The Union Makes us Strong—and Improves our Health

Errol Black and Jim Silver

Trade unions have struggled for more than a century, often successfully, to improve what we understand today as the social determinants of health. In this chapter we will try to show that not only unionized workers, but all Manitobans, have been made healthier as a result.

Trade unions emerged because workers realized that acting collectively was the only way to improve the conditions in which they worked and lived. The long struggle for better working conditions—higher wages, an end to the twelve-hour and then the ten-hour working day, an end to child labour, and so on—also included a struggle for gains *beyond* the workplace, like better sewage systems and public libraries. Such gains positively affected many of the social determinants of health.

There is, for example, a strong correlation between the proportion of a country's labour force that is unionized and rates of poverty—the higher the unionization rate, the lower the poverty rate—and we know that poverty is especially closely correlated with poor health (Raphael 2009). Other evidence shows that declining union membership is closely related to growing inequalities in the distribution of income, which is also related to poor health (Wilkinson and Pickett 2009: 241-2).

The Origins and Development of Trade Unions

Unions emerged in Britain in the 18th century in response to debilitating conditions resulting from the rise of capitalism and the subordination of humans to the desire to make profits. Early unions were collective efforts to oppose employers' efforts to deskill labour processes, reduce wages, increase the length of the working day, and intensify the pace of work.

By the time unions emerged in Manitoba in the 1880s, legislation was in place—the *Trades Union Act 1872*—conceding workers the right to form unions and bargain with employers to set wages and working conditions. Related legislation—the *Criminal Law Amendment Act*—restricted the actions permitted by unions during strikes.

Unions formed local labour councils and central labour federations, and recognized that the way forward was two-pronged: "bread and butter gains" through collective bargaining; and changes in government policies. The agendas of these early organizations became a template for labour political action, including a focus on issues now recognized as social determinants of health (this section is based on Black and Silver 2008).

Labour in Manitoba

In Manitoba the first craft union, a local of the International Typographical Union, was formed by printers in 1881. Others followed—in construction, metal trades shops and the railways (this section is based on Black and Silver 1991, Silver and Hull 1990, and Smith 1985).

Over the next seventy years the development of Manitoba's labour movement was characterized by experimentation with new labour organizations and different political formations, as well as an intensification of conflict between employers and the state.

The Holy and Noble Order of the Knights of Labour, for example, moved into Manitoba in the 1880s. The Knights emphasized independent political action and helped form a Winnipeg labour council in 1887. They campaigned for the maintenance of winter works projects in Winnipeg to provide work for the unemployed, the direct provision of public works by the city, improvements to the sewage system to improve public health, and limits on hours of work. All of these measures improved important social determinants of health.

A turn-of-the-century economic boom fuelled by railway expansion, immigration, the settlement of the prairies, and an increase in world demand for wheat intensified class conflict, especially over union recognition and wage increases. Governments and the courts intervened on the side of employers to end strikes, including military intervention in a Street Railway strike.

Labour-capital conflicts led to a proliferation of labour political parties on the left, covering the spectrum from reformist to revolutionary, including the Manitoba Labour Party, the Socialist Party of Canada, and the Social Democratic Party, culminating in a general strike in Winnipeg in 1919 that spread to Brandon and across the country. The objectives of the Winnipeg General Strike were an eight hour day, a living wage, and the right to unionize—all social determinants of health. Government and employers ensured that strike leaders were arrested and, once again, the intervention of the military brought the strike to an end on June 25, 1919 (Chaboyer and Black 2006).

Similarly, the "radical" demands made by the Labour Representation League leading up to Brandon's 1917 municipal elections were demands for measures that directly affected many social determinants of health: "a municipal fuel depot, municipal fire insurance, a progressive system of education, an advanced policy in regard to outdoor amusement and physical development, an eight-hour day, a fair wage for all civic employees, abolition of property qualifications for municipal elections" (Black and Mitchell 2000: 73). At the time, the labour movements and related political parties were the only ones promoting such reforms.

Diseases that took a terrible toll in 1908–09, including Tuberculosis, Typhoid Fever, Whooping Cough, and Diphtheria, were all but eliminated by the 1960s. Why? Dr.

James B. Morison (1969) attributed this to, among other things, the increased pasteurization of milk in the case of Tuberculosis, and the extension of sewerage lines and public education in the case of Typhoid Fever—among the issues unions were in the lead in promoting.

Economic stagnation in the 1920s preceded the Great Depression in the 1930s—a decade of destitution and despair for workers and their unions. The Communist Party of Canada created the Workers Unity League to organize the unorganized and fight for improved wages and working conditions, and in 1932 a new democratic socialist party, the Co-operative Commonwealth Federation (CCF), forerunner of today's New Democratic Party (NDP), was formed by western farmers and labour organizations, including Manitoba's Independent Labour Party. Trade unions were fighting not only for healthier conditions in the workplace but also for the creation of political parties that would favour people over profit and implement policies to improve the social determinants of health.

Although gains were slow because of fierce opposition from business and government, unions' political actions produced benefits for all working people: shorter hours, better safety conditions in workplaces, restrictions on child labour, and the establishment of a Department of Labour, among others (see Box 1).

Growth in Trade Union Membership

Unions came out of the Second World War facing more favourable economic conditions and with labour legislation that entrenched union rights in 1943: Order-in-Council PC 1003 gave workers the right to organize and the right to strike, and compelled employers to recognize and bargain with certified unions; Manitoba incorporated the main provisions of PC 1003 in the *Manitoba Labour Relations Act* in 1948. In order to improve their working and living conditions, workers rushed to form unions; between 1940 and 1946 union membership more than doubled, from 362,000 to almost 832,000 in Canada and from 18,560 to 38,680 in Manitoba.

