditions. Instead, unions advocate for quality conditions of care for long-term care residents and link conditions of work to

conditions of care. Therefore, my research explores how unions representing long-term care workers in Manitoba have drawn on social unionist organizing strategies.

1.2 Theoretical Frameworks

This thesis deploys a Feminist Political Economy framework to undertake this analysis. Rooted in an historical materialist perspective, Feminist Political Economists consider how global, national and local developments are interrelated based on interactions between “states, markets, and civil society” with attention to how this may be reflected in ideas and discourse at these various scales (Armstrong and Armstrong 2018, 3).

However, unlike traditional Political Economy, Feminist Political Economists place the social dimensions of class, race and gender at the centre of their analyses (Vosko 2019).

As described by Armstrong and Armstrong (2018, 3) feminist research is informed by lived experience and involves a process of “listening to those with direct knowledge gained through their work and other relations and connecting these experiences to larger social structures and processes.” Therefore, such analyses illuminate interconnections between social, economic, and political factors which shape gender and race-based inequalities. Braedley (2019, 305) draws attention to two central questions for analysis: “who benefits from these inequalities and how?” and “who pays for them, and how?”

Feminist Political Economy has a longstanding focus on care work (Armstrong and Armstrong 2018). This approach theorizes women’s paid and unpaid reproductive work in its totality through the concept of social reproduction (Bezanson and Luxton 2006).

Braedley and Luxton (2021, 20) conceptualize social reproduction as “[t]he work of daily and generationally reproducing this dispossessed, labouring class

under conditions of on-going dispossession that vary radically both across and within global contexts.” This project considers the working class in broad terms, drawing on Arruzza, Bhattacharya and Fraser (2019)’s conceptualization of the working class which encompasses the 99 percent. As explained by Braedley and Luxton (2021, 10) this understanding of the working class includes those who perform paid and unpaid labour, as well as “those who depend on the wage indirectly—whether through pensions, social insurances, and social assistance and those whose economic survival depends on the wages earned by others in their households or families.” Social reproduction “draws attention to the entire range of paid and unpaid work in the public and private sectors of the formal economy, in the community, and in the household, as well as to divisions within these sectors” (Armstrong and Armstrong 2018, 3). Further, in considering larger structural processes social reproduction is concerned with how the working class reproduces itself at an individual level, on a daily basis, as well as at a collective, on a generational basis (Bezanson and Luxton 2006). This includes a range of “familial as well as communitarian work” (Bhattacharya 2017, 3) which involves the “the fostering of people’s relationships and social networks” Black (2020, 23). Finally, Feminist Political Economy also intends to produce research for the purposes of social change, including through the identification of promising practices (Armstrong and Armstrong 2018; Vosko 2019).

Feminist Political Economy is well suited for this inquiry as long-term care is an important site of social reproduction relations of gender, race and class. The political, economic and social relations that maintain poor conditions of work and care in this

sector are infused with inequities of gender, race and class and feminist political economy allows these relations to be identified and confronted. Long-term care work is undervalued gendered work, performed mostly by women, and increasingly by racialized and immigrant workers. Further, most of the residents in long-term care homes are women.

Drawing on this framework to advance my project, I refer to unions that represent workers who do social reproductive work on the job as “social reproductive unions”. Identifying that these workers are doing socially necessary work associated with the reproduction of the working-class population shows the link between these worker’s contributions on the job and the everyday lives and labours of most of the population. We rely on these workers in health care, childcare, social services and more, to support the daily and generational reproduction of working-class households, families, and communities. Further, through their approach to organizing, long-term care workers and their unions foster important social relationships. Therefore, they are engaged in the reproduction of social solidarity and community making.

Adding nuance to this framework, I also draw on Ross’s (2007) analysis of Social Unionism as a useful theoretical model for examining how workers are organizing. Social unionism is generally understood as a mode of union praxis in which unions engage with social justice issues (Camfield 2007; Ross 2007; Baines 2008). This approach to organizing conceptualizes union activity beyond the collective bargaining process to address issues that affect union members as well as the broader community (Ross 2007). Within the public sector unions’ collective bargaining interests intersect with “debates

over public policy and how the state serves the public interest” (Ross 2007, 21). Therefore, public sector unions provide a vehicle for broader social change. However, Social Unionism is often used to describe a number of different union practices and is employed interchangeably with multiple other terms, including: “social movement unionism, union-community coalitions, social unionism, community unionism, social justice unionism or citizenship movement unionism” (Ross 2007, 17). Although there are various approaches to theorizing social unionism, Ross (2007)’s perspective lends itself well to the present analysis. Ross (2007) draws on concepts from social movement theory to construct an analytical framework for understanding variations in the manifestation of social unionism. According to Ross (2007, 16), variations across these three axes produce differing forms of social unionism: 1) “the ethos or collective action frame used to rationalize union activity;” 2) “The repertoire or strategic means used to act on that ethos”; 3) “The internal organizing practices and power relations which shape who is involved in defining and carrying out union goals and initiatives.”

The Collective Action Frame provides a way of making meaning, constructs who the actors are, and legitimates activities (Ross 2007). Frames are developed based on three categories (Benford and Snow 1988 as cited in Ross 2007): Diagnosis (Problems), Prognosis (Strategies), and Motivations (Rationale). Frames may be analyzed through readings of union documents, with attention to how unions characterize themselves. This provides insight into how unions explain their activity (Ross 2007). Organizations that align with Social Unionism tend to employ anti-economistic and anti-sectionalist discourse. Ross (2007) states that social unionism is anti-economist, as unions that take

up this approach consider the identities, interests and experiences of union members beyond the workplace. Social unionism is also anti-sectionalist, which means that social unionism frames issues broadly in terms of general working-class interests, rather than limiting the scope of union issues to those which only affect the union membership (Ross 2007). Therefore, union activity serves the interest of the working class. Another mode for analyzing approaches to social unionism is through unions' actions (repertoire). As argued by Ross (2007, 23), repertoire translates diagnosis and prognosis into action. In addition to collective bargaining, social unionism may involve electoral political activity, non-partisan lobbying, coalition building, community unionism, extra parliamentary mobilizing and union-community coalitions (Ross 2007). However, the use of such tactics alone does not constitute social unionism; rather this is determined through an analysis of "the relationship between that tactic and the goal it is meant to serve" (Ross 2007, 26). Further, "organizational structures and relationships involve the roles, relative importance and division of labour between elected leaders, appointed staff, and members" (Ross 2007, 27). This results in three main types of organizational practice. The first is leadership focused, where elected and appointed officials frame the issues, decide repertoires, and implement these strategies without workers' participation (Ross 2007). The second is membership focused/mobilizational, where members participate heavily in organizing, campaigns, and representation, but education may enforce leaders' visions and initiatives (Ross 2007). The third is membership focused/democratizing where members have democratic control and are involved in defining goals, strategies and tactics (Ross 2007).

1.3 The Case of Long-term care in Manitoba, An Introduction

Within this research, I examine how unions have been, and continue to be, involved in the politics of social reproduction as they play out in struggles over Manitoba's long-term care system. As noted above, social reproduction is concerned with how the working class reproduces itself on a daily and generational basis (Bezanson and Luxton 2006). In Manitoba, some of the state's share of this reproduction occurs in long-term residential care facilities known as personal care homes. Based on the structure of Manitoba's long-term care system, long-term care workers are public sector workers and represented by public sector unions. However, as I will argue in later chapters, this was not always the case. Historically, the public sector, and healthcare specifically, have provided opportunities for women to secure quality employment due to high levels of unionization within this sector (Armstrong and Armstrong 2019). However, the provincial government has threatened these good jobs through the introduction of policy which is both anti-union and pro-privatization.

Using the politics involved with Manitoba's long-term care system as my case, I explore a tendency of social reproductive unions to organize through social unionism. Among union activists and labour scholars, the term 'organizing' is used to describe two different forms of union activity: 1) organizing new members through unionization and 2) organizing politically to advance the interests of working people. My research focuses on the latter activity, with attention to the strategies and tactics unions employ as they work to protect Manitoba's public long-term care system from the government's privatization efforts.

1.4 Outline of Chapters

To address my research questions in the context of Manitoba and the COVID-19 pandemic, Chapter Two Organizing Social Reproduction, offers an analysis of the political economy of Manitoba's long-term care system, the older population it serves and the workers it employs, including their unionization, as well as the historical context of organizing for public care in Manitoba. In Chapter 3, Workers United, I review links made by others about social unionist orientations and relations of gender, race and class, arguing that social reproductive workers' social unionist approach to organizing in Manitoba's long-term care system likely relates to their social location and experiences. I then examine how union representation has evolved in Manitoba's long-term care sector. I argue that public sector "social reproduction" unions have organized a united front in Manitoba's long-term care system, positioning them well to advocate for their vision of a quality long-term care system, and furthering social unionism via collective action. In Chapter 4 Methods, I outline my qualitative methods of data collection, including archival research, key informant interviews, ethnographic observations, and social media analysis. I describe my analytical process to draw on these different forms of data, the limitations and opportunities I encountered, as well as ethical considerations. In Chapter 5 Organizing for All of Us: How did long-term care workers organize during Covid 19? I analyze the main findings of my research to illustrate how long-term care unions are organizing for public care through social unionism. I argue that in organizing against privatization, long-term care workers aim to advance a new vision of Manitoba's long-term care system which is publicly owned and regulated by care standards by applying

Ross (2007)'s theory to my case. In Chapter 6, Conclusions, I highlight my main findings and their implications for action, for research, and methods.

Chapter 2: Organizing Social Reproduction: A Political Economy of Manitoba's Long-term Care System

2.1 Introduction

To consider how workers are organizing to retain long-term care as a public service, and to identify their key opportunities and challenges in organizing, it is helpful to understand the political, economic and social conditions that have shaped long-term care provision in Manitoba. This political economy of Manitoba's long term care system reveals a system in distress that in turn, is leaving vulnerable frail and disabled Manitobans and their families without needed supports and fragmenting further the social reproduction of working-class households in the province.

Since the Progressive Conservative government was elected in 2016, Manitoba's public services have been under attack. The government has targeted public sector workers and their unions as a means to facilitate bold reductions in government responsibility for services transferring publicly owned and operated services to the private, for-profit sector and to households and families through a process called privatization. While Armstrong and Armstrong (2019, 17) define public care as "public delivery and public payment for health services" and "a commitment to shared responsibility, democratic decision-making, and the idea that the public sector operates according to a logic of service to all," privatization is defined as a process of diverging from these commitments. According to

Armstrong (2001) the privatization of healthcare involves four policy directions, which include: shifting the responsibility for costs of care to individuals; expanding private, for-profit care; shifting the location of care provision out of public care facilities and into the community and private households; and the adoption of private sector management practices in care settings. Further, the Manitoba government has engaged in union busting to minimize worker challenges to privatization.

In justifying these aims, conservative governments have drawn on arguments that unions are self-interested and create inefficiency in the labour market. For example, in 2014, the Fraser Institute released a report that suggested Manitoba's labour laws showed more favour to unions than any other province in Canada, and that this was a problem (MacIntyre and Lammam 2014,15). The institute raised concerns that such legislation would "inhibit the proper and efficient functioning of the labour market" and "prevent innovation and flexibility" (MacIntyre and Lammam 2014, 3). To address these alleged issues, the Progressive Conservative Government introduced legislation targeting public sector workers and their unions. For instance, in 2017, Bill 28 the Public Services Sustainability Act was introduced by the Manitoba Progressive Conservative government to confront growing annual deficits and protect public services. The bill implemented a two-year wage freeze for 120,000 public sector workers across Manitoba. Other legislation specifically targeted healthcare workers and their unions. Another example, Bill 29 *The Health Sector Bargaining Unit Review Act*, reduced the number of bargaining units in Manitoba's healthcare system to "simplify labour negotiations" (Brohman 2018, Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units)

Not surprisingly this anti-union legislation has been coupled with neoliberal policy decisions that seek to further develop long-term care services through private, for-profit providers. To facilitate this shift, provincial operating funding for long-term care homes in Manitoba have remained frozen since 2009 (Coubrough 2020). Within other provinces, such as Saskatchewan, stagnant long-term care funding and the erosion of public long-term care infrastructure has been used as a tactic to “make space for private for-profit providers” (Braedley, McWhinney, Barclay and Jensen 2019, 15). In 2017, the government removed the Accountability and Transparency legislation for P3s, which cleared the way for the potential use of Public Private Partnerships (Canadian Union of Public Employees Manitoba 2017). This action removed the rules previously put into place to regulate the use of private-public partnerships. Under the defunct legislation, governments were required to complete a detailed risk assessment, a value-for-money analysis and public consultation. Further, projects had to be overseen by an independent fairness monitor, the government was required to publicly report the terms of the P3 contract, and regular status reports were required during the term of the partnership. The elimination of this legislation means that there will be much less regulation of P3s going forward. The Manitoba Nurses Union (2018) argued that this is especially concerning when considered alongside the provincial government’s promotion of privatization throughout the healthcare system. If the government intends to utilize private, for-profit operators in the expansion of long-term care there will be less oversight.

But are Manitoba’s long-term care unions only self-interested? How are they organizing in opposition to these government actions? As I will show in what follows, long-term

care unions in Manitoba have taken up social unionist organizing responses in response to threats of privatization, which extend beyond concerns about wages and working conditions for members, to include concerns about the quality of public services and their ability to support Manitobans. These organizing strategies disprove the Progressive Conservative government's claims that unions are self-interested. Public sector union's fight against privatization has not been limited to their interest in the survival of unions, but about advancing a vision of quality public services, enhancing social reproduction, and advancing equity.

2.2 Long-term care: A system in distress

Although the systemic issues within Manitoba's personal care homes are long standing, the conditions of work and care have only gotten worse throughout the COVID-19 Pandemic. If unions were self-serving organizations, this would be the time for unions to prioritize the needs of their membership over the needs of the public. In long-term care and other social reproductive services, it is often asserted that the conditions of work are the conditions of care (Armstrong, Armstrong, Choniere, Lowndes, and Struthers 2020; Canadian Union of Public Employees Manitoba 2015; McLean 2013). Arguably then, worker self-interest may be in the public interest in many cases. That said, organizing approaches that focus on worker self-interest have a particular strategy, or direction. I will show that unions have taken a different approach and have attempted to address this crisis through a social unionist orientation to organizing, which prioritizes the quality of care.

2.2.1 Current conditions in Long-Term care

To understand why workers are organizing, and the vision Manitoba's long-term care unions are advocating for, it is necessary to understand the conditions of work and care in publicly funded residential care, called "personal care homes" in Manitoba, and why they have been inadequate. What are the conditions of work and care in Manitoba's personal care homes? Long-term care workers and their unions have raised concerns over staffing shortages and the lack of care minimums. At the time in which this research was conducted (2020-2022), there was no legislation regarding minimum care hours in personal care homes, only suggested guidelines, which recommended a target of 3.6 hours of care per resident, per day (Canadian Union of Public Employees Manitoba 2015). However, Manitoba's personal care home guidelines were based on calculations of paid hours, rather than direct care hours, which means vacation, sick leave and other leaves are included in the calculations (Manitoba Nurses Union 2018). Workers indicated that staffing shortages were prevalent as employers failed to adequately staff personal care homes and replace absent workers (McLean 2013; Canadian Union of Public Employees Manitoba 2015). Further, because the guidelines were not legislated there were no penalties for employers who failed to meet this target due to chronic understaffing. As a result, staff experienced high workloads, which negatively impact the quality of care (Manitoba Nurses Union 2018). Additionally, within this context workers expressed concerns about the inadequacy of social and emotional care for residents (Canadian Union of Public Employees 2015). These issues were of concern within both public and privately operated care homes; however, the scholarly and grey literature suggests that these issues were most prevalent in private, for-profit settings (McGregor

and Ronald 2011). This is because for-profit operators have sought to cut labour costs to maintain profit.

The COVID-19 Pandemic intensified the difficult conditions of work and care in personal care homes across the province. Long-term care has been described as the “epicentre of COVID-19” in Manitoba (McCracken 2021, Manitoba Needs to Spend More to Heal from Pandemic-impaired Economy). Over half of the province’s COVID-19 related deaths occurred in long-term care facilities. Although privately owned, for-profit care homes made up a tiny portion of the personal care homes in Manitoba in the year 2020 (as discussed in detail below), the majority of deaths occurred in these homes (Canadian Union of Public Employees Manitoba 2020).

Manitoba’s long-term care unions reported that the staffing crisis in long-term care only worsened throughout the pandemic. Within many personal care homes, staff fell ill with COVID-19 due to government and employers’ failure to ensure access to Personal Protective Equipment, including N95 masks and face shields (Manitoba Nurses Union Sept 29, 2020, 4). Further, workers also experienced physical injury and burnout due to increased workloads and a lack of adequate support (MacLean 2020). Given these conditions, it is no surprise that many personal care homes in the province experienced “unprecedented staff turnover” as workers exited the sector (Robertson 2021, Review of Staff Training in Personal-care Homes no Longer Provincial Priority).

2.2.2 Frail people and their families in distress

If Manitoba's long-term care system is a system in distress, who is affected by this crisis?

Consistent with socio-demographic trends in Canada and many other countries,

Manitoba's population is aging (Canadian Institute for Health Information 2020). As of

2019, adults 65 years and older make up 15.6% of Manitoba's population. However, this

population is expected to increase by 31 per cent between 2018 and 2028 (Government of

Manitoba 2022). As the population of older adults in this province continues to increase,

so will the need for long-term care. Manitoba's long-term care unions have advocated

that this need must be addressed through the expansion of public care provision.

Long-term care usage is also mediated by relations of gender, race and class. Long-term

care admission is more likely to be necessary for those who are very old, have lower

incomes, and are women, and Manitoba data shows that a significant population meets

these criteria. Most older adults in Manitoba are of low income. In 2018, the median

income of Manitobans aged 65 years and older was a very low \$28,590 (University of

Manitoba Centre on Aging 2022). Further, the relationship between income and age was

mediated by gender. In 2015, the University of Manitoba Centre on Aging (2022)

reported that older women tend to earn less than men.

According to Armstrong (2012) older adults are more likely to live in long-term care if

they are of low income or lack a safe place to live. Further, women are more likely to live

in long term care due to longer life expectancies, lower incomes and a lack of care

providers (Armstrong 2012). This also tends to be the case for racialized women who immigrate alone (Armstrong 2012).

Generally, older adults with “complex, intensive care needs” are more likely to be admitted to long-term care (Armstrong 2012, 11). In Manitoba, a classification system known as the Dependency Assessment Supplement (DAS) is used to assess personal care home admissions based on an individual’s level of dependence, and the amount of daily nursing care they require (Manitoba Centre for Health Policy 2011). The assessment determines the number of hours of nursing care required by a resident based on their ability “to complete ADL tasks, on their need for professional interventions, and their degree of behavioral problems” (Manitoba Centre for Health Policy 2011, Glossary Definition). Residents’ needs are then rated on the following four level scale: Level 1 = 0.5 hours, level 2 = 2 hours, and levels 3 and 4 = > 3.5 hours, with level 4 being the most dependent and/or requiring the most nursing care (Manitoba Centre for Health Policy 2011). Between 2017 and 2019 personal care homes in Manitoba did not admit any Level 1 residents, while 60% of admissions were for individuals assessed at a Level 2 or 3 (Toews 2016, 37). Care needs may include meals, assistance with activities of daily living (bathing, dressing and toileting), nursing care, supplies, prescription drugs, physiotherapy and occupational therapy, and laundry services (Long-Term & Continuing Care Association of Manitoba n.d.).

During the time in which this research was conducted, older adults in Manitoba were more likely to live in urban, rather than rural areas. Over three quarters of Manitobans 65

and older resided in a population centre (79.7%), while only 20.3% lived in rural communities. More than half of older adults lived in Winnipeg (56.2%), the province's largest city (University of Manitoba Centre on Aging 2022). The locations of personal care homes in Manitoba tended to follow the same geographic trends. As outlined in Illustration 1, Manitoba's personal care homes were mostly located in the Prairie Mountain (34.4%) and Winnipeg Health Regions (30.4%) (Government of Manitoba 2020). These regions each include the two largest cities, Brandon (Prairie Mountain Health Region) and Winnipeg (Winnipeg Health Region) (Government of Manitoba 2020). Personal care homes were less concentrated in the Southern (17.6%) Interlake (12.8%) and Northern Health Regions (4.8%) (Government of Manitoba 2020).

Illustration 2 shows that most for-profit care homes were located in the Winnipeg Health Region, while Illustration 3 shows that public and not-for-profit homes were spread out across the province (Government of Manitoba 2020).



Figure 1



Figure 2

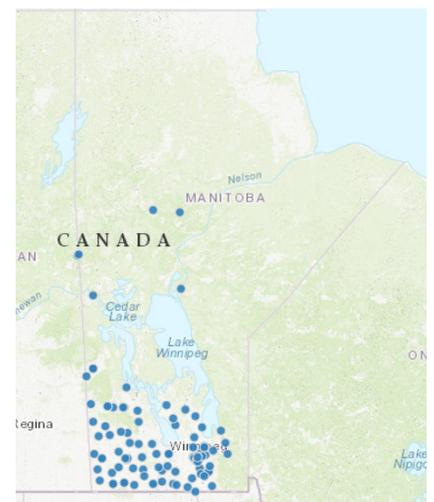


Figure 3

2.3 Ownership and Staffing: Fragmented Social Reproduction

Considerably different than most provincial jurisdictions in Canada, in 2020, the majority of personal care homes in Manitoba are publicly owned (57%) or privately owned and operated on a not-for-profit basis (30%), while only 13% of personal care homes are under private, for-profit ownership (Canadian Institute for Health Information 2020). This is a dramatic contrast with, for example, Ontario that had 57% for-profit ownership. In Manitoba, then, workers organized to retain and bolster public services in light of government privatization plans (Canadian Institute for Health Information 2020).

In 2020, there were 125 personal care homes in Manitoba (Canadian Institute for Health Information 2020) which housed just under 10,000 beds (Long-Term Care Association of Manitoba n.d.). However, in consideration of the aging population, additional personal care home beds were needed (Canadian Union of Public Employees 2015). Manitoba's long-term care unions were organizing to ensure that this increased need is met through quality, public operators.

Who works in long-term care? Who are the union members fighting for public long-term care provision? Why might these workers take up a social unionist organizing approach?

During the period in which this research was conducted, long-term care was a gendered, racialized and classed system, not only due to who ends up needing this care, but also by the portrait of the labour force. In 2020, across Canada, Census data showed that women made up 90.3%, immigrants made up 46%, and racialized populations made up 65% of

the long-term care workforce (Lightman and Braay 2020). According to Turcotte and Savage (2020, 5) “Black and Filipino women are highly represented among nurse aides, orderlies and patient service associates.” The demographic portrait of Manitoba’s long-term care workforce was consistent with broader trends across Canada during this time. Canadian Union of Public Employees Manitoba (2014, Tuxedo Villa Workers on Second Day of Info Pickets) indicated “Most long-term care workers are women, middle aged, and many are newcomers to Canada – they are surviving paycheque to paycheque and have family responsibilities to consider.” As of 2016, immigrants made up 43.8% of all nurse aides, orderlies and patient service associates in Manitoba (Turcotte and Savage 2020).

Within Manitoba’s healthcare system, educational, pay, status and professionalization differences exist among workers. Typically, healthcare aides had less education and lower pay in comparison to nurses, who have more education, higher pay and professional status. A healthcare aide working in the Winnipeg Regional Health Authority earns between \$18 and \$21 per hour, whereas a nurse employed within the same health authority earns between \$35 and \$45 per hour (Winnipeg Regional Health Authority 2017). Further, the Canadian Union of Public Employees (2015) reports wage and benefit disparities between workers in public and private, for-profit personal care homes. Despite performing identical work, workers in privately owned facilities receive lower wages and are less likely to have access to pensions or other benefits (Canadian Union of Public Employees 2015). With respect to education, healthcare aides in Manitoba are required to have a Grade 10 or equivalent education and complete a

healthcare aide certification course (Winnipeg Regional Health Authority 2017), although many new immigrants have unrecognized advanced qualifications in health care or in other fields (Cornelissen 2021). Among nurses, Licensed Practical Nurses are required to complete a two-year diploma, while Registered Nurses require a four-year degree (Manitoba Healthcare Providers Network 2021).

Differences in education, pay and status were also observed between nurses of different professional classifications. Licensed Practical Nurses, who have less education and lower pay, were highly concentrated within long term care. The Manitoba Nurses Union (2018) reports that 42% of Manitoba's Licensed Practical Nurses are employed in personal care homes, as compared to 12% of Registered Nurses and 1.9% of Nurse Practitioners.

There was also a notable division of labour between healthcare aides and nurses. Healthcare aides provide most of the direct care, while nurses provide less direct care, but are responsible for various administrative and supervisory duties. This division of labour was reflected in policy by Manitoba's personal care home guidelines. In Manitoba, healthcare aides were expected to provide the majority (65-70%) of direct care within personal care homes (Manitoba Nurses Union 2018). The remaining 30% of care was provided by nurses (Manitoba Nurses Union 2018). This labour was split between two groups of nurses, RNs/RPNs (15%) and LPNs (15%) (Manitoba Nurses Union 2018).

2.4 Manitoba's Long-term Care Unions

Due to the structure of Manitoba's long-term care system, social reproductive workers in personal care homes are public sector workers. Across Manitoba's healthcare system, workers are represented by three public sector unions: the Manitoba Nurses Union (MNU), Canadian Union of Public Employees - Manitoba (CUPE MB), and the Manitoba Government and General Employees Union (MGEU).

The Manitoba Nurses Union represents over 2500 members in long-term care across the province (Manitoba Nurses Union April 28, 2020). In 2022, the union was led by President Darlene Jackson and an executive of four other members. The union also employed about 20 paid staff in labour relations, communications and administrative positions. Within the long-term care workforce, nurses are among the more highly educated and paid workers. Therefore, this union's membership differs from the other two long-term care unions in terms of status. While members of the working class, nurses have argued for and won the right to be considered professionals, whereas direct care and service staff do not have this status. The Manitoba Nurses Union (2018) represents nurses of all classifications in long-term care, including: Nurse Practitioners, Registered Nurses, Registered Practical Nurses, and Licensed Practical Nurses.

Canadian Union of Public Employees Manitoba Local 204 represents 3000 members in long-term care, including a diverse range of healthcare workers and facility support staff such as "health care aides, maintenance workers, dietary aides, [and] clerical workers," as well as "dietitians, social workers, lab techs, and other professional/technical workers..."

nurses, midwives, and doctors” (Canadian Union of Public Employees Manitoba 2015, 8). In 2022 this local was led by President Debbie Boissonneault and an executive of nine other members. The local’s Second Vice-President, Daniel Richards, has experience working as a healthcare aide at a for-profit personal care home in Winnipeg and has previously been active in organizing the unions’ Private Personal Care Home Committee, which brought together members working in privately owned personal care homes. Geographically, the union represents community and facility support in the Northern Health, Southern Health, Shared Health and Winnipeg-Churchill Regions.

The Manitoba Government and General Employees Union (MGEU) also represents members in long-term care, including healthcare workers and facility staff such as “health care aides, housekeeping personnel, kitchen staff, maintenance workers, laundry aides and recreational staff” (Manitoba Government and General Employees Union 2017, 1). As of the leadership election on October 21 2021, this union is led by president Kyle Ross, an employee of Manitoba Public Insurance. However, during the time in which I was collecting data, the union was led by former President Michelle Gawronsky. Michelle Gawronsky has experience working in a personal care home in rural Manitoba as a healthcare aide and recreation staff. Geographically, this union represents workers in Community and Facility support in the Prairie Mountain and Interlake-East Health Regions, as well as professional, technical, paramedical workers in the Interlake-East Health Region.

2.5 A History of Leftist Politics and Long-term care Organizing in Manitoba

Manitoba's existing long-term care system is the result of many struggles of the past. While the future of Manitoba's strongly publicly owned and operated long-term care home system is still a struggle, its high percentage of public ownership has been a hard-won result of both Winnipeg labour organizing and Manitoba workers' social union-oriented political activity. In this section I argue that Manitoba's political history shows that workers and their unions have repeatedly adopted a social unionist orientation, to oppose attempts by past governments to privatize healthcare services and advance their vision for a strong public long-term care system.

Manitoba's history of leftist politics likely played a role in the work of a number of community groups who were early advocates for older adults and long-term care reform. In the 1950s, out of recognition for the growing older population within the city of Winnipeg, The Welfare Council of Greater Winnipeg undertook a study of older adults entitled *Age and Opportunity* (Age & Opportunity 2017). The study recommendations included the establishment of a Winnipeg age centre which would serve older adults by providing "access information and referrals, counselling services, and education and recreation programs" (Age & Opportunity 2017, 3). The Age and Opportunity Bureau was founded shortly thereafter, under "a mandate to research and advocate for older adults, as well as provide direct services" (Age & Opportunity 2017, 3). Throughout the 1960s, the organization brought together community members, seniors clubs, and churches with an interest in improving the quality of life of older adults in the city (Age & Opportunity 2017). The Bureau aimed to increase "public awareness about the barriers

to long-term care, particularly those relating to financing, ownership and organization... through its research, activism and volunteerism” (Twomey 2014, 111). Through this work, the organization shifted public attention to the negative effects of privatization for workers and residents in personal care homes (Twomey 2014). This helped promote public interest in the development of a public long-term care system.

The 1969 election of Ed Schreyer’s NDP government was a significant moment for the Left in Manitoba. This victory was believed to be the product of numerous factors, including growing support for the NDP from the “New” middle class of Manitobans working in the public sector (Adams 2008). Supported by the unions throughout their tenure and influenced by community interests in non-profit public care organized through a coalition of care recipients, family caregivers, and care workers (Twomey 2014), the NDP integrated personal care homes into the scope of the public healthcare system and introduced a universal home care program (Twomey 2014). Ed Schreyer’s 1972 White Paper on Healthcare, which provided the foundation for healthcare reform in the province, was deeply informed by the work of Winnipeg’s gerontological specialists. As argued by Twomey (2014, 107) “Having a critical mass of geriatric specialists committed to advancing non-profit long-term care reform at a time when the government was seeking out solutions made Manitoba unique within Canada during the 1960s and 1970s.” With these developments, Manitoba’s long-term care system was considered to be a leader in the care of older adults across Canada, with the first home care system of its kind (Shapiro 1997).

As indicated by Ross (2008), social democratic politics were the dominant social unionist repertoire utilized by Canadian Unions throughout the 1970s and 1980s. This strategy is well demonstrated by Manitoba's public sector unions and care advocates who worked closely alongside the New Democratic Party of Manitoba to support public ownership within the early years of Manitoba's long-term care system.

The 1977 election of Sterling Lyon and the Progressive Conservatives challenged unions and public care activists. The Lyon government's approach to long-term care was a stark contrast to Schreyer's as the Progressive Conservatives aimed to incentivize the resurgence of for-profit providers (Twomey 2014). Furthermore, Lyon aimed to shift public perceptions in favour of for-profit care by arguing that competition would increase quality, and that private providers had the same level of compassion and interest in providing quality care (Twomey 2014). For-profit development was blatantly favoured over public expansion as Lyon's government aimed to incentivize the private sector in order to "meet the needs of its aging population." (Twomey 2014, 127). Not surprisingly, workers mobilized in protest to privatization. In 1980 and 1981, workers went on strike at two privately run personal care homes, Golden Door Geriatric Centre and St. Adolphe Nursing Home (Twomey 2014).

Once again demonstrating the power of worker politics in Manitoba, in the next provincial election, the NDP, and its Premier-elect Howard Pawley won (Twomey 2014). During the NDP's leadership, long-term care activists worked with the government to appoint the first provincial gerontologist, Betty Havens, who was to act as "a major

liaison between government, voluntary agencies, senior citizens' organizations, and individuals in meeting the needs and concerns of Manitoba's aging population" (Twomey 2014, 136).

Throughout the 1990s, Gary Filmon's Progressive Conservative government adopted several policy changes which supported the privatization of segments of Manitoba's healthcare system (Scarth 2001). This included new governance structures for health care with the introduction of Regional Health Authorities, which replaced community boards. Amendments to laws which made labour relations more difficult for unions. The government also attempted to contract out specific healthcare services to private companies. In 1996, a leaked document revealed that the government was working to privatize 25% of the services provided by personal care workers employed within Manitoba's Home Care Program (Shapiro 1997). The government was briefly successful in contracting out a portion of home care services in Manitoba (Shapiro 1997), as well as hospital food and healthcare information services.

Manitoba's unions strongly opposed policy strategies introduced by Gary Filmon's Progressive Conservative government by drawing on social unionist organizing strategies. During this time period, unions drew on a social unionist repertoire of political mobilization such as demonstrations and strikes, as well as union-community coalitions.

In 1991 the Nurses Union, led by Verna Chernecki, entered contract negotiations with the Filmon government (Manitoba Nurses Union 2017). Manitoba's nurses, including many

employed in personal care homes, engaged in a 31-day strike (Black 1991). Throughout the strike the Nurses Union utilized social unionist motivations and strategies. The Manitoba Nurses Union (2017, 7) argued that the strike was a way of advocating for better patient care, stating “We have power as the most trusted spokespersons for health care. It would be negligent of us not to use that power to advocate for nurses and patients.” The nurses’ union allied in coalition with other trade unions and community members. Strike supporters “contributed money and food, organized solidarity socials and joined nurses on the picket lines” (Black 1991, The Manitoba Nurses' Strike). The union also engaged in extra-parliamentary demonstrations as workers organized a public march to the Manitoba legislature and demanded a meeting with the premier (Black 1991). As of this writing, this strike is the longest strike among nurses in Canada’s history.

In the years that followed nurses faced years of cutbacks and lay-offs, but the nurses’ union demonstrated strong engagement in political action, drawing on social unionist messages (Manitoba Nurses Union 2017). For example, during a provincial by-election in 1993, the union “launched a series of television ads” which emphasized the connection between quality conditions of work and quality outcomes of care (Manitoba Nurses Union 2017, 7). In particular, one advertisement focused on a patient ringing a call bell, but no nurses were present to provide support (Manitoba Nurses Union Youtube Channel 2008). The messaging indicated that without addressing the staffing crisis among nurses there would be no one to care for patients. The campaign was believed to have been highly influential in the outcome of the by-election (Manitoba Nurses Union 2017).

Another example of union organizing through social unionism occurred in 1996, when personal care workers represented by the Manitoba Government Employees Union (Manitoba Government and General Employees Union 2016), as well as various community supporters, engaged in a five week-long strike (Twomey 2014; Manitoba Government and General Employees Union 2016). During this time the Home Care Component of the union was led by President Anita Lewis (Manitoba Government and General Employees Union 2010, Part 1 01:18). Throughout the strike the union utilized various social unionist strategies, including union-community coalitions. The union worked closely in organizing with the home care coalition, a group of home care recipients, family caregivers and community organizations (Manitoba Government and General Employees Union 2010, Part 2 5:23). Together, the union and coalition organized a number of demonstrations. When the Premier held a town hall at the University of Winnipeg, home care workers and community allies organized a protest at the university (Manitoba Government and General Employees Union 2010, Part 1 04:47). On the morning of April 17th, the strike commenced, and a group of 1500 healthcare workers and community supporters gathered for a rally outside the legislature. Speakers included homecare users and family members (Manitoba Government and General Employees Union 2010, Part 1 07:07). This included union leaders, as well as Evan Burns and Barb Ames who represented the Home Care Coalition (Manitoba Government and General Employees Union 2010, Part 2 00:15). Strikers rotated locations across the province to picket with smaller workforces in Pine Falls, Portage la Prairie, Selkirk and other rural towns (Manitoba Government and General Employees Union 2010, Part 2).

The home care coalition also launched the Save Home Care lawn sign campaign (Twomey 2014; Manitoba Government and General Employees Union 2016).

When Filmon's government failed to engage meaningfully in bargaining, the union and the home care coalition organized creative demonstrations. For example, picketers set up bargaining table outside of the legislature (Manitoba Government and General Employees Union 2010, Part 2 4:33). The home care coalition organized its own public hearings, where home care recipients spoke in support of the strike and raised concerns about the private care they were receiving during the strike (Manitoba Government and General Employees Union 2010, Part 2 4:51). The meetings included commentary from expert academics, such as Dr. Evelyn Shapiro, who played a significant role in the establishment of Manitoba's Home Care Program in 1974 (Manitoba Government and General Employees Union 2010, Part 2 6:18). The support of clients, family members and the public on the picket lines were cited as a factor in bringing the government back to the bargaining table (Manitoba Government and General Employees Union 2010, Part 2 6:33). The unions successfully negotiated a two-year contract which promised job security, no cuts to wages or hours, and banned contracting out services in rural Manitoba (Manitoba Government and General Employees Union 2010, Part 3 1:10). The union's campaign to protect home care carried on after the strike. In December of 1997, Health Minister Darren Praznik, announced the end to private healthcare experiment, citing that the results had shown privatization would not lead to savings (Manitoba Government and General Employees Union 2010, Part 3 4:44). Not only were these efforts successful in preventing the government's plans for privatization, the Manitoba Government and

General Employees Union saw an increase in membership as additional home support workers began to unionize (Manitoba Government and General Employees Union 2016).

Public sector unions' engagement in social democratic politics once again helped contribute to the election of an NDP government, led by Gary Doer in 1999. As argued by Wiseman (2008, 8), Doer's background in public sector unionism reflected "Manitoba's economic transformation" in which "Government constituted a larger share of the economy." Doer had close ties to the public sector and Manitoba's labour movement as a former corrections officer and president of the Manitoba Government and General Employees Union (MGEU) (Adams 2008). Throughout Doer's years in office, the relationship between organized labour and the NDP remained strong (Adams 2008). Increased investment in Manitoba's healthcare system by the NDP promoted positive recovery from the previous government's cuts (Manitoba Nurses Union 2017). Additionally, workers received wage increases and Manitoba's nurses "were the fourth highest paid in Canada" (Manitoba Nurses Union 2017, 9).

Despite these gains, long-term care workers continued to encounter challenges with working conditions. Unions, long-term care researchers and other advocates raised concerns over low staffing levels, increased workloads, and an inadequate level of beds to meet the needs of aging Manitobans (Manitoba Nurses Union 2006). In response, the Manitoba Nurses Union launched a campaign which called for increased staffing levels and resources in personal care homes throughout the province (Manitoba Nurses Union 2006). Also in 2006, the Manitoba government adopted the Aging in Place Long-Term

Care Policy. Although such policy approaches have been positively regarded as increasing patient choice in care, a consequence has been that older adults' transition to personal care homes later in life, with increasing and complex needs (Canadian Union of Public Employees 2015; Canadian Union of Public Employees 2009; Novek 2011). Therefore, the commitment of Manitoba's long-term care workers' and their unions have shown to securing increased staffing levels and resources is all the more important in supporting this approach to long-term care.

Between 2013 and 2014, staff at five different personal care homes in Winnipeg voted in favour of a strike during labour disputes over unfair wages, staffing levels and unsafe working conditions (Canadian Union of Public Employees Manitoba 2014; McLean 2013). At the same time, the union raised concerns about how these issues were affecting the quality of care for residents. As Paul Moist, President of Canadian Union of Public Employees Manitoba, stated "we are taking action to ensure the best level of care possible for our elders" (Canadian Union of Public Employees Manitoba 2013, Manitoba Long-Term Care Workers Rally for Better Quality Care). Notably, in four of the five homes with labour disputes, workers were employed in private, for-profit homes owned by chains such as Rivera and Extendicare (Canadian Union of Public Employees Manitoba 2014). As an alternative to strike action, workers held information pickets, as well as a protest at the Manitoba Legislature, to build public awareness of the situation (McLean 2013; Winnipeg Free Press 2013).

In 2016, a Progressive Conservative Provincial Government, led by Brian Pallister, was elected. The government introduced multiple pieces of legislation which have targeted public sector unions within Manitoba to prevent challenges to privatization.

In 2017, this government introduced Bill 28, the *Public Services Sustainability Act*, mandating a two-year wage freeze for public-sector workers as each new collective agreement was negotiated (Manitoba Nurses Union 2017, 1). The two-year wage freeze was followed by a 0.75 per cent pay increase in the third year and one per cent in the fourth (Manitoba Government and General Employees Union 2021, Bill 28 Appeal Court Rules Against Manitoba's Public-Sector Workers). The government stated that the purpose of the Bill was to address growing annual deficits and protect public services (Government of Manitoba 2017). This would be achieved by freezing the wages of over 120,000 public sector workers across Manitoba (Manitoba Government and General Employees Union 2021, Bill 28 Appeal Court Rules Against Manitoba's Public-Sector Workers). Bill 29 *The Health Sector Bargaining Unit Review Act* was also introduced in 2017. According to the Progressive Conservative Government, the purpose of Bill 29 was to “streamline bargaining units, simplify labour negotiations and align Manitoba with other provinces with fewer collective agreements” (Brohman 2018, Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units) The new bargaining units were to be organized by job category based on job descriptions (Brohman 2018). The number of bargaining units across Manitoba’s healthcare system was reduced from 183 to less than 50 (Geary 2019). In cases where workers in different unions were

grouped together into a new category, a vote was required to determine which union would represent those workers (Geary 2019).

Not surprisingly this anti-union legislation was coupled with neoliberal policy decisions that sought to further develop long-term care services through private, for-profit providers. For instance, provincial operating funding for long-term care homes in Manitoba have remained frozen since 2009 (Coubrough 2020), despite increased demands, costs and needs for renovation, replacement and upgrades. The 2018-19 budget included a \$2 million funding decrease for personal care homes (Manitoba Nurses Union 2018). Within other provinces, such as Saskatchewan, stagnant long-term care funding and the erosion of public long-term care infrastructure has been used as a tactic to “make space for private for-profit providers” (Braedley, McWhinney, Barclay and Jensen 2019, 15). Within the Winnipeg Regional Health Authority, the government has also converted three of the six emergency rooms to urgent care centres and closed numerous clinics (Wilt 2019). In 2017, the public-private partnerships (P3) Accountability and Transparency legislation was eliminated. The legislation was introduced in 2012, by the former NDP government to regulate the use of public-private partnerships. According to the National Union of Public and General Employees 2012, Manitoba Government Introduces Legislation Requiring P3 Public Accountability) “[a] public-private partnership is a long-term agreement where responsibility for financing, operations or maintenance of a major public sector capital project is transferred to a private sector partner.” Under the previous legislation governments were required to complete a detailed risk assessment, a value-for-money analysis and public consultation (National

Union of Public and General Employees 2012, Manitoba Government Introduces Legislation Requiring P3 Public Accountability). Further, the project would be overseen by an independent fairness monitor (National Union of Public and General Employees 2012, Manitoba Government Introduces Legislation Requiring P3 Public Accountability). The government was also required to publicly report the terms of the P3 contract and provide regular status reports during the term of the partnership. However, the elimination of this legislation means that there will be less regulation of P3s going forward (National Union of Public and General Employees 2012, Manitoba Government Introduces Legislation Requiring P3 Public Accountability). Therefore, if the government intends to utilize private, for-profit operators in the expansion of long-term care there will be little oversight to ensure accountability.

How did unions respond? A number of labour leaders spoke out against the legislation during presentations to the legislature. When Bill 28 was discussed in the Manitoba Legislature, Kevin Rebeck (Manitoba Federation of Labour), Michelle Gawronsky (Manitoba Government and General Employees' Union), Sandi Mowat (Manitoba Nurses Union) and Beatrice Bruske (United Food and Commercial Workers, Local 832) made presentations. These representatives all argued that Bill 28 was unconstitutional, as it interferes with the collective bargaining process as protected by the Charter of Rights and Freedoms. Sandi Mowat (Manitoba Nurses Union) suggested that the bill demonstrated the government's failure to recognize the difficult working conditions nurses face, while also eroding sustainability across the healthcare system (Government of Manitoba 2017, 78). Michelle Gawronsky explained that wage freezes would affect recruitment and

retention of workers in the province, especially when certain workers, such as care workers, already struggled with low wages (Government of Manitoba 2017, 75). Bea Bruske stated that although her union had accepted wage freezes in the past, in those instances both parties had met at the bargaining table and explored a range of potential solutions before working out the agreement (Government of Manitoba 2017, 84). Finally, Kevin Rebeck argued that Manitoba's public sector unions have presented proposals to the government which serve as an alternative to Bill 28; however, the government was unwilling to meaningfully discuss these plans (Government of Manitoba 2017, 72). During the meeting, private citizens, who identified as long-term care staff and healthcare workers, spoke about the effects the legislation would have on themselves, their families and their friends. Multiple speakers expressed concerns about lost income as they struggled to make ends meet on low wages (Government of Manitoba 2017). The wage freeze implemented as part of this legislation only made it more difficult for these individuals to get by. Additionally, some speakers suggested that it may be more difficult to recruit and retain care staff when other provinces such as Alberta or Saskatchewan offered incentives for workers in these positions (Government of Manitoba 2017).

Many public sector unions also organized through public demonstrations. In July of 2018, the members of multiple unions, including the Public Service Alliance of Canada, CUPE MB, Manitoba Government and General Employees Union, United Food and Commercial Workers, and Manitoba Association of Health Care Professionals, organized a rally to call for a reversal of Bill 29 at Deer Lodge Centre, the largest rehabilitation and long-term care facility in Manitoba (Brohman 2018). In additions to concerns about the

conflict Bill 29 created within the labour movement in Manitoba, unions also emphasized the impacts this legislation would have on care as healthcare workers continued to experience increased stress and uncertainty. But significant to the argument developing here, Carl Cannom (UVAE national president) argued "It's disrupting services to Manitobans, it's disrupting services to veterans, it's disrupting services in these facilities" (Brohman 2018, Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units). Social unionism, while more muted, remained integral even in this case.

This social unionist thinking came into full flower when The Manitoba Federation of Labour, in partnership with several unions, proposed an alternative to Bill 29. The labour movement proposed the creation of a collaborative bargaining council "where all unions would work together with the government to negotiate a single collective agreement" (Brohman 2018, Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units). Consistent with a social unionist orientation, this alternative approach was strongly favoured by these unions because it would minimize potential disruptions within the healthcare system. The Manitoba Federation of Labour (2017, 2) advanced this message in their Submission to the Manitoba Legislative Standing Committee on Legislative Affairs in response to the bill by stating "we believe that providing the best possible patient care, and supporting those who provide that care, should be the overriding focus of health care reform in Manitoba, including with respect to bargaining." The proposal illustrated that collective bargaining could be handled by the Union Bargaining Council with representation from the unions representing workers in each

region and sector, while the “unions certified to represent employees would continue to perform all of the usual functions of a certified bargaining agent, except collective bargaining” (Manitoba Federation of Labour 2017, 4).

The Manitoba labour movement’s fight against the governments implementation of anti-labour legislation remains ongoing. In response to Bill 28, the Manitoba Federation of Labour and 28 affiliated unions formed a coalition entitled Partnership to Defend Public Services (Manitoba Nurses Union June 11, 2020). This naming certainly conveys the commitment of public sector workers in Manitoba to furthering investment in quality public services among Manitobans. The coalition filed a legal challenge against the government, including a full challenge to the constitutional validity of the law; and a request for the court to impose an injunction, preventing the law from being proclaimed (Manitoba Nurses Union June 11, 2020). In June 2020 the Court of Queen’s Bench determined Bill 28 to be unconstitutional on the basis that it interfered with workers’ rights to free collective bargaining (Lambert 2021). However, the provincial Court of Appeal overturned the original ruling in October 2021, stating that “the original Court of Queen's Bench judge erred in deciding the legislation violated bargaining rights under the Charter of Rights and Freedoms” (Lambert 2021, Appeals court rules Manitoba had the right to impose wage freeze on public sector). In response to the latest decision, the coalition of public sector unions is considering an appeal to the Supreme Court of Canada (Manitoba Government and General Employees Union 2021). Although Bill 28 has never been adapted into law throughout the legal battle the government has acted as though it is law denying wage increases in bargaining (Froese 2021). As previously discussed, long-

term care workers have raised concerns about the impacts the wage freeze has had on the retention of staff and consequently, continuity in care for residents.

This historical portrait of Left organizing and union activity illustrated the long history of social unionism demonstrated by social reproduction unions in the many, many struggles they have mounted and the strong opposition that has aimed to silence them.

Chapter 3: Workers United

3.1 Introduction

Unions maintain a strong presence within the Manitoba's long-term care sector representing workers across public, non-profit charitable and for-profit personal care homes. In this chapter I review links made by others about social unionist orientations and relations of gender, race and class, arguing that the social positioning of social reproductive workers in Manitoba's long-term care system likely relates to their social unionist approach to organizing. I then examine how union representation has evolved in Manitoba's long-term care sector, with attention to the unity of public sector unions, and long-term care workers' support for these unions due at least in part to their social unionist stance and ability to extend the benefits of public sector unionism to other workers like them, throughout this sector. I argue that public sector "social reproduction" unions have organized a united front in Manitoba's long-term care system, positioning them well to advocate for their vision of a quality long-term care system, and furthering social unionism via collective action.

3.2 Social Reproductive Workers and Social Unionism

Other researchers in Canada have explored the association between women's involvement in unions and the tendency for unions to adopt a social union orientation. Women's involvement in the Canadian labour movement played a critical role in expanding "the boundaries of what constitutes a legitimate union issue" (Briskin 2000, *Redefining Union Issues/Expanding the Agenda of Collective Bargaining*). Union women have played an important role in expanding the focus of Canadian unions beyond business unionism. Business unionism is a practice of trade unionism which adopts a limited understanding of union issues (wages, benefits and job security) and union activities (collective bargaining and grievances). In contrast, a social unionist approach recognizes a broader range of issues, including "childcare, reproductive rights, sexual harassment and violence against women, pay equity, affirmative action and employment equity, etc." (Briskin 2000, *Redefining Union Issues/Expanding the Agenda of Collective Bargaining*). Further, through a social unionist approach the scope of activities unions undertake in addressing these issues is also expanded beyond collective bargaining and grievances to include "alliances and coalitions across unions and with social movements" (Briskin 2000, *Building Alliances and Coalitions Across Unions and with Social Movements*).

As observed by Baines (2010) for many social service workers union activity includes "participating in public events, lobbying, building coalitions, and joining other organizations" (20). Baines (2010) explored how social service workers adopt a social

unionist approach in order to use “their unions as a way to extend care for clients and communities, linking agency-level and larger issues” (20). Baines (2010) attributed the popularity of social unionism among social service workers to three main factors, including: “the workers’ commitment to social justice, the impacts of neoliberalism on opportunities for social change efforts within the context of their agencies, and the negative impacts of neoliberalism on the communities they served” (19). Although Manitoba’s long-term care sector remains largely publicly owned and operated, the sector has experienced neoliberal shifts, as described in Chapter 2. In recognizing the potential negative effects that these policies would have on working class Manitoban’s access to quality public services, Manitoba’s public sector unions responded to these challenges through social unionist organizing.

3.3 Changes in Union Representation: Manitoba’s Long-term Care Workers

Manitoba’s healthcare workers, including the subset of long-term care workers, were not always represented entirely by public sector unions. Prior to the Progressive Conservative government’s implementation of Bill 29, *The Health Sector Bargaining Unit Review Act*, healthcare workers across Manitoba were represented by ten different public and private sector unions (Craven 2019). This included the Manitoba Association of Health Care Professionals (MAHCP), Manitoba Government and General Employees Union (MGEU), Canadian Union of Public Employees – Manitoba (CUPE MB), United Food and Commercial Workers (UFCW), Winnipeg Association of Public Service Officers (WAPSO), Manitoba Nurses Union (MNU), Professional Institute of the Public Service of Canada (PIPSC), Public Service Alliance of Canada (PSAC), Operating Engineers of

Manitoba Local 987 (OE987), and UNIFOR (Craven 2019). The Act was viewed by unions as an attempt to disorganize Manitoba's labour movement. The legislation amalgamated and reduced the number of bargaining units from 183 to less than 50 and forced a vote by workers to reselect which union they wanted to represent them (Geary 2019). This policy move aimed to stimulate conflict between the unions, who were forced to campaign against each other to secure votes.

Despite the conflict Bill 29 created within Manitoba's labour movement, the unions demonstrated unity in how they organized in opposition to the new legislation, continuing to advance a vision of quality public services, which would strengthen social reproduction and equity. The Manitoba Federation of Labour, in partnership with several unions, worked together to propose an alternative to Bill 29. The labour movement proposed the creation of a collaborative bargaining council "where all unions would work together with the government to negotiate a single collective agreement" (Brohman 2018, Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units). Additionally, in July of 2018, the members of four unions, CUPE MB, MGEU, UFCW and MAHCP, organized a rally to call for a reversal of Bill 29 (Brohman 2018).

When the representation votes were held, workers voted in favour of representation by four public sector unions (Craven 2019). This illustrates the power, strength, and support for public sector unions in Manitoba, but also a central concern with the public ownership of public services. Public services unions have traditionally represented workers who are directly employed by governments. In Manitoba, these unions shifted to representing

workers who were employed in public service provision, no matter who employed them. In doing so, Manitoba's public sector unions demonstrated anti-sectionalism, as they continued to fight for equity for all workers.

In keeping with the analysis of others, noted above, I suggest that healthcare workers in Manitoba chose representation by public sector unions due to these unions' social unionist orientation. As a sub-set of these health care workers, long-term care workers may have believed that these unions would be best positioned to help advocate for better quality public services. The three public sector unions representing long-term care workers in Manitoba clearly described their social unionist objectives on their organizational websites. At the time of this writing, the Manitoba Nurses Union positioned itself as an advocate for healthcare workers and care users, working to improve conditions of work and care by "engaging in public and governmental relations" (Manitoba Nurses Union 2022, About MNU). Similarly, the Manitoba General and Government Employees Union highlighted its role in political action and its "commit[ment] to improving the working conditions and lives of all of its diverse members and all Manitobans" (Manitoba Government and General Employees Union 2022, Who We Are, What We Do). The Canadian Union of Public Employees Manitoba established a number of committees which encouraged member participation in organizing around issues within the workplace and the broader community. These committees included the Human Rights, Health & Safety, Contracting Out and Political Action, Indigenous Council, Municipal Steering Committee, School Division Sector, Women's, Social Service and Childcare, Global Justice, Charitable Works, Young

Members, Private Personal Care Home, and Safer Space committees (Canadian Union of Public Employees Manitoba Facebook January 25 2022).

But why are these workers oriented to social unionism? As mostly working-class women and in addition to their social reproductive paid work, long-term care workers are assigned social reproductive responsibilities within their families and communities (Bezanson and Luxton 2006). This lived experience may render social reproductive workers more likely to adopt a social unionist orientation. These workers know that when care is publicly provided, it is possible to implement care standards, they are compensated for their work with wages and benefits, and people are more likely to get more of the care they need. They also know that when care is privatized, women, and especially low income, racialized women like themselves, are more likely to be recruited into this labour for low pay in for-profit services or no pay in households and families.

Due to the intertwining factors of race, gender and class, long-term care workers generally have relatively low social status in society. However, belonging to a union gives these workers power which provides opportunities to organize for change. Historically, the public sector, and healthcare specifically, have provided opportunities for women to secure quality employment due to high levels of unionization within this sector (Armstrong and Armstrong 2019). By taking up social unionist organizing strategies, these women organized to extend the benefits of unionization to other women like them.

As I will continue to argue, the relationship between social reproductive workers, and a social unionist approach to organizing is hard to ignore. Although a causal relationship cannot be drawn, this is a pattern of interest that I will continue to address throughout my analysis.

In March of 2020, long-term care workers and their unions were faced with further challenges as the COVID-19 pandemic intensified the complex conditions of work and care in long-term care. Long-term care was the centre of the pandemic in Manitoba, with many workers and residents experiencing illness and death. Although the pandemic heightened public awareness of these conditions and drew significant media attention, the unions representing long-term care workers had long been aware of these conditions and had been organizing around these issues.

This historical context helps build a detailed understanding of the conditions in which workers were organizing, the struggles they encountered, and the approaches to issues that they took. The ongoing conflict in values between the Conservative provincial government and public sector unions helps identify one of the key challenges unions have faced amidst efforts to organize in defence of public long-term care. As I will continue to examine, the COVID-19 pandemic continued to further shape the context in which organizing took place.

Therefore, in undertaking this project, I aim to understand how workers are organizing to retain long-term care as a public service, with attention to key opportunities and

challenges in organizing. Further, I ask how organization around public ownership of long-term care been influenced by the COVID-19 Pandemic, including factors such as labour force exhaustion, over-work, worker exits, and work disruptions as well as public attention and media critiques of the sector?

Within the chapters that follow I provide a discussion of the methods I used to conduct this research and describe the opportunities and challenges I encountered. I will then examine how long-term care workers organized during Covid 19 by applying a Ross (2007)'s theory of Social Unionism to the case of long-term care in Manitoba.

Finally, I provide conclusions with a discussion of the implications of this research for action, future research, and methods.

Chapter 4: Methods

This research was shaped profoundly by the conditions of the COVID-19 Pandemic, not only in terms of its research questions but in its methods. The pandemic brought many research opportunities and challenges, which I will outline throughout this chapter.

Because my initial research plan turned out to be unworkable when the long-term care system went into crisis as a result of pandemic -related problems, I shifted my methodological choices to include new opportunities to collect rich data. Through this process of adaptation, I employed four qualitative methods to conduct primary and secondary research.

4.1 Academic and Grey Literature Review

To build a detailed portrait of the political economic history of union organizing in Manitoba, I first conducted a review of the academic and grey literature, including a thorough review of public policy and union documents. The scope of this review focused on policy changes that have facilitated the growth of privatization, as well as the history of organizing in response to these changes. My review of the literature began with academic search engines. Grey literature and union documents were obtained through a review of the websites of the following organizations: Canadian Union of Public Employees Manitoba, Manitoba Nurses Union, Manitoba Government and General Employees Union, Public Service Alliance of Canada, Canadian Centre for Policy Alternatives - Manitoba, Manitoba New Democratic Party, and the Manitoba Healthcare Coalition. In some cases, this involved searching websites using key terms such as “long-term care” and in other instances, the organizations had pages organized around the topics of long-term care, seniors care, or healthcare. For example, the Canadian Union of Public Employees Manitoba website featured a long-term care archive which included union documents and media releases from 2013 to 2021. The literature review was further populated through a social media analysis, described below. This included news stories regarding key events, as well as union documents associated with specific social media campaigns. I also reviewed the Hansard record of Committee Debates on Social and Economic Development. I specifically searched for union presentations on long-term care and public healthcare issues. In total, I identified 5 legislative debates in which unions and allies had made presentations (Bill 28, Bill 29, Bill 13, Bill 67, and Bill 212).

My methodological approach is informed by Feminist Political Economy's historical materialist perspective. My review of the literature helps frame the political economy of Manitoba, with specific attention to long-term care and union organizing. As Chapter Two has shown, my review of the literature helps build a better understanding of the context in which organizing has taken place and the social relations within this system. Within my analysis of the literature, attention has been paid to discourse, actions and strategy, and the aims of organizing. This analysis contributes to an understanding of how workers are organizing through social unionism. An analysis of union documents has provided insight into how unions construct their self-descriptions, identify and frame key issues, position themselves in relation to those they are organizing with and against, and identify potential solutions, including how to mobilize towards those solutions.

4.2 Semi-Structured Interviews

To learn about recent organizing strategies and develop an understanding of how union members are embedded within these efforts, I conducted semi-structured interviews with key informants from organizations involved in organizing around public ownership of long-term care. This methodological decision is also informed by Feminist Political Economy. As a feminist researcher, I am interested in participants' knowledge of their experiences within Manitoba's long-term care system, and how these individual experiences connect to larger social structures and processes (Armstrong and Lowndes 2018). To investigate these issues, I assembled an interview guide (see Appendix A). The interview guide was designed to investigate four aspects of long-term care organizing in Manitoba: 1) the key issues and goals in organizing, why is organizing for public

ownership and provision of long-term care important; 2) the key opportunities and challenges in organizing; 3) the organizing strategies being used; 4) how the COVID-19 pandemic has affected organizing. To recruit participants, I used my professional and personal networks. I intended to conduct 6-10 interviews with union officials. However, due to challenges with recruitment related to the intensity of people’s lives and priorities associated with the pandemic, I was able to conduct just three interviews out of 20 contacts.

A description of the interview participants and their roles in long-term care organizing is provided in Table 1. All participants agreed to be named in this research.

Table 1 Interview Participants

Name	Organization	Role
Daniel Richards	CUPE 204	2nd Vice President
Kevin Skerrett	Make Revera Public, CUPE National	Organizer, Senior Researcher
Michelle Grawaronsky	MGEU	Former President

In consideration of the COVID-19 pandemic the interviews were conducted digitally via secure video conferencing software and recorded with the participants’ permission. The data was transcribed, coded and analyzed using Nvivo software for qualitative data

analysis. All transcripts were reviewed alongside the original recording for accuracy. The interviews were an average of 72 minutes and 48 seconds in length with the longest interview lasting 85 minutes and 42 seconds and the shortest lasting 61 minutes and 7 seconds.

4.3 Social Media Analysis

Given the struggles with obtaining interviews, but wanting to develop a nuanced understand how organizing was shaping up during the pandemic, I decided to conduct a social media analysis of Manitoba union and union-related long-term care advocate Twitter accounts, to trace how long-term care issues were being discussed and communicated. To conduct my social media analysis, I selected organizations that were most active on Twitter and played an important role in long-term care organizing and union activity, but that I had not been able to include in interviews. I analyzed the Twitter feed of the Manitoba Health Coalition, the Manitoba Nurses' Union and the Manitoba Federation of Labour. I limited my analysis to March 2020 – the onset of the pandemic in Canada - to October 2021. However, the timeline of my review was limited for the Manitoba Health Coalition as the organization only created their twitter account in November 2020 and was inactive after August 2021 due to changes in leadership.

To conduct my review, I took screenshots of tweets from long-term care union organizations and coded them for themes and subthemes. These themes were then mapped and organized in two broad themes: Conditions of Work and Care (General) and Long-term Care (Specific) to capture organizing efforts that addressed the broader context of Manitoba's healthcare system, as well as those that addressed issues that were

specific to the long-term care system. The sub-themes indicate which social media campaigns were associated with the primary themes, as well as the specific events that were organized to address these issues. Within my review I also aimed to understand the relationships that existed between the various unions, labour organizations, and public care advocates. Therefore, I paid attention to who these selected organizations interacted with on Twitter, through who they mentioned and retweeted. As my research is guided by social unionism, this chart was used to help build an understanding of how unions involved in long-term care organizing in Manitoba construct collective action frames. I was able to develop a better understanding of how unions identify and describe key issues. Additionally, in building a portrait of the organizing relationships I was able to better understand who unions identify as allies or “we” and who they organize against. I also used Twitter as an entry point to other documents which were used to further populate my literature review. This included news stories, as well as union documents associated with specific social media campaigns.

4.4 Digital Ethnography

To get a sense of who was involved, what issues were advanced and how, and the extent of organizing, I engaged in digital ethnography by attending and reviewing digital recordings for eight virtual events organized by unions or other organizations involved in organizing long-term care in Manitoba (see Table 2). Specific events were identified through mailing lists, websites and social media accounts. The purpose of attending these events was to develop an understanding of the key debates within these spaces and the kinds of talk that are used in discussing possible responses. While attending these events,

I compiled fieldnotes based on my observations with attention to who the participants were, how they interacted with each other, how they framed the issues in focus and the language employed. In observing who the participants were, I noted details about their individual social identities, as well as the organizations they represented. Additionally, as argued by Armstrong and Lowndes (2018), Feminist Political Economy also pays attention to absence. Therefore, during my observations I also noted details about who was not present (in terms of identity and organization) as well as what issues were not addressed.

Table 2 Organizing Events

Event Name	Date	Host	Guest Speakers
COVID-19 in Manitoba: The Impact on Public Healthcare	April 29 2020	Manitoba Health Coalition	Darlene Jackson (Manitoba Nurses Union) Nadine Sookermany (Women’s Health Clinic)
Seniors Care: A Conversation with Pat and Hugh Armstrong Hosted by the	May 13 2020	Manitoba Health Coalition	Pat and Hugh Armstrong

Manitoba Health Coalition			
What is a Seniors Advocate? A Conversation with Isobel Mackenzie BC Seniors Advocate	September 9th 2020	Manitoba Health Coalition	Isobel Mackenzie (BC Seniors Advocate)
UN International Day of Older Persons Event	October 21 2020	Manitoba Health Coalition	Kevin Rebeck (Manitoba Federation of Labour) Social Planning Council of Winnipeg, and a family caregiver
Make Revera Public! Town hall Event	December 2 2020	Manitoba Health Coalition	Marianne Hladun (Public Service Alliance of Canada) Sharon Mceeter (CUPE Manitoba) and the family member of a resident who died in the Maples Personal Care Home crisis

<p>Long-Term Care Standards National Day of Action - Manitoba Townhall</p>	<p>April 27th 2021</p>	<p>Friends of Medicare, Canadians 4 LTC Standards, and the provincial health coalitions (Manitoba Health Coalition)</p>	<p>Molly McCracken (Canadian Centre for Policy Alternatives - Manitoba) Darlene Jackson (Manitoba Nurses Union) Michelle Garawonsky (Manitoba Government and General Employees Union) Marianne Hladun (Public Service Alliance of Canada) former care workers, and family members</p>
<p>Nurses Day of Action</p>	<p>September 17th 2021</p>	<p>Canadian Federation of Nurses Unions and Manitoba Nurses Union</p>	<p>Uzoma Asagwara (NDP) and Kevin Rebeck (MFL)</p>
<p>Healthcare Rally in Support of the University of Manitoba Faculty Association</p>	<p>November 9 2021</p>	<p>Manitoba Nurses Union, Manitoba Association of Healthcare Professionals, CUPE</p>	<p>Manitoba Nurses Union, Manitoba Association of Healthcare Professionals, CUPE Manitoba, and the</p>

		Manitoba, and the University of Manitoba Faculty Association	University of Manitoba Faculty Association
--	--	---	---

4.5 Analytical Tools

As I collected data through the four methods discussed above, I used analytic tools to help to develop a portrait of the context, history, and political economy of long-term care organizing in Manitoba during the COVID-19 Pandemic, I developed a Timeline of Organizing and used Analytical Mapping to support this analysis.

4.5.1 Timeline of Organizing

To build a temporal understanding of organizing activities during the pandemic, I assembled a timeline of significant events between March 2020 and November 2021. In constructing my timeline, I began with a review of an existing timeline of COVID-19 in Manitoba, created by CTV News Winnipeg using Timeline.JS software. The existing timeline provided information about reports on COVID-19 cases, outbreaks in personal care homes, healthcare facilities and schools, as well as changes in public health orders. I then incorporated the existing data about cases and outbreaks linked to personal care homes into my timeline to help identify periods of time when the crisis was most intense. I also noted changes in public health orders, with attention to specifically those that would have dictated whether in-person organizing was possible. Further, I noted changes in public health orders that would have affected social reproductive needs. In particular,

when schools transitioned to online learning, or daycares were unable to operate. I paid attention to these changes under the assumption that long-term care workers are mostly women and therefore would have greater familial unpaid social reproductive responsibilities during this time that could limit participation in organizing. I then integrated the data from my literature review and media scan, social media analysis and digital ethnography. This helped me identify key political events and organizing responses within the context of the pandemic.

4.5.2 Analytical Mapping

To integrate and analyze data from various sources I also engaged in analytical mapping. As described by Armstrong and Lowndes (2018), the process of analytical mapping extends beyond description, which provides “an analysis based on our application of theory to evidence” (11). My process of analytical mapping involved defining key concepts and describing their relationships to one another, within Manitoba’s political economic context and based on my data. Key concepts included: Social Reproduction, Social Unionism, The State, Long-Term Care, Work and Labour, Organizing, and Gender, Race and Class. In describing the relationships among these key concepts, I noted contradictions and tensions within my data. In identifying these contradictions, I looked to the literature and other data for potential explanations.

4.6 Limitations and Opportunities

I aim to produce an in-depth account of how workers are organizing around long-term care in Manitoba, to uncover organizing strategies and illustrates relationships among

various actors. I recognize that despite my efforts to ensure validity and produce a robust analysis, there may be voices or perspectives that are unaccounted for. As previously discussed, I encountered difficulties in recruiting interview participants and was only able to recruit about half of the number of participants I had originally intended to involve. This limited my ability to collect primary data from union officials through interviews and resulted in a very low sample size of three participants. However, to ensure I had adequate data informed by the experiences of union members and healthcare advocates I expanded my methods of data collection to include a social media analysis. Through digital ethnography I also reviewed pre-recorded events and attended virtual events broadcasted through Facebook. Although these methods did not provide an opportunity to interact directly with participants, I was able to analyze content related to recent organizing strategies and develop an understanding of how union members are embedded within these efforts. Given that activism largely took place online throughout the pandemic, this pivot provided an opportunity to access a rich field of data online. Although I intend to identify various promising approaches to organizing within my analysis, given that my research is situated within the context of Manitoba's long-term care system, the findings may not be generalizable to public sector unions in other industries, or long-term care systems in other provinces. Manitoba is unique given that the majority of personal care homes are publicly owned or operated on a non-profit basis, but the Manitoba success in retaining public services, and current efforts to maximize the political window of opportunity offered by public attention to the tragedies of the Covid pandemic, may be useful.

4.7 Ethical Considerations

This research has been conducted in accordance with the guidelines of Carleton University's Research Ethics Board (CUREB). In preparation for undertaking this project I completed the Tri-Council Course on Research Ethics (TCPS 2: CORE). I then submitted a Protocol Application to the CUREB prior to data collection. I received ethics clearance for my project (Project # 115851) on June 23, 2021. My study does not involve research with potentially vulnerable participants as all the interview participants were recruited based on their professional roles. Regardless, I took various ethical precautions. In advance of each interview, participants were provided with an invitation information and consent forms (see Appendices B and C) which outlined the goals of my research and the expectations of participants. At the beginning of each interview participants were reminded that their participation was completely voluntary and ensured that they can withdraw consent at any time without consequence. Further, participants were offered protections of anonymity and confidentiality as required by Carleton University's Research Ethics Board. All three of the participants waived anonymity. Participants were also reminded that any potentially identifying information would not be shared in any research reports or publications stemming from this research and that all research materials will be stored on my password protected hard drive and any potentially identifying materials, such as interview recordings, would be deleted upon completion of this project. The other methods of data collection, including the literature review, social media analysis, and digital ethnography, did not involve interactions with participants. However, I have made efforts to represent the data accurately within my presentation of findings.

Chapter 5: Organizing for All of Us: How did long-term care workers organize during Covid 19?

5.1 Introduction

As was discussed in Chapters 1, 2 and 3, the COVID-19 Pandemic intensified already difficult conditions of care and work in personal care homes. When this crisis happened, how did workers organize? Surprising to some who perceive union activity as inevitably concerned with wage increases and improved working conditions, workers' collective action was not limited to the pressing, even alarming concerns around PPE, wages, or unsafe conditions of work that were making long-term care work more dangerous and even fatal in the first year of the pandemic. Instead, these workers organized around concerns about the conditions of care. Further, in organizing against privatization, long-term care workers aim to advance a new vision for Manitoba's long-term care system. How is this social unionism? Some might argue that this was solely a strategy to advance the interests of workers. Within this chapter, I will argue that this is not the case.

This chapter draws on data collected through multiple methods, including a literature review and media scan, interviews with union officials, a social media analysis of labour and care advocate Twitter accounts, and a digital ethnography of organizing events.

Throughout this discussion, I utilize Ross's (2007) understanding of social unionism, delineated in Chapter 1, and further developed in what follows. What is social unionism?

Unlike business unionism, which narrowly defines union issues in terms of wages and job security, social unionism broadly defines union issues to incorporate social justice. Moreover, while business unions limit union actions to collective bargaining, social unionism incorporates activities such as “Non-partisan lobbying, coalition building, “community unionism” and extra-parliamentary mobilization” (Ross 2007, 24). As previously discussed, variations across three axes produce differing forms of social unionism: collective action frames, repertoire and internal organizing practices. Social unionism tends to adopt anti-economistic and anti-sectionalist frames. Anti-economism recognizes that “union members are more than merely wage-earners” and considers the identities, interests and experiences of union members beyond the workplace (Ross 2007, 20). Social unionism is also anti-sectionalist, which means that social unionism frames issues broadly in terms of general working-class interests, rather than limiting the scope of union issues to those which only affect the union membership (Ross 2007). By adopting a broad “definition of the community of ‘workers’” unions also intend to involve “those segments of the working class that have been able to organize and deploy their strategic strength to protect and advance their lot” (Ross 2007, 21).

5.2 Collective Action Frames

What interests do unions organize around and for what ends? There is no question that unions vary in their approach to these questions, both among the variety of unions and as individual unions change over time.

Within this section, I utilize Ross's (2007) understanding of collective action frames, which provide a "set of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organization" (19). As previously discussed, there are three components to collective frames: diagnoses, prognoses, and motivations. Diagnostic framing involves the identification of the problems and their sources which require collective intervention and transformation, as well as identity formation which defines the community of organizers on the basis of "shared interests, mutual obligations and bonds of affection" (Ross 2007, 19).

Within the collective action frame adopted by workers organizing around long-term care during the period of investigation in 2020-22, for-profit care, privatization and a lack of national care standards were diagnosed as the sources of the issues within Manitoba's long-term care system. As outlined in Chapter 2, issues for Manitoba's long-term care workers included low wages, staffing shortages and care minimums, as well as inadequate or unavailable personal protective equipment, and that these issues were most prevalent and acute in for-profit care homes (Canadian Union of Public Employees 2015; Manitoba Nurses Union 2018). However, in framing these problems, unions not only recognized the impact that such issues had on their membership, but also on the quality of resident care. Therefore, the diagnoses constructed by long-term care unions, frame for-profit care, privatization and a lack of national care standards as problematic because they interfered with workers' abilities to provide quality care.

Diagnostic framing also involves a process of "identity formation" which defines the community of organizers (Ross 2007, 19). This approach creates opportunities for unions

to organize alongside other members of the working class who may not be unionized or formally employed. In organizing around public ownership of long-term care in Manitoba, social reproductive workers' efforts to advocate for improvements to conditions of work and to care were intertwined. Therefore, unions were organizing towards these common goals alongside multiple interest groups, including public care activists, seniors' advocates, and family caregivers. For example, advocacy to increase the minimum hours of care is closely related to advocacy around staffing levels as personal care homes must be adequately staffed to provide this level of care. Further, advocacy around wages not only has implications for improving the quality of life for workers, but also reduces staff turnover, and therefore is important to continuity in care for residents.

Long-term care unions also displayed anti-sectionalism through their allyship with other public sector workers. In Manitoba, solidarity between long-term care unions and other public sector workers has been well demonstrated through the case of the University of Manitoba Faculty Association Strike in November 2021. Throughout the strike the Manitoba Nurses Union shared their support for UMFA on social media. The nurses framed their support for UMFA through messages which referenced support for fellow public sector workers and the need to invest in the education of future nurses. For instance, the Manitoba Nurses Union Tweeted a statement of support by President Darlene Jackson which stated "Our members depend on training from University of Manitoba faculty. Our province depends on nurses. Without proper investment in recruitment and retention, both at the faculty level and on the frontline, we all suffer"

(Manitoba Nurses Union Twitter November 10, 2021). Nurses not only showed support on social media by tweeting about bargaining updates by UMFA and statements of support, but also participated in person in rallies at the Manitoba Legislature and University of Manitoba Campus (see Table 2 and Appendix D). However, in analyzing this example of allyship it is important to consider the role of professional status in this relationship building. It must be recognised that nurses and university professors are both professionals, high income earners within the public sector, and the majority of long-term care workers are considered unskilled, semi-skilled, or para-professional, and do not share this status or income level.

In the social reproductive sectors, sometimes identity formation, which defines the community of organizers on the basis of “shared interests, mutual obligations and bonds of affection” (Ross 2007, 19), includes employers and management. Although this may seem unlikely, as the interests of employers and unions are often perceived to be in opposition to one another, in the social reproductive sector there is often a common interest among management and workers in providing quality care. Similar relationships were described by Baines (2010), who observed that “more than a third of the executive directors and managers asserted that working within the requirements of a collective agreement was “just good management” and that “mutually respectful relationships” and “honest communication” were the keys to working effectively within a unionized environment” (22). This occurred across public, non-profit charitable and for-profit organizations.

Union interviewees recalled two instances where they had participated in joint initiatives with employers. One example was the Manitoba Government and General Employees Union's Mental Health Campaign, as outlined by union president, Michelle Gawronsky. Although she acknowledged that working with the employer may seem unconventional, she compared the partnership to healthcare work in general, in that the solution would require collaboration. From her perspective, it was beneficial for the union to invite employers to meetings and events to promote a common understanding of the issues at hand. She argued,

I don't believe you can deal with any aspect in health care in a silo. It's going to take all of us to fix things and pull it together. So at the end, you know, it's thinking outside the box. I'll tell you, when I first start talking about all of this stuff, I get some strange looks and people saying to me, "well, we've never done that before. Why would we invite an employer to come to these meetings?" And I said, "why wouldn't we?" If we want them to come on board, what better way to do it than to have them hearing the same speakers that we hear, hearing them hear from the Canadian Health and US Mental Health Association on how we move things forward and how we do things. Why wouldn't we want to be in the same room?

A second example, between CUPE 204 and the Managers of some care homes, was shared by Daniel Richards, 2nd Vice President CUPE 204. In preparation for an upcoming round of collective bargaining, Canadian Union of Public Employees Local 204 hosted a series of barbecues at personal care homes in order to connect with their membership. He suggested that many of the managers were supportive of the work the union was doing and allowed the union to host the events on the property.

We've actually met with a lot of the directors of care or executive directors telling them what we're what we're doing... Most of them were fantastic and allowed us

to come on the property because they've actually said to us, they're liking what we're doing. They're actually in support of, of what we're doing, because they recognize that when CUPE gets an increase wage wise, they do as well... so they have been quite supportive. But one of the things that many of them have mentioned is a lot of the personal care homes have not received their Covid funding. There's still at least four that I can think of mentioned that they haven't received that. And I'm quite sure if it's like that for a few, it's probably like that with many.

Within the public and private non-profit sectors, managers are often promoted through the ranks. This means that in many cases, management has frontline experience, has been a union member, and understands how the work of unions benefit the organization as a whole. Additionally, an internal union “spillover effect” might exist within these organizations in regard to pay scales or other benefits. Daniel Richards stated that management’s support might be due to a “trickle up” effect. When Canadian Union of Public Employees Local 204 is able to negotiate a wage increase for their membership, the managers also receive wage increases.

5.3 Prognoses

The second element of collective action frames are prognoses, which are the “claims are made for particular solutions or strategic responses to identified problems” (Ross 2007). In organizing for public ownership of long-term care in Manitoba, the vision that unions want for long-term care is communicated through the identification of these prognoses. As I will outline in further detail below, this includes mental health supports, a seniors advocate, ending for-profit care and implementing national long-term care standards. In their framing of these prognoses, unions argue that these solutions will bring benefits for workers and residents in personal care homes.

5.3.1 Developing New Mental Health Supports

Prior to the pandemic, long-term care workers and their unions recognized that difficult conditions of work and care contribute to mental health issues among workers and residents. Further, worker's experiences of burnout and exhaustion have an impact on the quality of care that is provided to residents. These issues have intensified throughout the pandemic. Therefore, unions have aimed to improve the conditions of work and care by creating mental health supports for workers and residents within the existing structure of Manitoba's long-term care system. To address the prevalence of mental health issues among long-term care workers and residents during the pandemic, Manitoba's long-term care unions promoted and developed mental health tools. Rather than campaigning employers or government, unions addressed this issue themselves. This could indicate that unions saw an immediate need for this support and could not wait or chance government inaction in response to a campaign. Union efforts to provide mental health support could also indicate that the union and its members saw supporting the mental health of workers and residents as the responsibility of the union. This may be because many members of social reproductive unions provide this kind of labor within the scope of their work.

The Manitoba Nurses Union promoted a 24/7 Crisis Line provided by Klinik Community Health through their social media accounts. The messages used to promote this service emphasize that mental health should be addressed through mutual support and community. Specifically, Tweets include phrases such as “take control to not suffer

alone” and “Community is crucial” (Manitoba Nurses Union Twitter October 5, 2021). Additionally, Manitoba’s long-term care unions and care advocates came together in partnership to develop a community mental health campaign. As described by Michelle Gawronsky President of MGEU, the *Healthy Minds at Work* campaign, launched in 2020, was an initiative developed from the ground up by MGEUs membership, to serve union staff, members and the broader community.

At [MGEU’s] last convention... in 2018... Some of the delegates came to the mic and there was a resolution on the floor to start working on advocating for mental health in Manitoba. And we had a number of delegates come to the mics and spoke very passionately about what they've dealt with... So we passed a resolution that we would strike a committee of our membership and start looking at ways of how we could promote mental health, not only just within our union, but within Manitoba. So we got that committee started with staff as well as a membership.

To achieve these goals, the union partnered with other organizations with similar interests in order to engage in a variety of activities and provide accurate and accessible information. For example, Michelle Gawronsky explained “We have partnered up with the Canadian Mental Health Association and we have done webinars. We've got petitions going. We've got a huge education on our website as well. Folks can go on there to figure out avenues on where to go to stay healthy and what you do.” On the campaign website *healthymindsatwork.ca* users could access videos created with the Canadian Mental Health Association, which featured guidance from the Manitoba Government and General Employees Union members who work in the mental health field and personal stories of members who have accessed mental health support (Manitoba Government and General Employees Union, *Healthy Minds at Work* 2022). The website also provided

educational reading and tools for further support. Members were encouraged to share the campaign graphic on social media and in the workplace on union bulletin boards.

Additionally, there was a section for members to get involved in the union's health and safety committees.

In undertaking this campaign, the union's orientation was clearly social unionist. Not only did unions recognize that mental health was a problem that extended beyond the workplace, they also aimed to extend the potential benefits of this campaign to long-term care residents and their families, as well as the general public. In terms of the collective action frame used, the union diagnosed the prevalence of mental health issues among long-term care staff, residents and families as a problem, and introduced the prognosis, or solution of publicly accessible mental health supports.

5.3.2 Advocating for a Seniors Advocate

The government needs to listen. They don't listen. . . They're not listening to the workers of all levels. They're not listening to the families. And what I find the most disturbing is that they don't listen to the residents and patients. There needs to be a solid advocate created in our province.

Michelle Gawronsky

Care advocates also diagnosed the progressive conservative governments' unwillingness to meaningfully engage with seniors' issues as a problem. In particular, advocates were critical of the governments' use of private solutions, such as a \$200 tax credit for Manitoba's seniors to address costs related to the COVID-19 pandemic. The tax credit was criticized as a symbolic gesture which did little to remedy issues faced by Manitoba's seniors and across the province's long-term care system (Rawstone et al

2020). In response, Manitoba's long-term care unions and healthcare advocates framed the creation of a senior's advocate as a prognosis to address this problem. The Manitoba Health Coalition and affiliated unions joined together in coalition to call on the provincial government to create an office of the Seniors Advocate to improve quality of care for older Manitobans. According to the Manitoba Health Coalition (2020, Manitoba Needs a Seniors Advocate), the role of the Seniors Advocate would be to "monitor and analyze older adult services and issues and make recommendations to government and stakeholders to address systemic issues." Long-term care workers, unions and advocates recognize that older adults and their families need assistance in navigating Manitoba's long-term care system, and "the roles and responsibilities of the advocate could improve access, transparency and accountability in long-term care in this province" (Rawestone, Goertzen, and Funk 2020, 1). Therefore, a Seniors Advocate would provide residents and families with support in navigating Manitoba's existing long-term care system. Advocating for the establishment of a Seniors Advocate was an approach to facilitate engagement and increase government transparency on decisions related to long-term care.

The role of the Seniors Advocate would be to "identify and amplify best practices and resources to all older Manitobans and their families, who seek information and advice on programs, resources and support" (Rawestone, Goertzen, and Funk 2020, 2). The office could facilitate the creation of aging advisory councils which would serve as spaces for older adults, family members and care advocates to contribute to "ground-up" solutions"

on seniors' issues (Rawestone, Goertzen, and Funk 2020, 2). Moreover, the creation of the Office of the Seniors Advocate would provide a public solution to fix seniors' care.

The Office of the Seniors Advocate British Columbia was considered a successful model that could be adapted within the Manitoba context. The Government of British Columbia (2021, Office of the Seniors Advocate British Columbia) notes “The Office of the Seniors Advocate is an independent office of the B.C. provincial government acting in the interest of seniors and their caregivers.” The office “monitors and analyzes seniors services and makes recommendations to government and service providers to address systemic issues in five areas: health care, housing, income support, community support and transportation” (Government of British Columbia 2021, Office of the Seniors Advocate British Columbia). However, beyond increased service provision for older adults, care advocates saw value in a Seniors’ Advocate’s ability to hold government and long-term care managers accountable by implementing standards of care.

As Michelle Gawronsky expressed:

Because of the Advocate... even the private facilities are accountable for what goes on and they have to meet the standards. When I started in health care in 1976... it used to be the place to work... And there was a real sense of pride with the creation of the regional health authorities. We've gotten away from it being a community facility. It is now a business of the government. We need to go back to having accountability to the public and I think a long-term care advocate, a health advocate, gives it that bridge to the community with those that are responsible for providing the services. And if you have a really good working relationship as an advocate, you work with both sides in bringing them together. I'm realistic. I know that we're never going to have 100 percent of what we want or need, perhaps. But I think we're a long way away from it just because we don't listen anymore.

In the absence of a Senior's Advocate, Michelle Gawronsky indicated that her union is approached by families to fill this role and help them navigate challenges within the long-term care system. She stated "I've had a number of families when they're frustrated with the system and they're going nowhere, they will contact me through our union to say, can you help?" Michelle Gawronsky indicated that her personal experience as a family caregiver – a position shared by many women in families, including personal care home workers - allowed her to relate to the experiences of the families on a more personal level and provided her with additional knowledge that she used to assist the families that approached her for support.

The prognosis of a seniors advocate was social unionist as union members extended their organizing interests beyond the immediate conditions of their work to address the concerns of residents and their families. Although these community members were not union members, unions aimed to improve how they experience the conditions of Manitoba's long-term care system through organizing.

5.3.3 Advocating to End For-Profit Care

Based on their personal experiences and evidence in the academic literature, long-term care unions in Manitoba know that publicly owned and operated personal care homes are best able to provide quality conditions of work and care. As previously stated, over half of the province's COVID-19 related deaths were in long-term care facilities. Despite their small numbers, the majority of deaths occurred in private, for-profit care homes (Canadian Union of Public Employees Manitoba 2020). Within the collective action

frames created by unions, for-profit care was diagnosed as a problem and, in response, unions framed ending for-profit care as a solution.

Unions aimed to end for-profit care by bringing personal care homes under public ownership. Specifically, a large portion of long-term care organizing targets Revera Inc., a corporation which owns multiple for-profit care homes across the country. Although Revera is only one of multiple for-profit chains operating in the long-term care sector in Canada, the organization exemplifies larger systemic issues associated with for-profit provision.

Revera provided an interesting opportunity for organizing because of its ownership structure. At the time of this research, it was fully owned by the Public Sector Pension Investment Board, a federal crown corporation which manages the pension funds of federal public sector workers. Specifically, Marianne Hladun, Public Service Alliance of Canada Prairies Regional Executive Vice-President, at the Manitoba Health Coalition Make Revera Public! A Town Hall event revealed “[Public Sector Pension] investments manages about \$169B of pension funds of federal employees.” Further, the Ontario Health Coalition (2020, 1), has stated “Revera, which is a for-profit company, formed out of Central Park Lodges and Retirement Residences REIT, is now fully owned by the pension plan of the federal civil service/RCMP/military through the Public Sector Pension Plan Investment Board.” Through organizing, the unions representing Federal public sector workers aimed to pressure the government to take responsibility in facilitating a public takeover of Revera, since PSP Investments were the sole owner of

the corporation. Successfully bringing Revera under public ownership and operation could initiate important macro level changes, opening possibilities for ending for profit care and nationalizing other for-profit chains.

The social unionist orientation of these social reproductive workers was clear in their advocacy to end for-profit care. As unions adopted collective action frames, unions centred arguments about the implications of for-profit care for care quality, prioritizing the interests of residents in long-term care and their families. Within the collective action frames created by unions, for-profit care was diagnosed as a problem and, in response, unions framed ending for-profit care as a solution because public providers are believed to offer better care outcomes to residents.

5.3.4 Implement national long-term care standards

In constructing collective action frames, unions also diagnosed the lack of national long-term care standards as a problem. In an interview, Daniel Richards, 2nd Vice President of CUPE 204, argued that because long-term care in Manitoba is regulated by guidelines rather than mandated legislation, there were issues with the consistency of enforcement across the province's personal care homes. Within this framing, the prognosis proposed by unions was the nationalization of long-term care standards. Specifically, organizers identified the need for "proper federal funding and standards to improve the availability & quality of care" (Ontario Health Coalition 2021, National Standards for Long-Term Residential Care). The proposed standards, which would constitute a new Long-Term Residential Care act, aligned with the five principles of the Canada Health Act: "public

administration; comprehensiveness; universality; accessibility, as well as three new criteria: quality; accountability; public/non-profit delivery” (Ontario Health Coalition 2021, National Standards for Long-Term Residential Care). This framing further solidified workers’ commitment to social unionism as unions emphasized the implications for “the availability & quality of care” (Ontario Health Coalition 2021, National Standards for Long-Term Residential Care).

5.4 Motivations

The final component of collective action frames are Motivations which “provide the rationale for why individuals should participate in collective action” (Benford and Snow 2000 as cited in Ross 2007, 20). In organizing around public ownership of long-term care in Manitoba, different rationales were enacted to appeal to different audiences. In appealing to the general public, organizers adopted rationales of communal responsibility to encourage participants to become involved for the better of society. This is demonstrated in organizing through the use of phrases such as “Seniors deserve better” (Friends of Medicare Twitter April 27, 2021) and “Our seniors are the reason we live in a great country so stop making them profit margins and treat them with respect” (Carrie-Lynn Rusznak, Twitter April 27, 2021). In appealing to Federal public sector workers, organizers and federal public sector unions adopted rationales related to the investment of federal public sector worker’s pensions as the sole owner of Revera Inc. Through this frame, organizers attempted to establish a feeling of personal obligation among federal public sector workers which could be used to pressure the federal government to facilitate the transfer of ownership and operation of Revera owner personal care homes into the

public sphere. This rationale proved to be successful in motivating federal public sector workers to engage in organizing. As asserted by Kevin Skerret CUPE National Senior Researcher and Make Revera Public Organizer “many workers, including many public sector workers and retired public service workers, have been outraged to discover that their own pension fund actually owns and profits from this company.” By April 2021, 14 unions had signed a joint statement calling for the federal government to facilitate talks “between the Public Sector Pension (PSP) and ministries of health in each province with the goal to move Revera from private, to public ownership” (Public Service Alliance of Canada 2021, 14 Unions Join Call to Move Revera Long-term Care to the Public Sector). The letter drew attention to concerns about the substandard quality of care in for-profit care homes and how these issues have been brought to public attention through the pandemic, while also citing the disproportionately high rates of death and hospitalization in for-profit long-term care prior to the pandemic. The letter also reiterated the unions’ position supporting public health care and Revera’s tax evasion practices in the UK and US, arguing that “Revera does not meet the Public Service Pension Investment Board’s own standards of ethical investing” (Public Service Alliance of Canada 2021, 14 Unions Join Call to Move Revera Long-term Care to the Public Sector). Consistent with social reproductions’ engagement with community making, these motivations establish a shared sense of community among organizers. The application of these motivations were best exemplified through the national Make Revera Public Campaign and The Manitoba Health Coalition's Make Revera Public! Town Hall event.

5.5 Repertoire

Repertoire, the second axis of social unionism “translates diagnostic and prognostic frames into action” (Ross 2007, 23). Therefore, repertoire are the strategies employed by unions in organizing to act on the collective action frames (Ross 2007). Public sector unions utilized strategies of political mobilization and coalition building to advance “visions of what the state should do for the public” (Ross 2008, 137). Through these strategies unions worked to “build [public] support for their vision of public services” (Ross 2008, 137). According to Ross (2007, 24) repertoire includes actions such as “Non-partisan lobbying, coalition building, ‘community unionism’ and extra-parliamentary mobilization.” Within this section I illustrate how long-term care unions in Manitoba utilized union-community coalitions as a primary repertoire to organize for the prognoses that have been previously outlined. Within the union-community coalitions unions also advanced additional organizing strategies which included political mobilizations and political lobbying. However, the context of the pandemic required unions to demonstrate a flexibility and creativity in their approach to this strategic repertoire.

5.5.1 Union-Community Coalitions

Union-community coalitions were a critical element of the repertoire employed by long-term care unions in Manitoba. Within the existing literature union-community coalitions are defined as “external mobilizing structure[s] developed by many unions to leverage the additional instrumental and legitimizing power that comes from alliances with ‘community’” (Ross 2011, 88). Further, Ross (2007, 26) argues that within union-community coalitions there is an expectation of an “equal relationship between partners

coming together over a mutual interest.” This strategy assists in reproducing social solidarity among those involved in activism. To take on organizing, and advance unions’ vision for long-term care, two union-community coalitions were formed. This includes the Manitoba Health Coalition at the provincial level and Make Revera Public at the national level.

The Manitoba Health Coalition was formed in 2018 “to address ‘growing concerns’ about the future of public health care in the province” (Pursaga 2018, New Health Coalition Forms Amid Growing Concerns). The coalition has organized in opposition to privatization and advocates for a universal, accessible, portable, comprehensive and publicly administered healthcare system. The coalition includes representatives from “labour unions, faith-based groups, Indigenous organizations, and various community-oriented stakeholders that share a common belief in the five principles of medicare: public administration, comprehensiveness, universality, portability and accessibility” (Manitoba Health Coalition 2018, Supporters).

Although the Manitoba Health Coalition is supported by a range of organizations, labour has played a critical role in this coalition. During the time period in which this research was conducted, over half of the coalition’s partners were labour organizations and unions. This included representation from the Canadian Labour Congress - Prairie Region, Canadian Union of Public Employees - MB, Manitoba Association of Health Care Professionals, Manitoba Government and General Employees Union, Manitoba Federation of Labour, Manitoba Nurses Union, Medical Council of Health Care Unions,

Operating Engineers 987, Public Service Alliance of Canada - Prairie Region, University of Manitoba Faculty Association and the Winnipeg Labour Council. In addition to partners in labour, the coalition also received support from left research and policy organizations, including the Canadian Centre for Policy Alternatives - MB and Social Planning Council of Winnipeg. The Board of Directors also consisted of five union members and individuals from the two left research and policy organizations. Between the organization's founding in 2018 and August 2021, the coalition was led by Provincial Director, Brianne Goertzen, an experienced community organizer and researcher with experience with the Canadian Federation of Students-MB, Canadian Centre for Policy Alternatives Manitoba, and the Save Concordia Emergency Room Campaign. Since December 2021, the coalition was led by Thomas Linner, a former NDP MB policy analyst with experience as union staff for Union of Canadian Transportation Employees and Public Service Alliance of Canada. Events organized through the Manitoba Health Coalition included the perspectives of unions, healthcare activists, seniors care advocates, former healthcare workers and family caregivers.

Make Revera Public was a national union-community coalition between the Public Service Alliance of Canada (PSAC) and the Ottawa and Ontario Health Coalitions. The goal of the coalition was to pressure the Federal Government to engage with the Public Sector Pension Investment Board and provincial health ministries to transfer Revera from private to public ownership and operation (Public Service Alliance of Canadian 2021). Although Make Revera Public was organizing at the national level, the Public Service Alliance of Canada Prairie Region worked alongside the Manitoba Health Coalition to

organize *Make Revera Public! A Town Hall* in response to the Maples Personal Care Home Crisis.

As argued by Ross (2008, 137), union-community coalitions do not intend to be completely labour driven. Instead, they provide “significant power [for community groups] in determining the direction and organizational efforts of the coalition.” In the case of the Manitoba Health Coalition and Make Revera Public, community organizations, former healthcare workers and family members of long-term care residents also played an integral role in organizing, as I observed through my digital ethnography of organizing events. This diversity among the coalition partners illustrated social unionism’s anti-sectionalist tendency as the interests of the coalition were defined broadly to incorporate a wide range of working-class interests.

5.5.2 Political Mobilizations

In building on this repertoire, long-term care unions utilized their union-community coalitions to organize political mobilizations where workers publicized their demands to improve long-term care. Political mobilizations most often took place in the form of public demonstrations. However, in adapting to the context of the pandemic, unions demonstrated flexibility and creativity in their approach to mobilizing.

Out of concern for the COVID-19 pandemic and the direction of public health orders, unions adapted their approach to political mobilization through virtual meetings held online through online platforms such as Zoom or Facebook Live.

The Manitoba Health Coalition utilized virtual events to build an understanding of the social unionist diagnoses and prognoses for public audiences that could be utilized in future organizing events such as public demonstrations and social media campaigns. Specifically, these events developed a clear diagnosis which framed privatization and a lack of care standards as the source of issues within Manitoba's long-term care system. Within these events, three clear prognoses were also advanced: ending for-profit care, introducing national care standards and an office of the Seniors Advocate. The Manitoba Health Coalition hosted a series of educational webinars with leading experts on Manitoba's public care system, long-term care and senior's advocacy. This included three events: 1) *COVID-19 in Manitoba: The Impact on Public Healthcare with Darlene Jackson and Nadine Sookermany* 2) *Seniors Care: A Conversation with Pat and Hugh Armstrong* and 3) *What is a Seniors Advocate? A Conversation with Isobel Mackenzie BC Seniors Advocate* (see Table 2 and Appendix D).

To advance their demands to government, for-profit care operators and the public, the union-community coalitions also organized three virtual town hall events which more closely mirrored public demonstrations. This included the *UN International Day of Older Persons* event, *Make Revera Public! A Town Hall* and Manitoba's *Long-term care Standards National Day of Action* (see Table 2 and Appendix D). These Town Hall style events brought together family caregivers, seniors and public care advocates, as well as union leaders who advocated for the principles of the Coalition's Fix Seniors Care Now Campaign: Working Conditions are Care Conditions, People before Profit, Establish a

Seniors Advocate and National Seniors Strategy. These demands continue to advance diagnoses and prognoses which problematize for-profit care and the lack of care standards and advocate for the pursuit of the following solutions: Improve Quality of long-term care, improve long-term care Accountability, and Take Profit out of long-term care. These solutions once again took up both the conditions of work and care in long-term care as unions emphasized that these solutions were needed to provide the best quality care. Social media engagement was another critical element of mobilization during these events and was used to create greater awareness of long-term care issues. For example, during the *Long-term care Standards National Day of Action* event supporters were encouraged to change their profile picture on social media to an image of a maple leaf with the text “Long-term care standards now #longtermcarestandardsnow” and print out a sign which allows them to write a response to the question “I support LTC because...” Supporters could then take a selfie with the sign and post on social media. When in-person demonstrations were not possible social media provided a possible means to help communicate the coalitions messages to a broader audience beyond those already involved in organizing.

Although most events were held online, long-term care unions further modified their approach to organizing to include hybrid and in-person demonstrations when possible. This strategy was used during the *National Nurses Day of Action and Healthcare Rally in Support of the University of Manitoba Faculty Association*. At the *National Nurses Day of Action* union officials and event speakers demonstrated at the Manitoba Legislature (see Table 2 and Appendix D). Union officials set up a public demonstration with an

empty hospital bed, using the messaging “a hospital bed without a nurse is just a bed” to convey the critical relationship between staffing levels and quality care. Union officials and political leaders who were at the legislature spoke, while the event was broadcasted via Facebook Live for supporters to attend virtually. The Healthcare Rally in Support of the University of Manitoba Faculty Association was held at a time when COVID-19 cases in Manitoba were relatively low. Therefore, supporters were welcomed to demonstrate in person or attend virtually. The messages shared by healthcare unions emphasized their support for fellow public sector unions.

5.5.3 Political Lobbying

Union-community coalitions’ repertoire also drew on strategies of political lobbying through letter writing campaigns to mobilize public support for their vision for public services. At virtual events, the Manitoba Health Coalition promoted their #FixSeniorsCareNow campaign which called for four demands: establish a Seniors Advocate; Working Conditions are Care Conditions, People Before Profit, and Establish a National Seniors’ Strategy. The coalition provided an email template which supporters could use to contact the Premier, the Minister of Health, Seniors & Active Living and their MLA to voice their support for these changes (Manitoba Health Coalition 2021, Take Action! #MBSeniorsAdvocateNOW). Similarly, at the Federal Level, Make Revera Public, the Public Service Alliance of Canada and the Canadian Health Coalition created an online system where participants can send a message to the President of Revera, the Finance Minister, and their Member of Parliament, calling for the government to facilitate the transfer of Revera, Inc. under public ownership.

5.6 Internal Organizational Practices

The frames and repertoire that unions choose to pursue are influenced by internal organizational practices, the final axis of social unionism. Internal organizing practices are the power relations within unions which “shape the division of labour between leaders, staff, and members” (Ross 2007, 27). Ross (2007) provides three typologies for union internal organizing practices. a membership focussed / democratizing union involves workers in determining and executing the organizing goals. A membership-focussed / mobilizational union where goals are set by union leadership, but workers are involved in mobilization around those goals. Lastly, a leadership focussed union, where union officials determine and execute organizing goals. As stated by Ross (2008, 140) “shifts towards social unionist repertoires, namely coalition work, community involvement, and political action, have tended to correlate with greater emphasis on membership involvement.” Therefore, social unionism tends to take up “a membership-focused mobilization strategy” (Ross 2008, 140). My analysis will illustrate that these unions portray themselves as highly democratic and membership focused. However, I will also show that likely due to the conditions of the COVID-19 pandemic, some members have been able to participate in organizing activities more than others.

5.6.1 Union Self-Characterizations

One approach to analyzing union framings of internal organizing practices is through readings of union self-characterizations in “key documents like constitutions and policy papers” (Ross 2007, 20). Throughout this period of organizing, I reviewed the organizational websites of the three unions involved in organizing to access such

materials. On their organizational websites, the three unions representing long-term care workers in Manitoba portrayed themselves as highly democratic organizations by emphasizing the role of union members in guiding the union's priorities and activities. Specifically, the Canadian Union of Public Employees expressed that the union's "strength comes from individual members working toward common goals" (Canadian Union of Public Employees 2019, Why Join CUPE?). Similarly, the Manitoba Nurses Union (2022) described itself as "an active, member-driven organization dedicated to meeting the unique needs and interests of its members" (About the Manitoba Nurses Union). Further, the Manitoba General and Government Employees Union (2022, Who We Are, What We Do) referred to the union's officials as "activists" elected from the membership. Therefore, these self-characterizations suggest that these unions have adopted a membership-focussed approach to social unionism where there is "recognition that union power is enhanced when the general membership participates actively in the implementation of strategies" (Ross 2007, 28).

5.6.2 Who is Involved in Organizing?

My observations of union activities through digital ethnography provided an opportunity to understand how internal organizing practices are enacted and whether they are consistent with union self-characterizations.

The individuals I observed in organizing activities appear to contradict the portrait of the long-term care workforce, which is gendered and racialized. Two of three interview participants were white men. In conducting my digital ethnography of organizing events,

event speakers included union staff and elected officials, as well as some family caregivers and former staff. Noticeably, current direct care workers were absent as speakers. Further, the majority of people who spoke at the events I attended were white women who held positions as union officials or other titles of professional status, with a few exceptions. Uzoma Asagwara, a Black, non-binary MLA is the Health Critic for the Manitoba NDP and a Nurse by profession. Uzoma spoke at the National Nurses' Day of Action Rally organized by the Manitoba Nurses' Union in September 2021. They also brought forward Bill 212 The Health Services Insurance Amendment Act (Personal Care Home Guidelines). Nadine Sookermany, a Black woman, the former Executive Director of Women's Health Clinic spoke at the COVID-19 in Manitoba: The Impact on Public Healthcare Town Hall hosted by the Manitoba Health Coalition in April of 2020. Both people still held certain class positions based on their professional roles, which were of higher status than the majority of workers in long-term care. Although relevant statistics indicated a high concentration of racialized women working in long-term care, very few were publicly involved in organizing during this time. The lack of participation among rank-and-file members may appear to reflect a lack of internal democracy and a leadership focused approach to organizational practice "where elected and appointed officials frame the issues, decide repertoires, and implement these strategies without workers' participation" (Ross 2007, 27).

The contradiction between the portrait of the long-term care workforce and organizing leadership may be explained by the history of discrimination within the labour movement. Historically, unions have been white, male dominated spaces and

discriminatory towards woman and racialized people (White 2007). Although unions have made progress in addressing these issues, Das Gupta (2007, 182) argues that further work is needed to advance “employment equity within unions themselves” and “equitable representation in union leadership.” Within the context of organizing in Manitoba, white dominance may play out, discouraging these workers from becoming involved in organizing. Race was acknowledged in organizing events and campaigns, but in most cases, this was done in a performative way. For example, the Inner Courage Social Media Campaign, organized by the Manitoba Nurses Union (2021), featured characters that were reflective of Manitoba’s nursing labour force through the use of images of racialized men and women with name choices like “Maria” and “Manny.” However, the campaign did not address issues that might disproportionately affect workers on the basis of gender, race or class.

Additionally, I believe it is also important to consider the context in which organizing was taking place in order to understand this contradiction. Within the next section I lay out the conditions affecting organizing and progressive politics during the period marked by the beginning of the pandemic in Canada in the late winter of 2020.

The COVID-19 pandemic posed new challenges to internal union practices and the ability of union officials to engage with the general membership as they had in the past. During many periods of the pandemic, in person gatherings were not possible. Therefore, unions were unable to connect with their membership through traditional means, such as in person meetings.

It is also important to consider how factors related to the COVID-19 pandemic such as overwork and burnout may have influence over organizational practice. Union members experiencing job-related burnout, as well as burnout related to advocacy. As illustrated in Appendix D, organizing activity was influenced by the intensity of the pandemic and conditions within personal care homes. For instance, organizing activity was at its lowest between October and December of 2020. During this time period, COVID-19 related outbreaks and deaths were reported in personal care homes on a daily basis. It is likely that rank-and-file members would not have had the capacity to participate in organizing activities while they faced increased stress due to poor working conditions. However, once the conditions improved in personal care homes in the spring of 2021, organizing activities resumed again, indicating that workers had capacity to engage in these activities once again.

Daniel Richards described his observations of how burnout effected his colleagues,

Well, I think, again, within long term care, I think people are tired. Certainly, they're more exhausted. I think that their hours have also had to change because because of the one site situation mandate where they've, you know, just they're busy working several different hours trying to get the extra hours. That's had an impact. And I think people are just, again, tired. I think we also forget psychologically, I just have a feeling that down the road we're going to have huge issues with sort of almost a post-traumatic stress disorder situation and depression take place among health care workers.

Additionally, union officials acknowledged that many members had personal caregiving responsibilities outside of union organizing work which may have impacted their ability to participate in activism. Throughout the pandemic, negotiating care and work

responsibilities was a challenge for many as schools moved to virtual learning, daycares closed, older adults experienced greater social isolation, and visitation to personal care homes was limited. The effects on long-term care workers were immediate and sharp, both at home and on the job, affecting their ability to participate in organizing. As previously discussed, most social reproductive workers are working class, low income, racialized women, who are responsible for social reproductive work within their families and communities. Long-term care organizers in Manitoba acknowledged that factors such as burnout and social reproductive responsibilities contributed to turnover in participation in organizing events. At times, within organizing events, speakers acknowledged and discussed their personal social reproductive duties, such as caring for their children or parents. In an interview, Daniel Richards discussed how these issues were affecting many of the women he knew who were involved in organizing. He stated, “Women are the backbone of health care across the board, not only long-term care, personal care homes, but health care in general. And of course, because still in our society, women are still doing the majority of the lifting when it comes to home life. Certainly, that has actually had an impact with their involvement in activism.”

Further, members may be reluctant to speak out about the conditions of work and care in fear of consequence. Although belonging to a union gives these workers power, they may have still feared retribution by their employer for sharing their concerns publicly. This issue was addressed in the Manitoba Nurses Union’s *Inner Courage* social media campaign which featured stories of Nurses’ experiences working during the pandemic. The union indicated that although the stories were real, pseudonyms were used

throughout the campaign to provide anonymity “so our nurses aren’t targets of retribution” (Manitoba Nurses Union 2021, Meet Kristen...). The issue of fear of retribution was specifically discussed in the story of Kristen, a nurse working at a hospital in Winnipeg. The union explained that Kristen posted a message on her Facebook wall about her experience working in the hospital throughout the pandemic and urged her family and friends to follow public health orders. The union noted that she did not share any personal health information about her patients or criticize her employer, but Kristen was still asked by her employer to remove the post. Workers may have been afraid to engage in more public forms of organizing and activism. Instead, workers may have been involved in organizing behind the scenes, which I was not able to observe through digital ethnography.

5.7 Sustaining the Union and Progressive Politics

With seventy years of social unionist organizing involving long-term care workers in Manitoba, it is perhaps not surprising that the Covid-19 pandemic and its devastating impact on long-term care residents and workers has not dimmed this flame. But it has created new circumstances and additional issues and barriers for unions. In this section, I examine how unions are working to sustain their membership in the conditions of work and organizing that were outlined in previous sections.

Recognizing that the reproduction of union members is critical to advancing public sector workers’ vision for quality public services, efforts have been made by long-term care unions and care advocates to sustain organizing.

One approach unions have taken to sustaining organizing has been through the introduction of paid positions. This approach was taken up by Make Revera Public, a union-community coalition between the Public Service Alliance of Canada (PSAC) and the Ottawa and Ontario Health Coalitions, which aimed to pressure the Federal Government to engage with the Public Sector Pension Investment Board and provincial health ministries to transfer Revera from private to public ownership and operation (Public Service Alliance of Canada 2021). To recognize the value of organizing work, and to ensure organizers receive the financial support necessary to reproduce themselves to be able to perform this work, the Canadian Union of Public Employees National Office provided funding for a paid organizing position, held by Kevin Skerrett.

In acknowledging workers' social reproductive responsibilities outside of work, unions also encouraged sustainability in organizing by subsidizing members' childcare costs while they participated in union activities. In particular, the Canadian Union of Public Employees Manitoba (2017, 8) offered subsidies for childcare for members involved in “schools, conventions and union functions.” This strategy aimed to support workers' financial access to childcare so that they could participate in organizing and other union activities.

A third approach to sustaining union organizing was through union promotion and development of Mental health resources which support the wellbeing of the membership and broader communities. Specifically, the Manitoba Government and General

Employees union created a website, *healthymindsatwork.ca*, in partnership with the Canadian Mental Health Coalition. The website provided members with mental health tools and opportunities to engage in advocacy around mental health issues at work. Unions recognized that workers need to have access to this support to provide quality care (Manitoba Government and General Employees Union 2022, Healthy Minds at Work).

Chapter 6: Conclusions

6.1 Introduction

Within this chapter, I highlight my main findings and their implications for action, for research, and methods.

Within this thesis I investigated two research questions: 1) How are workers in Manitoba organizing to retain long-term care as a public service and what have been their key opportunities and challenges in organizing? 2) How has organization around public ownership of long-term care in Manitoba been influenced by the COVID-19 pandemic, including factors such as labour force exhaustion, over-work, worker exits, and work disruptions as well as public attention and media critiques of the sector?

My analysis provided a detailed, concrete case study that supports Ross (2007)'s framework in use. Through my analysis, I demonstrated that workers in Manitoba were organizing through social unionism, and how, by drawing on Ross (2007)'s understanding.

For unions organizing around public ownership of long-term care in Manitoba, challenges were posed by the ongoing efforts of Manitoba's Progressive Conservative government to advance privatization through union busting legislation, and by the conditions of the pandemic. However, within this context unions advanced their values for quality public services through social unionism.

In exploring this manifestation of social unionism among long-term care workers in Manitoba, I have provided an analysis of the collective action frames, repertoire and internal organizing practices that unions have utilized to organize in defence of public ownership of long-term care in Manitoba.

In Manitoba, unions have constructed collective action frames which diagnosed four problems: mental health issues among workers and residents, a lack of meaningful engagement by government on seniors' issues, for-profit care ownership and the lack of national long-term care standards. Through this framing, unions also engaged in a process of identity formation, which framed the "we" which organizes around shared goals. Long-term care unions organize public care activists, seniors' advocates, and family caregivers who shared their interest in improving conditions of care and work in long-term care. Sometimes this "we" also involved employers as strategic partners in advancing a common goal. Further, these unions allied with other public sector workers based on a shared goal of opposing government privatization of public services and union busting. Within this collective action frame, of Manitoba's long-term care system workers organized towards four prognoses (solutions) which coincide with the developed diagnoses: increase mental health support, create an Office of the Seniors Advocate, end

for-profit care and implement national long-term care standards. These unions drew on narratives of communal responsibility and personal stake in the issue, to motivate others to become involved in organizing efforts.

I have also examined how unions adapted their repertoire to the conditions of the pandemic. Long-term care unions organized activities through union-community coalitions, like the Manitoba Health Coalition at the provincial level, and Make Revera Public at the national level. Through these coalitions, unions also organized through political mobilizations, in the form of educational webinars, town hall events and hybrid demonstrations when possible. Unions utilized digital organizing strategies such as online meeting platforms and social media engagement to a much greater extent than in the past. Through the coalitions unions also engaged in strategies of political lobbying through letter writing campaigns by encouraging the public to write to their officials and voice organized demands.

Through my review of union self-characterizations, I argued that the internal organizing practices of long-term care unions in Manitoba appeared to be highly democratic and membership driven. However, within my observations I noted that most of the people involved in organizing were white women who held higher class positions as professionals and union officials. There was a lack of visibility of the general membership in leading roles in organizing activities as the portrait of the labor force suggests that long-term care workers were mostly racialized women. However, I recognized that this was likely the result of multiple factors related to the current context,

including the social reproductive duties assigned to women outside of their paid work, which may have limited their ability to be involved in organizing activities.

My research also provided an affirmation of Feminist Political Economy. As I have argued, the political, economic and social relations that maintain poor conditions of work and care in Manitoba's long-term care sector are infused with inequities of gender, race and class. My application of feminist political economy allows these relations to be identified and confronted.

Braedley (2019, 305) draws attention to two central questions for feminist political economy analyses: "who benefits from these inequalities and how?" and "who pays for them, and how?" When the Government of Manitoba failed to invest in quality public long-term care the working class paid for these inequalities through poor conditions of work and care. This was especially true for the racialized women who work in long-term care and the vulnerable older residents who lived in long-term care. Further, it is the long-term care operators and investors benefit who from these inequalities as they continued to acquire profits. However, through organizing, Manitoba's long-term care unions aimed to advance an alternative vision, where we invest in well run public services and long-term care operators and investors do not profit off the inequalities in long-term care. Within this alternative vision, public investment in public services would advance equity and benefit the working class, especially racialized women and older adults who live and work in personal care homes. The clash of politics between unions in Manitoba and the Progressive Conservative government remains ongoing. Therefore, the need for organizing to support investment in public services continues.

6.2 Implications for Action

My research shows that long-term care unions in Manitoba have maintained a high level of organizing activity within crisis conditions. Rather than maintaining the status quo, these unions continued to adapt a social unionist orientation to organizing in order to continue their fight for social change. However, despite this high level of organizing activity, there is more work to be done to advance the union vision of an equitable public long-term care system in Manitoba. My analysis drew attention to some potential tensions and contradictions in relation to internal organizing practices and union democracy that unions may seek to address moving forward as this work continues.

The individuals I observed in organizing activities appear to contradict the portrait of the long-term care workforce, which is gendered and racialized. Although there were a few racialized women and non-binary people publicly involved in organizing events, the majority of people who spoke at the events I attended were white women and held higher status positions as professionals and union officials.

I have acknowledged that past research provides a few potential explanations of this contradiction. Firstly, racialized women may have additional social reproductive duties outside of their work which leaves less time and capacity for organizing. Another possible explanation is the history of unions. Unions have historically been white, male dominated spaces and discriminatory towards woman and racialized people. This may have discouraged these workers from becoming involved in organizing. Race was acknowledged in organizing events and campaigns, but in most cases, this was done in a

performative way. Additionally, I have suggested that the overlap between workers' experiences of their conditions of work and personal social reproductive responsibilities likely had an impact on their ability to participate in organizing. Throughout the pandemic, negotiating care and work responsibilities was a challenge for many as schools have moved to virtual learning, daycares have closed, older adults are experiencing greater social isolation, and visitation to personal care homes was limited. Long-term care organizers in Manitoba acknowledge that factors such as burnout and social reproductive responsibilities have contributed to turnover in participation in organizing events.

Unions have made efforts to promote member participation and sustain organizing by addressing some of the issues I have observed. These efforts have included the introduction of paid positions, subsidizing childcare to address the social reproductive duties, and the development of mental health resources to support the wellbeing of members and the community. Therefore, the suggested implication for action would be that unions continue to promote sustainability in organizing and work with their membership to determine effective ways to promote member participation, with attention to the experiences and needs of racialized women.

6.3 Implications for Future Research

Future research should continue to explore the relationship between social reproductive workers and their tendency to organize through social unionism. Utilizing Manitoba's long-term care system as my case study, I explored this association, and noted that this was an interesting observation. Within this context, it appeared as though the association

between social reproductive workers and organizing through social unionism has been prevalent in Manitoba's history as workers have responded to threats of privatization, including in present day during the COVID-19 pandemic. However, due to the nature of my inquiry, I could not draw causation. This relationship should be explored further within other contexts. This may include other long-term care systems across Canada and beyond. Additionally, future research could also look to explore this relationship among different groups of social reproductive workers. For example, social services, childcare, education and healthcare could provide new contexts to conduct this research.

Further, considering the rise in digital organizing within the context of the pandemic, future research should also consider how unions are using digital organizing strategies differently than in the past. Although some research explores unions' use of social media, I believe it is necessary to revisit these questions within the context of the pandemic as digital organizing has become a primary strategy of many unions during this time. In research conducted prior to the pandemic, Émond Sioufi (2011, 85), concluded that "the most effective ways for Canadian unions to use social media is not clear." However, as unions have adapted to the present context and further refined their use of digital media it would be interesting to consider how unions' approaches to, and perceptions of, digital organizing strategies changed in response to the pandemic, and whether unions have been able to develop promising practices.

6.4 Implications for Methods

In addition to implications for future action, and research, my thesis provides methodological insights into conducting research in uncertain times. Informed by feminist political economy's historical materialist perspective, my construction of the historical context of my case through the literature review and media scan was critical to understanding how the crisis in Manitoba's long-term care system is constantly evolving and how unions continue to respond as organizing strategies must change to address the challenge at hand. Daniel Richards stated "labor activists, we always adjust and figure ways out to call attention and speak out about issues that that we think are unjust." I similarly had to evolve my methods to follow the activities of unions and their approach to organizing during this time.

My knowledge of the current context assisted me in pivoting my methods to pursue new opportunities for research as they emerged. Although I originally intended to primarily conduct interviews, I found that this was not the most promising method of data collection due to the high levels of stress, burnout and turnover within this sector. Instead, I looked to what unions were doing to guide my choices in methods. In recognizing the strong social media presence of unions and the prevalence of digital organizing during this time, I modified my methods to focus on a social media analysis and digital ethnography of virtual organizing events. I found that this shift led to rich sources of data which furthered my understanding of the depth of work unions were doing during this time.

Appendices

Appendix A



INTERVIEW GUIDE

Organizing for Public Long-term Care: The Case of Manitoba

This interview will take approximately 60-90 minutes. This is a semi-structured interview schedule therefore the topics will vary slightly based on the answers to questions.

1. Tell me about your advocacy work within this organization
2. Tell me about your involvement related to long-term care advocacy over the past year
3. What are some of the key issues that guide your organization's advocacy on long-term care?
 - a. How have these key issues changed over time?
4. What are some of the most important goals for your organization related to long-term care?
5. Why do you think public ownership and provision of care is important?
6. How are you connecting with others involved in organizing around long-term care during this time?
 - a. What have been some of the most useful ways to collaborate?
7. What have been some of the most significant events or initiatives that have been organized over the past year?
 - a. Who typically participates in these events?
8. How are current organizing strategies similar to, or different from, those used in the past?
 - a. Has participation in events or initiatives changed over the past year?
9. What challenges have you encountered in organizing around long-term care?
 - a. How have these challenges changed over time?
 - b. Are there people not able to participate that used to participate in organizing activities?
 - c. How do personal care responsibilities among members influence participation in organizing activities?
10. What is your perception of how the pandemic has influenced public interest in issues related to long-term care?

11. How does the support of the general public influence organizing efforts? Have you got a story or instance from your own involvement that illustrates this shift in terms of how it has affected organizing?
12. What other organizations are working on this issue?
 - a. How does your organization collaborate with other organizations?
13. If you could change one thing about organizing for public long-term care within Manitoba's long-term care system, what would it be?

Thank you for your participation

Appendix B



INTERVIEW EMAIL INVITATION

Organizing for Public Long-term Care: The Case of Manitoba

Dear (name of participant),

I am a Master's Student at Carleton University working on a study, entitled "Organizing for Public Long-term Care: The Case of Manitoba" that examines how workers in Manitoba are organizing to retain long-term care as a public service. I am writing to invite you to participate in this research due to your knowledge and experience in this area.

This study aims to identify and understand the strategies employed by workers and worker funded groups organizing and campaigning to preserve public provision of long-term care in Manitoba. It will also explore how the COVID-19 Pandemic has influenced approaches to organizing, including factors such as labour force exhaustion, over-work, worker exits, and work disruptions as well as public attention and media critiques of the sector.

I am holding interviews with key informants like yourself, including union officials, healthcare advocates, and policy makers, so that I can gather a range of information and perspectives.

Your participation involves one 60-90 minute interview to take place via Zoom. With your consent, interviews will be audio and video recorded. Once the recording has been transcribed, the recordings will be destroyed.

This project involves minimal professional and emotional risks, but I will take care to protect your identity. You have the choice to respond anonymously or to have your responses attributed to you, waiving anonymity. Further, you have the right to request that certain responses not be included in the final project. Although I will take every precaution to anonymize all data, there is a slight possibility that direct quotes may identify you to knowledgeable insiders, despite my care.

You will have the right to end your participation in the study at any time, for any reason, up until three months after your interview. If you wish to withdraw from the study, please

contact me via email at daniellesaj@cmail.carleton.ca. If you choose to withdraw, all the information you have provided will be destroyed.

All research data, including audio and video recordings and any notes will be encrypted. Research data will only be accessible to me and my thesis committee, consisting of two professors at Carleton.

The ethics protocol for this project was reviewed by the Carleton University Research Ethics Board, which provided clearance to carry out the research. The ethics protocol clearance number for this project is: 115851 (Clearance expires on: insert date here.) If you have any ethical concerns with the study, please contact Should you have any **ethical concerns** with the study, please contact the REB Chair, Carleton University Research Ethics Board-A (by phone: 613-520-2600 ext. 2517 or by email: ethics@carleton.ca).

If you are willing to participate in this research project, or have any questions, please respond to this email at daniellesaj@cmail.carleton.ca.

Sincerely,

Danielle Saj, Institute of Political Economy, Carleton University

Appendix C



INFORMATION AND CONSENT FORM - INTERVIEW

Organizing for Public Long-term Care: The Case of Manitoba

Date of ethics clearance: Insert Date

Date of ethics clearance expiry: Insert Date

Who is leading this project?

Danielle Saj, MA Student, Institute of Political Economy, Carleton University

What is the purpose of this project?

This research examines how workers in Manitoba are organizing to retain long-term care as a public service.

The research aims are to understand:

1. The organizing strategies used by workers
2. The key opportunities and challenges to organizing
3. How the COVID-19 Pandemic has influenced organizing strategies, including factors such as labour force exhaustion, over-work, worker exits, and work disruptions as well as public attention and media critiques of the sector

What you are asked to do in this research: You are asked to participate in 60-90 minute confidential interview. The interview will be recorded, with your permission, so that I can then transcribe what you have said without forgetting anything.

Are there any risks or benefits to participating in this research? There is no risk in answering my questions. You have the choice to respond anonymously or to have your responses attributed to you, waiving anonymity. Further, you have the right to request that certain responses not be included in the final project. Although I will take every precaution to anonymize all data, there is a slight possibility that direct quotes may identify you to people who work in your field. I will do my utmost to prevent this possibility but want to acknowledge this risk.

There are no direct benefits of research for you. However, your participation will allow me to better understand how workers are organizing around public long-term care in order to help identify successful organizing strategies that could be used in the future.

What do you do with my answers? They will be analyzed and compared with all the participants' answers. The results will be published in my thesis, other academic and public materials (e.g., journal articles, books, plain language guides), and communicated at academic and public conferences, and always anonymously, without ever identifying a person. The only people with access to the recorded interview will be myself and my thesis committee, consisting of two professors at Carleton. Following transcription, the interview will be coded and all information that can identify you personally will be removed. Your comments will not be linked to you personally in any way in any publications or reports, unless you have waived anonymity.

"In-session" data, such as the audio, video and chat transcript from the interview, will be stored locally on the researcher's computer. Research data will only be accessible to me and my thesis committee, consisting of two professors at Carleton. Operation data, such as meeting and performance data, will be stored and protected by Zoom on servers located in the relevant geographic location as identified by Zoom, but may be disclosed via a court order or data breach.

Will my answers be confidential? Yes. The recordings of the interview will be stored and transcribed with a code number and without any information that can identify you. Only myself and my committee will be able to access this information. Your data will be encrypted. Computer access to transcripts of interviews will be protected by a password. No information identifying you in any way will be published. Consent forms will be destroyed five (5) years after project completion. Only anonymized data that cannot be identified can be retained after this date.

Do I have to answer all the questions? No. Your participation is completely voluntary. You may refuse to answer any questions. You can withdraw from the interview at any time, or opt out after the interview. If you wish to withdraw from the study, please contact me via email at daniellesaj@mail.carleton.ca. If you decide to opt out of the research, all information gathered from you will be destroyed. The deadline for withdrawing your consent to participate in this research is Insert DATE.

What if I have other questions during the study? If you have any questions about this research in general or about your role in this study, please contact me by email at daniellesaj@mail.carleton.ca or by phone at [REDACTED].

The ethics protocol clearance number for this project is: 115851

Consent I have read the above information, understand what this research is and have the answers to my questions about my participation. I know that I can stop participating at

any time without having to justify my decision. I consent freely to participate in this research by participating in this interview.

I consent to the interview being recorded: (please check) Yes No

I waive anonymity and agree to be identified when my interview data is directly quoted in publications and other research outputs: (please check) Yes No

My name (block letters)

Signature of participant

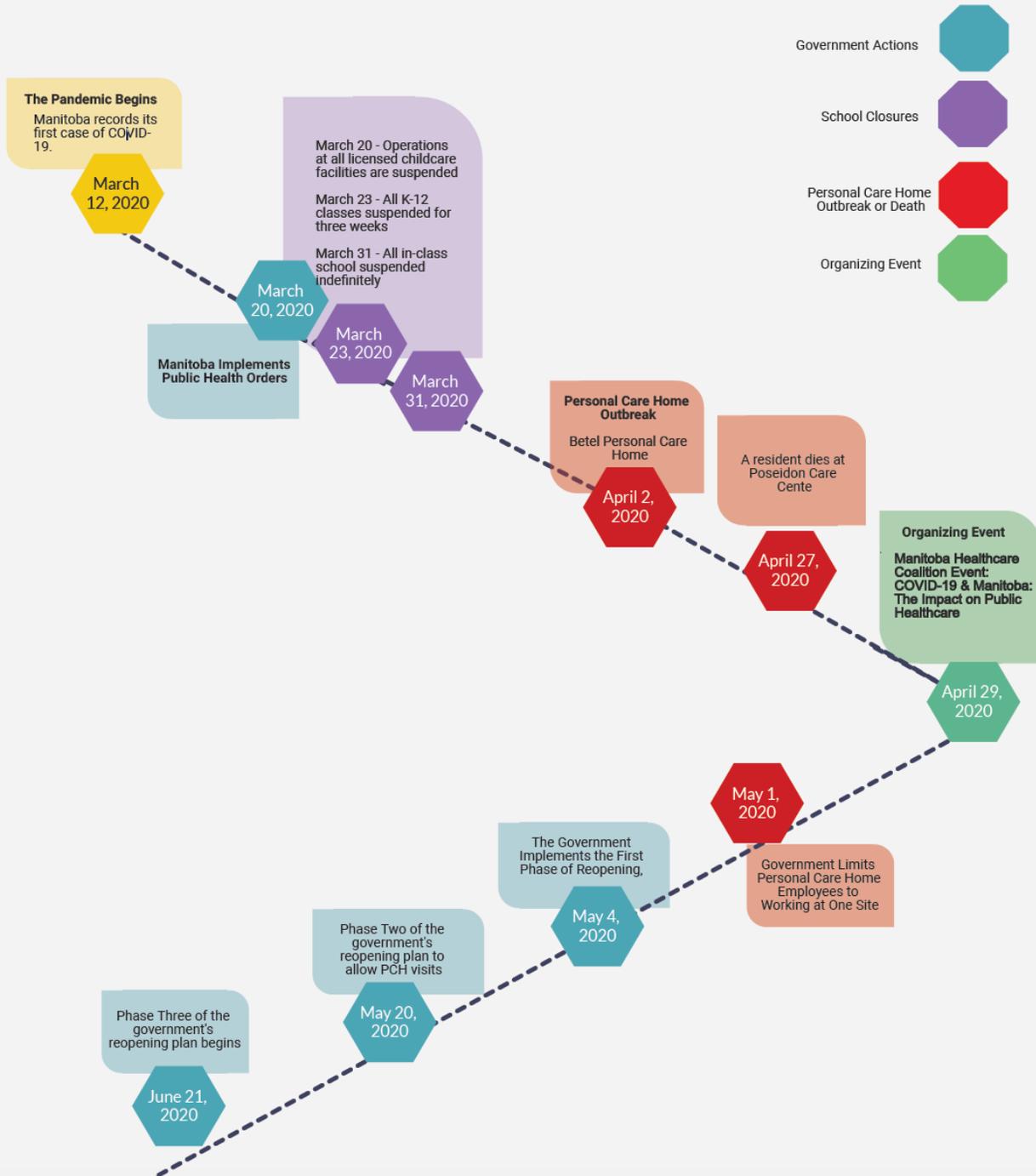
Date

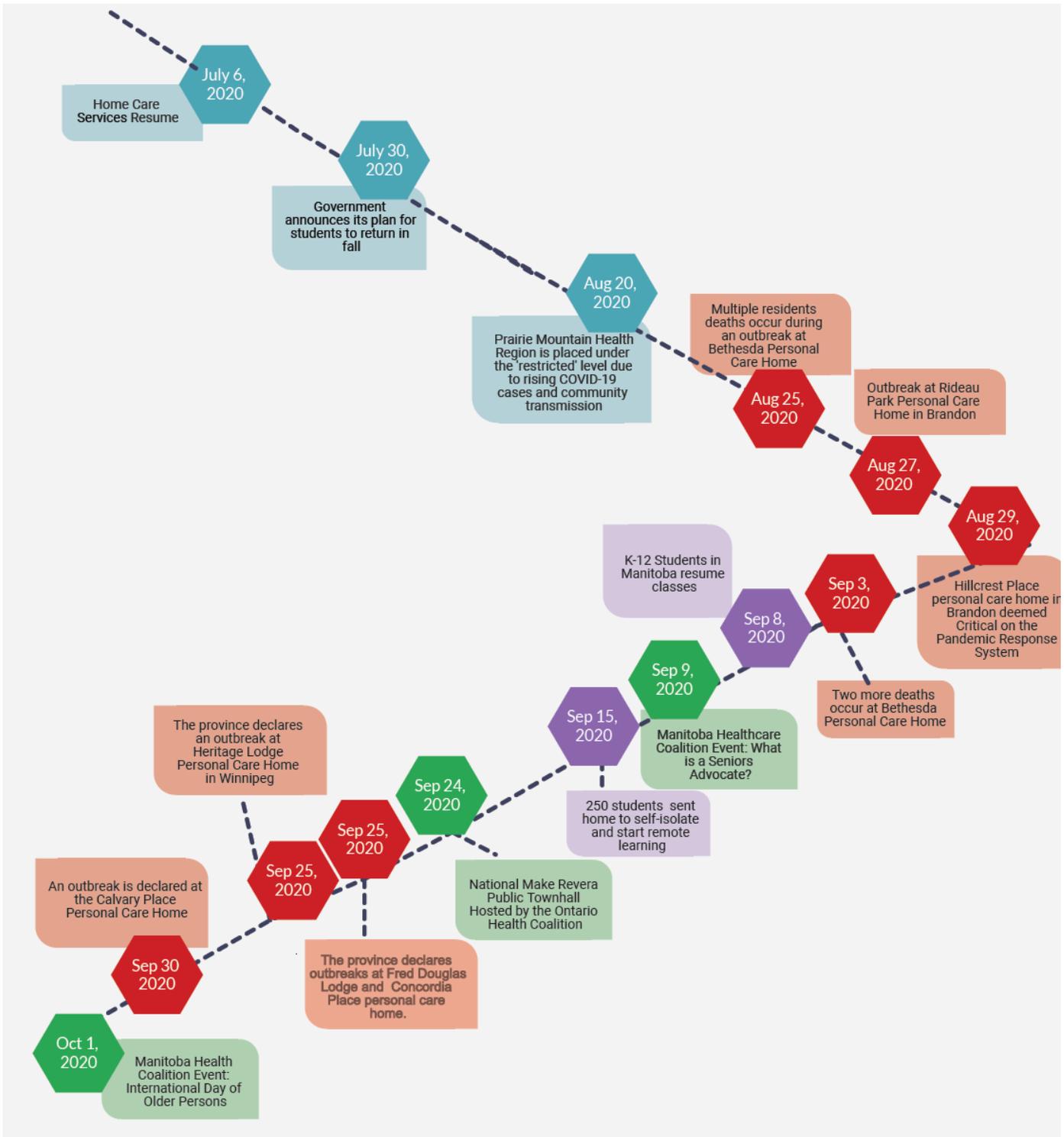
Signature of researcher

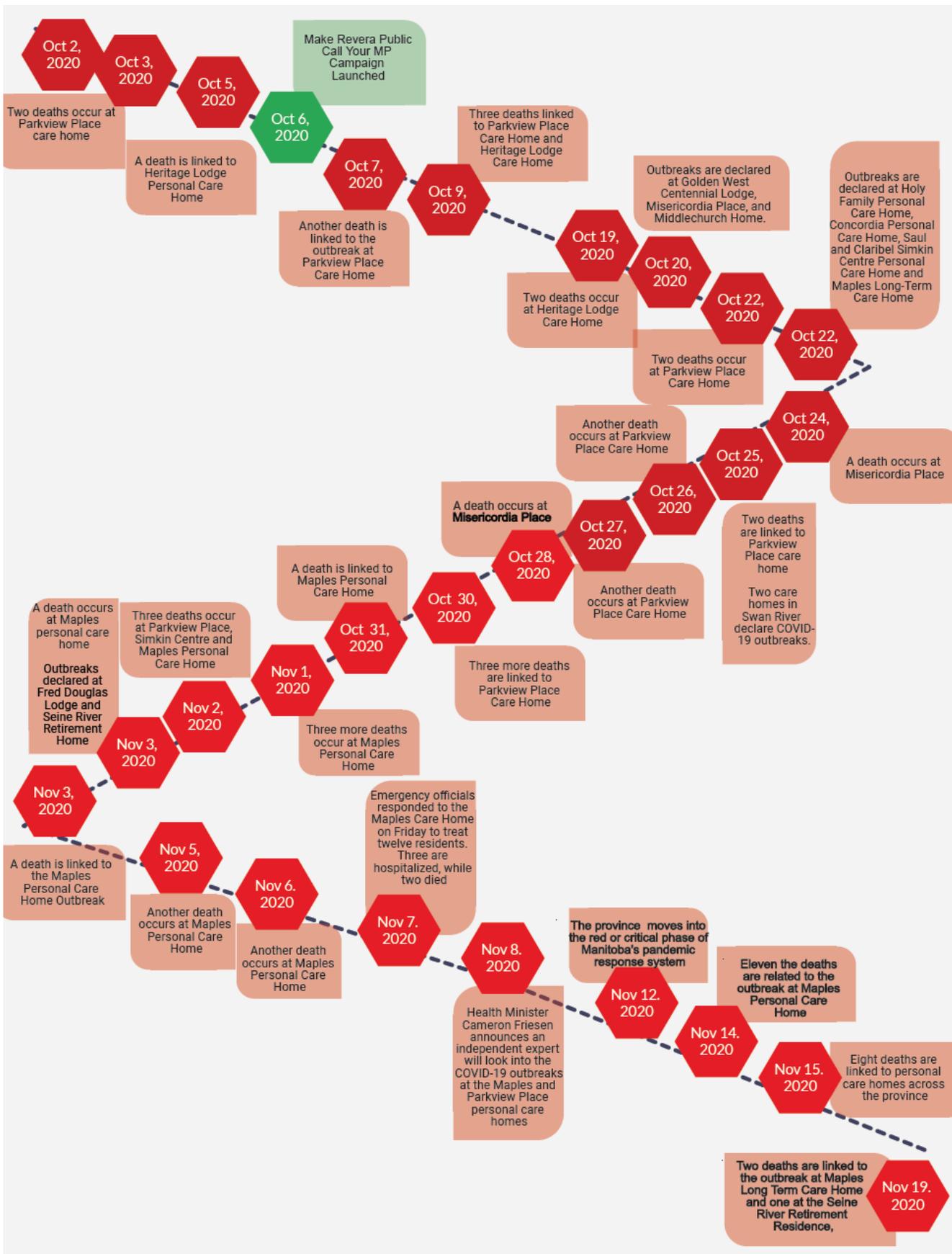
Date

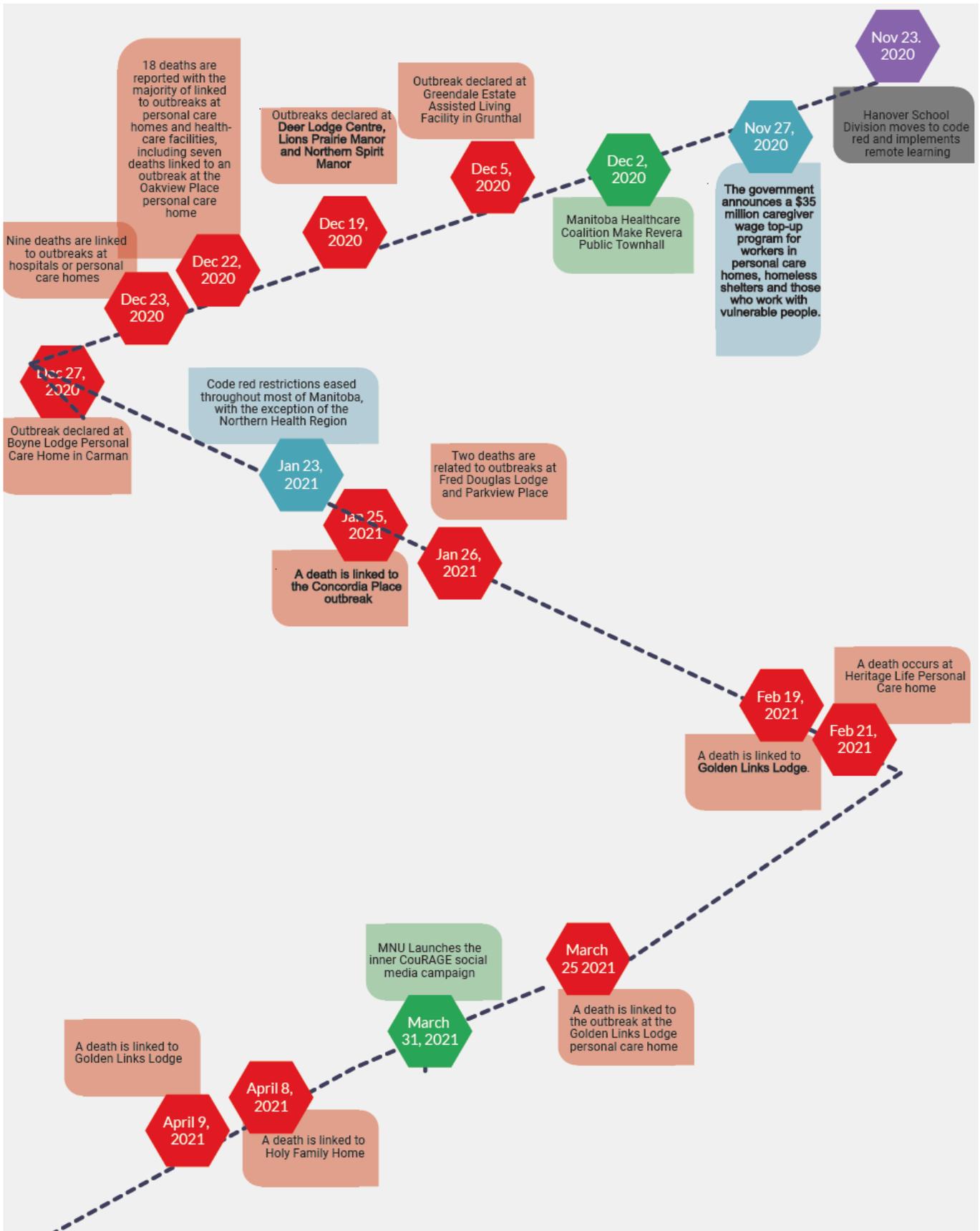
Appendix D

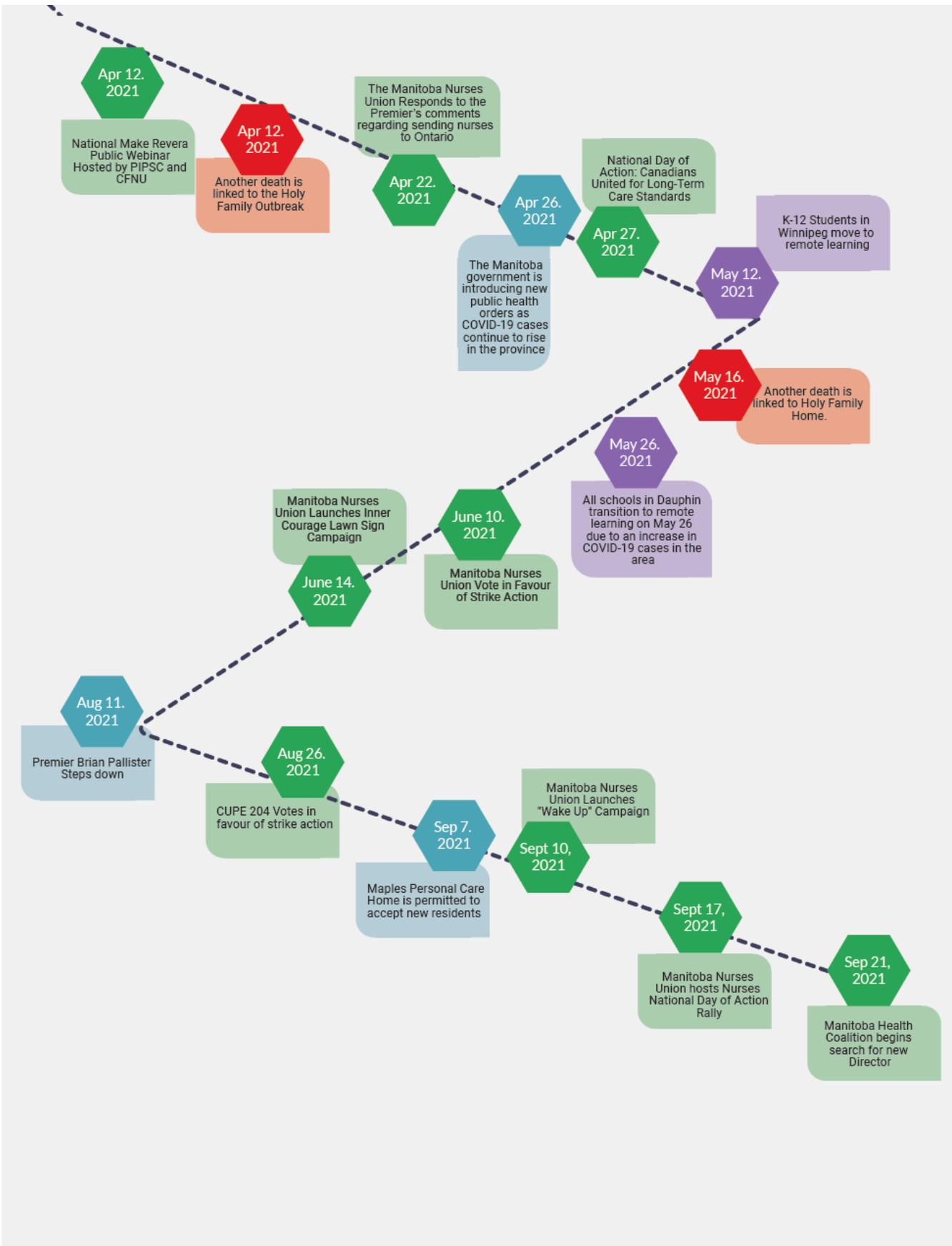
Timeline of COVID-19 and Organizing in Manitoba











References

- Adams, Chris. *Politics in Manitoba: Politics, Leaders, and Voters*. Winnipeg: University of Manitoba Press, 2008.
- Age & Opportunity. "Age & Opportunity History Booklet." Last Modified June 21, 2017. <https://www.aosupportservices.ca/wp-content/uploads/2021/06/AO-Anniversary-Booklet-FINAL-Web.pdf>
- Annable, Kirstin, Vera-Lynn Kubinec, Barghout, Caroline and Joanne Levasseur. "For-profit care homes have higher COVID-19 death rates among Winnipeg." *CBC News Winnipeg*, March 17, 2021. <https://www.cbc.ca/news/canada/manitoba/for-profit-care-homes-coronavirus-deaths-wfpcbc-cbc-1.5952171>
- Armstrong, Pat. "Armstrong_MCRI application_Final." Last modified January 17, 2012. <https://reltc.apps01.yorku.ca/wp-content/uploads/2011/08/Re-Imagining-Long-Term-Residential-Care-Full-Proposal.pdf>
- Armstrong, Pat, Carol Amaratunga, Jocelyne Bernier, Ann Pedersen, and Kay Willson. *Exposing Privatization: Women and Health Care Reform in Canada* (Aurora: Garamond Press, 2001).
- Armstrong, Pat and Ruth Lowndes. "Theory Matters." In *Creative Teamwork: Developing Rapid, Site-Switching Ethnography*. Pat Armstrong and Ruth Lowndes, eds. (Oxford: Oxford Press, 2018).
- Armstrong, Pat and Hugh Armstrong. 2018. *Creative Teamwork: Developing Rapid, Site-Switching Ethnography*. Oxford: Oxford Press.
- Armstrong, Pat and Hugh Armstrong. *The Privatization of Care: The Case of Nursing Homes*. New York: Routledge, 2019.
- Armstrong, Armstrong, Choniere, Lowndes, and Struthers 2020
- Arruzza, Cinzia, Tithi Bhattaharya, and Nancy Fraser. *Feminism for the 99 Percent*. London: Verso, 2019.
- Baines, Donna. "Labour Studies, Social Unionism and Engaged Academics: Strategies and Struggles in Canada." *Labour & Industry* 19, no. 1-2 (2008): 107-119.
- Baines, Donna. 2010. "Neoliberal Restructuring, Activism/Participation, and Social Unionism in the Nonprofit Social Services." *Nonprofit and Voluntary Sector Quarterly* 39, no. 1 (2010): 10-28.

- Bezanson, Kate and Meg Luxton. "Social Reproduction and Feminist Political Economy." In *Social Reproduction: Feminist Political Economy Challenges Neo-Liberalism*. Montreal and Kingston: McGill-Queen's University Press, 2006.
- Black, Simon. *Social Reproduction and the City*. Athens: University of Georgia Press, 2020.
- Black, Errol. "The Manitoba Nurses' Strike." *Canadian Dimension* April 1, 1991. <https://www.thefreelibrary.com/The+Manitoba+nurses%27+strike.-a010658260>
- Bhattacharya, Tithi. "Introduction: Mapping Social Reproduction Theory." In *Social Reproduction Theory Remapping Class, Recentering Oppression*, 1-20. London: Pluto Press, 2017.
- Braedley, Susan. "Equity Shifts in Firefighting: Challenging Gendered and Racialized Work." In *Working Women in Canada*. Leslie Nichols, Eds. Toronto: Canadian Scholars, 2019.
- Braedley, Susan and Meg Luxton. "Social Reproduction at Work, Social Reproduction as Work: A Feminist Political Economy Perspective." *Journal of Labour and Society* 2021: 1-28.
- Braedley, Susan, Tara McWhinney, Asia Barclay, and Kiersten Jensen. "Crumbling Away: Saskatchewan Long-Term Residential Care Policy and its Consequences." *Canadian Union of Public Employees*, Last Modified December 3, 2019. https://sk.cupe.ca/files/2019/12/Report_Crumbling_Away_SK_Long-term_Residential_Care_Policy_and_its_Consequences_CUPE_Local_5430_2019_11.pdf
- Brohman, Erin. "Unions Rally at Deer Lodge Centre to Demand Repeal of Bill that Cuts Bargaining Units." *CBC News Manitoba*, July 6, 2018. <https://www.cbc.ca/news/canada/manitoba/rally-bill29-psac-deer-lodge-centre-winnipeg-healthcare-1.4733750#:~:text=CBC%20News%20Loaded-.Unions%20rally%20at%20Deer%20Lodge%20Centre%20to%20demand%20repeal%20of,collective%20agreements%20in%20health%20care.>
- Briskin, Linda. "Women and unions: Contribution to organized labour 2000." Last Modified February 8, 2000. <http://www.hartford-hwp.com/archives/26/145.html>
- Camfield, David. "Renewal in Canadian Public Sector Unions Neoliberalism and Union Praxis." *Industrial Relations* 62, no. 2 2007: 282-304.
- Canadian Institute for Health Information. "Long-term care homes in Canada: How many and who owns them?." Last Modified June 10, 2020. <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>

- Canadian Labour Congress. “Lessons From a Pandemic: Union Recommendations for Transforming Long-Term Care in Canada.” May 9, 2020.
<http://documents.clcctc.ca/sep/LongTermCare-Report-2020-05-09-EN.pdf>
- Canadian Union of Public Employees. “Why Join CUPE?” 2019.
<https://www.joincupe.org/posts/whycupe/>
- Canadian Union of Public Employees Manitoba. “Manitobans support public and non-profit take-over of private long-term care homes.” December 16, 2020.
<https://cupe.mb.ca/category/news/longtermcare/>
- Canadian Union of Public Employees Manitoba. “Manitoba budget leaves doors wide open for privatization.” April 11, 2017. <https://cupe.mb.ca/2017/04/11/manitoba-budget-leaves-doors-wide-open-for-privatization/>
- Canadian Union of Public Employees Manitoba. “For the Care We All Deserve: The Impact of Working Short on Manitoba Personal Care Home Workers.” 2015.
<https://cupe.mb.ca/files/2013/07/LTC-Report-for-web.pdf>
- Canadian Union of Public Employees Manitoba. “Open Call for CUPE Manitoba Committees!” Facebook, January 25, 2022.
<https://www.facebook.com/CUPEManitoba/photos/a.749864898361326/5393758187305284/>
- Canadian Union of Public Employees Manitoba. “Manitoba budget leaves doors wide open for privatization.” April 11, 2017.
<https://cupe.mb.ca/category/news/longtermcare/page/2/>
- Canadian Union of Public Employees Manitoba. “Manitoba Long-Term Care Workers Rally for Better Quality Care.” October 28, 2013.
<https://cupe.mb.ca/2013/10/28/manitoba-long-term-care-workers-rally-for-better-quality-care/>
- Canadian Union of Public Employees Manitoba. “Tuxedo Villa Workers on Second Day of Info Pickets” August 13, 2014.
<https://cupe.mb.ca/category/news/longtermcare/page/4/>
- Canadian Union of Public Employees. “Residential Long-Term Care in Canada: Our Vision for Better Seniors’ Care.” 2009. <https://archive.cupe.ca/updir/CUPE-long-term-care-seniors-care-vision.pdf>
- Cornelissen, Louis. “Profile of Immigrants in Nursing and Health Care Support Occupations.” *Statistics Canada*, May 28, 2021,
<https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00004-eng.htm>

- Craven, Ian. "Healthcare Sector Union Representation Votes Election Results." *CBC News Winnipeg* August 28, 2019.
https://docs.wixstatic.com/ugd/59932f_772b9d04267a40f29a1ed87b688291b5.pdf
- Coubrough, Jill. "Manitoba care homes say they're chronically underfunded, understaffed, need government to help." *CBC News Winnipeg*, July 15, 2020.
<https://www.cbc.ca/news/canada/manitoba/personal-care-homes-funding-1.5648106>
- Das Gupta, Tania. "Racism and the Labour Movement." In *Equity, Diversity & Canadian Labour*. Hunt, Gerald and David Rayside, eds. Toronto: University of Toronto Press, 2007.
- Froese, Ian. "Federal Precedent Proves Province's Wage-Freeze Law Constitutional, Manitoba Lawyer Argues." *CBC News Winnipeg* June 2, 2021.
<https://www.cbc.ca/news/canada/manitoba/wage-freeze-bill-constitutional-manitoba-court-appeal-1.6050205>
- Geary, Aiden. "Health Care Union Votes to Start in August in Province's Plan to Slash Bargaining Units." *CBC News Winnipeg* June 13, 2019.
<https://www.cbc.ca/news/canada/manitoba/bill-29-health-union-votes-1.5175061>
- Government of British Columbia. "Office of the Seniors Advocate British Columbia." Last Updated 2021. <https://www.seniorsadvocatebc.ca/>
- Government of Manitoba. "Manitoba Licensed Personal Care Home Summary Reviews." December 3, 2020.
https://geoportal.gov.mb.ca/datasets/7852dd45b15a411c94f865463140c3d8_0/explore
- Government of Manitoba. "The Public Services Sustainability Act." 2017.
<https://web2.gov.mb.ca/bills/41-2/b028e.php>
- Friends of Medicare. "Heather Smith, President of UNA believes that Seniors Deserve Better" Twitter, April 27, 2021.
<https://twitter.com/FriendsMedicare/status/1387118303076708353>
- Lambert, Steve. "Appeals Court Rules Manitoba Had the Right to Impose Wage Freeze on Public Sector." *Canadian Press*, October 13, 2021.
<https://winnipeg.ctvnews.ca/appeals-court-rules-manitoba-had-the-right-to-impose-wage-freeze-on-public-sector-1.5621885>
- Lightman, Naomi and Courtney Braay. "Will COVID-19 finally force us to address the

devaluation of long-term care workers?" Policy Options, March 18 2020.
<https://policyoptions.irpp.org/magazines/march-2021/will-covid-19-finally-force-us-to-address-the-devaluation-of-long-term-care-workers/>

Long-Term Care Association of Manitoba. "Personal Care Homes." No Date.
<https://www.ltcam.mb.ca/personal-care-home.htm>

Manitoba Centre for Health Policy. "Term: Level of Care (LOC) - In Personal Care Homes (PCH)." Last Updated February 22, 2011. <http://mchp-appserv.cpe.umanitoba.ca/viewDefinition.php?definitionID=102964>

Manitoba Federation of Labour. "Manitoba Federation of Labour Submission to the Manitoba Legislative Standing Committee on Legislative Affairs." May 9, 2017.
<https://mfl.ca/system/files/mfl-report-files/MFL%20Submission%20on%20Bill%2029%20-%20May%208%202017.pdf>

Manitoba Government and General Employees Union. "Healthy Minds at Work." 2022.
<https://www.healthymindsatwork.ca/>

Manitoba Government and General Employees Union. "Who We Are, What We Do." 2022. <https://www.mgeu.ca/about-us/who-we-are-what-we-do>

Manitoba Government and General Employees Union 2017

Manitoba Government and General Employees Union. "Bill 28 Appeal Court Rules Against Manitoba's Public-Sector Workers." October 14, 2021.
<https://www.mgeu.ca/news-and-more/news/read,article/2101/bill-28-appeal-court-rules-against-manitoba-s-public-sector-workers#sthash.HA9EJGVW.dpbs>

Manitoba Government and General Employees Union. "The 1996 Home Care Strike - A Look Back on a Defining Moment in MGEU History." April 17, 2016.
<https://www.mgeu.ca/news-and-more/news/read,article/1384/the-1996-home-care-strike-a-look-back-on-a-defining-moment-in-mgeu-history/#sthash.BUijvuf5.dpbs>

Manitoba Health Coalition. "About Us." 2018.
https://www.mbhealthcoalition.ca/about_us

Manitoba Health Coalition. "Manitoba Core Healthcare Budget Disappoints." Facebook, March 7, 2021.
<https://www.facebook.com/MBHealthCoalition/>

Manitoba Nurses Union. "About MNU." 2022. <https://manitobanurses.ca/about-mnu>

Manitoba Nurses Union. "In Inner Courage." 2021. <https://innercourage.ca/>

- Manitoba Nurses Union. “Available 24/7, this service is one way our Members can begin to take back their lives. To take control and to not suffer alone. If we learn anything from those we’ve lost, it’s that community is crucial right now. Please stay connected and reach out if you need help.” Twitter, October 5, 2021. <https://twitter.com/ManitobaNurses/status/1445358611526455297>
- Manitoba Nurses Union. 2020. “Frontlines.” September 29, 2020. <https://manitobanurses.ca/system/files/41571-MNU-Frontlines-Issue%201-2020-web.pdf>
- Manitoba Nurses Union. “Partnership to Defend Public Services Wins Court Case.” June 11, 2020. <https://manitobanurses.ca/partnership-wins-court-case>
- Manitoba Nurses Union. “MNU Responds: PCH staff to be limited to single site.” April 28, 2020. <https://manitobanurses.ca/pch-single-site-order>
- Manitoba Nurses Union. “The Future of Long-Term Care is Now.” 2018. <https://manitobanurses.ca/system/files/MNU-Long%20Term%20Care%20Report%202018.pdf>
- Manitoba Nurses Union. “A History of Caring.” January 20, 2017. <https://manitobanurses.ca/system/files/81080-MNU-Timeline-History-Book-Digital-press.pdf>
- Manitoba Nurses Union. 2006. “Long-Term Care in Manitoba.” https://www.cbc.ca/manitoba/features/nursinghomes/union_report.pdf
- Manitoba Nurses Union. “Manitoba Nurses Union - Call Button Commercial.” *Youtube* Video, 0:33, April 24, 2008. <https://www.youtube.com/watch?v=rh1827HziJc>
- Manitoba Healthcare Providers Network. “Nursing in Manitoba.” 2021. <https://healthcareersmanitoba.ca/professions/nurses/>
- Government of Manitoba. Legislative Assembly of Manitoba Standing Committee on Social and Economic Development. May 8, 2017. https://www.gov.mb.ca/legislature/hansard/41st_2nd/hansardpdf/sed5.pdf
- McCracken, Molly. “Manitoba Leaving Money for Health Care, Long-Term Care, Housing and Essential Worker Supports On The Table – New CCPA National Report.” *Canadian Centre for Policy Alternatives* January 28, 2021. *Manitoba* <https://www.policyalternatives.ca/publications/commentary/manitoba-leaving-money-health-care-long-term-care-housing-and-essential>
- MacIntyre, Hugh and Charles Lamman. “Labour Relations Laws in Canada and the

United States.” *Fraser Institute*, 2014.

<https://www.fraserinstitute.org/research/labour-relations-laws-canada-and-united-states-2014-edition>

MacLean, Cameron “Parkview Place Workers Facing Burnout, Unsafe Conditions, Union Says.” *CBC News Winnipeg* October 15, 2020.

<https://www.cbc.ca/news/canada/manitoba/parkview-place-winnipeg-union-grievance-covid-19-1.5763656#:~:text=CBC%20News%20Loaded-.Parkview%20Place%20workers%20facing%20burnout%2C%20unsafe%20conditions%2C%20union%20says,dozens%20of%20employees%20and%20residents.>

Manitoba Government and General Employees Union. “Yes We Did! - MGEU home care strike 96 pt1.” Youtube Video, 8:15, March 8, 2010.

<https://www.youtube.com/watch?v=thEHo4D8Cbs>

Manitoba Government and General Employees Union. “Yes We Did! - MGEU home care strike 96 pt2.” Youtube Video, 6:45, March 8, 2010.

<https://www.youtube.com/watch?v=zsJsLmKk1rc&t=323s>

Manitoba Government and General Employees Union. “Yes We Did! - MGEU home care strike 96 pt3.” Youtube Video, 6:04, March 8, 2010.

<https://www.youtube.com/watch?v=WKNg7L3mfQc>

McGregor, Margaret and Lisa Ronald. “Residential Long-Term Care for Canada’s Seniors Nonprofit, For-Profit or Does It Matter?” *Institute for Research on Public Policy*, January 24, 2011. <https://irpp.org/research-studies/residential-long-term-care-for-canadas-seniors/>

McLean, Matt. “Work Life: For the Care We All Deserve.” *Canadian Centre for Policy Alternatives Manitoba* October 29 2013.

<https://policyalternatives.ca/publications/commentary/work-life-care-we-all-deserve>

National Union of Public and General Employees. “Manitoba Government Introduces Legislation Requiring P3 Public Accountability.” June 1, 2012.

<https://nupge.ca/content/manitoba-government-introduces-legislation-requiring-p3-public-accountability>

Novek, Sheila. “Women, Migration and Care Work: Filipino Health Care Aides in Canada.” Master Thesis. Department of Community Health Science, Faculty of Medicine, University of Manitoba, 2011.

Ontario Health Coaliton. “National Long-term Care Standards for Residential Care.” March 22, 2021.

<https://drive.google.com/file/d/1cuNWZqBuDT2zljg--A0IT-ciAPdFjVBf/view>

- Public Service Alliance of Canada. “PSAC launches campaign to bring long-term care into public hands.” May 28, 2021. <http://psacunion.ca/revera>
- Pursage, Joyanne. “New health coalition forms amid growing concerns.” *Winnipeg Sun* June 28, 2018. <https://winnipegnews.com/news/provincial/new-health-coalition-forms-amid-growing-concerns>
- Rawsthorne, Trish, Laura Funk and Brianne Goertzen. “Fast Facts: Why Manitoba Needs a Seniors Advocate.” *Canadian Centre for Policy Alternatives Manitoba* June 23, 2020. <https://www.policyalternatives.ca/publications/commentary/fast-facts-why-manitoba-needs-seniors-advocate>
- Robertson, Dylan. “Review of Staff Training in Personal-care Homes no Longer Provincial Priority.” *Winnipeg Free Press* December 6, 2021. <https://www.winnipegfreepress.com/special/coronavirus/review-of-staff-training-in-personal-care-homes-no-longer-priority-for-province-575873232.html>
- Ronald, Lisa, Margaret McGregor, Charlene Harrington, Allyson Pollock, and Joel Lexchin. “Observational Evidence of For-Profit Delivery and Inferior Nursing Home Care: When Is There Enough Evidence for Policy Change?.” *PLOS Med* 13, no. 4 2016: No Page.
- Ross, Stephanie. “Varieties of Social Unionism: Towards a Framework for Comparison.” *Just Labour: A Canadian Journal of Work and Society* 11, 2007:16-34.
- Ross, Stephanie. “Social Unionism and Membership Participation: What Role for Union Democracy?” *Studies in Political Economy* 81, no.1 2008: 129-157.
- Rusznak, Carrie-Lynn. “Our seniors are the reason we live in a great country so stop making them profit margins and treat them with respect.” Twitter, April 27, 2021.
- Scarth, Todd. “Ralph Klein should know what Manitobans know about for-profit health care.” *Canadian Centre for Policy Alternatives* 2001 <https://www.policyalternatives.ca/publications/reports/ralph-klein-should-know-what-manitobans-know-about-profit-health-care>
- Shapiro, Evelyn. “The Cost of Privatization: A Case Study of Home Care in Manitoba.” *Canadian Centre for Policy Alternatives* 1997. <https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/1997/12/Home%20Care%20Evelyn%20Shapiro.pdf>
- Sioufi, Émond. “#Unions: Canadian Unions & Social Media.” Masters Thesis. School of Communication, Faculty of Communication, Art, and Technology, Carleton University, 2011.
- Toews, Reg. “Future of Home Care Services in Manitoba.” The Government of Manitoba

Minister of Health, Seniors and Active Living, December 2016.
https://www.gov.mb.ca/health/homecare/future_homecare.pdf

Turcotte, Martin and Katherine Savage. "The Contribution of Immigrants and Population Groups Designated as Visible Minorities to Nurse Aide, Orderly and Patient Service Associate Occupations." *Statistics Canada* June 22, 2020.
<https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00036-eng.htm>

Twomey, Amy. "Pursuing Different Paths in Long-Term Care: Manitoba, Ontario and the Politics of Commercialization." PhD Dissertation, Trent University, Canadian Studies, 2014.

University of Manitoba Centre on Aging. "Facts on Aging." 2022.
<https://umanitoba.ca/centre-on-aging/facts-on-aging>

Vosko, Leah. "Feminist Political Economy and Everyday Research on Work and Employment: The Case of the Employment Standards Enforcement Gap." In *Change and Continuity: Canadian Political Economy in the New Millennium*. Mark P. Thomas, et al., eds. Montreal and Kingston: McGill-Queen's University Press, 2019.

Manitoba Nurses Union. "MNU President Darlene Jackson, at yesterday's UMFA rally: "Our members depend on training from University of Manitoba faculty. Our province depends on nurses. Without proper investment in recruitment and retention, both at the faculty level and on the frontline, we all suffer." Twitter, November 10, 2021.
<https://twitter.com/ManitobaNurses/status/1458419644088426496>

Wilt, James. "The devastation of Manitoba: An Autopsy of Pallister's Austerity Regime," *Canadian Dimension*, August 28, 2019.
<https://canadiandimension.com/articles/view/the-devastation-of-manitoba>

Winnipeg Free Press. "Workers hold rally over staffing of long-term care facilities." *Winnipeg Free Press*, October 29, 2013.
<https://www.winnipegfreepress.com/local/Workers-hold-rally-over-staffing-of-long-term-care-facilities-229739131.html>

Winnipeg Regional Health Authority "Careers." 2017. <https://careers.wrha.mb.ca/>

White, Julie. "Looking Back: A Brief History of Everything." In *Equity, Diversity & Canadian Labour*. Hunt, Gerald and David Rayside, eds. Toronto: University of Toronto Press, 2007.

Wiseman, Nelson. 2008. "The NDP: Manitoba's Natural Governing Party?" Paper presented at Manitoba Politics and Government into the 21st Century, Winnipeg,

Manitoba, November 2008.

https://umanitoba.ca/faculties/arts/departments/political_studies/media/wiseman_paper.pdf