Box 1: Some key legislative gains resulting from union struggles in the first half of the 20th century

- 1907. The minimum employment age for children set at 14.
- *1916. The Workers Compensation Act.*
- 1918. *The Minimum Wage Act*, which applied initially to women and youth and was subsequently extended to adult males in the 1930s.
- 1940–41. *The Unemployment Insurance Act*, passed by the federal government with agreement from the provinces.
- 1945. Family Allowance introduced for families with children.
- 1947. *The Vacations with Pay Act*.

Each of these can be seen as an improvement to the social determinants of health.

The confidence and experience gained by workers during the war carried over into the post-war period. Union membership gave them a say in the determination of their wages and working conditions through collective bargaining. Collective agreements established the rule of law in the workplace, protecting workers from arbitrary reprisals, including reprisals for union involvement. By 1950 the number of union members in Manitoba had grown to almost 57,900—50 percent higher than in 1946.

On the more negative side, unions continued to be dominated by men. As late as 1967 the union density rate for men was more than double that for women—40.9 percent versus 15.9 percent. This began to change in the 1970s, partly because of women's determined struggles, and also because of structural changes in the economy that resulted in disproportionate growth in occupations (clerical work, retail sales, and services) in which women were traditionally concentrated, and because of the spread of unionization to the public sector (education, health care, all levels of government). By 1987, the gap in union densities between women and men was reduced to nine percentage points for Canada and five percentage points in Manitoba, and by 1997 the gap would be eliminated (Akyeampong 1997: 45-46; Black and Silver 1991: 20-23).

A New Trade Union Central and a New Political Party

In 1956 Canada's two trade union centrals merged to form the Canadian Labour Congress (CLC). Urban labour councils also merged, and the Manitoba Federation of Labour (MFL) was created to do at the provincial level what the CLC did at the federal level. The CLC together with the MFL endorsed the Cooperative Commonwealth Federation (CCF), and then in 1961 supported the formation of its successor, the New Democratic Party (NDP).

Following impressive increases in productivity, labour made significant gains in real wages in the 1950s and 1960s as increases in workers' income outstripped increases in the consumer price index by significant amounts—60 percent versus 19 percent between 1950 and 1959, and 54 percent versus 27 percent between 1960 and 1969—resulting in marked improvement in an important social determinant of health: income.

Other social determinants of health, such as access to healthcare, pensions, and income security, were similarly improved through union efforts. CLC campaigns in the 1960s contributed to the creation of the Canada Pension Plan and the Canada Assistance Plan—which gave Canada a relatively effective anti-poverty program—and Medicare. Medicare generated fierce opposition from the Canadian Medical Association, private insurance companies, and newspapers and other business interests. Through their determined efforts to establish these universal public programs, unions contributed again to building a healthier society.

In Manitoba the MFL committed resources to the 1969 election of an NDP government led by Premier Ed Schreyer. The Schreyer government introduced public auto insurance, abolished health-care premiums, and made major increases to the construction of public housing. The government also made improvements in employment stand-

ards, including the 40-hour week, payment for general holidays, and three-week paid vacations after five years. The *Labour Relations Act* was amended to simplify certification procedures, making it easier for those who wanted to do so to form unions. New legislation included the *Workplace Health and Safety Act*, which set standards for work places and defined a role for labour in their enforcement, and the *Pension Benefits Act*, designed to protect the benefits provided by private pension plans. Each of these represented further improvements to the social determinants of health.

The Schreyer government was displaced in 1977 by the Conservative government of Premier Sterling Lyon, which imposed what Lyon called "acute protracted restraint": deep cuts to public spending and civil service jobs. Private-sector employers adopted hard-line bargaining with employees; in 1978 there were 34 strikes involving 6,541 employees and almost 300,000 lost days of work. Lyon flirted with bringing "right-to-work" laws to Manitoba, an idea supported by like-minded organizations including the Manitoba Chambers of Commerce, the Winnipeg Builders Exchange, and the Union of Manitoba Municipalities, but he abandoned the idea after Dick Martin, MFL President, threatened to oppose any such legislation with a general strike.

The Contemporary Manitoba Labour Movement

Lyon was defeated after one term, replaced in 1981 by an NDP government headed by Premier Howard Pawley. The Pawley government brought in First-Contract legislation in 1982, followed by Final-Offer Selection in 1984, measures designed to help smaller and weaker unions to secure collective agreements in the first and subsequent rounds of collective bargaining. In his second term Pawley had to deal with the aftermath of the 1982 recession—the worst since the Second World War. In contrast to other jurisdictions, the NDP government implemented measures to counter the recession including the creation of a Jobs Fund, financed in part by give-backs of negotiated wage increases by the Manitoba Government Employees Association to keep people working. Since unemployment has such seriously adverse consequences for health—as shown in Chapter 16—the Jobs Fund can be seen as an important means of contributing to improved health for Manitobans.

Pawley's government lost in 1988 to another Conservative government, this one led by Premier Gary Filmon who, like Pawley in the early 1980s, had to deal with a deep recession in the early 1990s. Unlike Pawley, Filmon imposed constraints on spending that were especially disruptive in the health care sector, gave tax breaks to business and high-income individuals, cut benefits for people on social assistance, introduced workfare as an alternative to welfare, replaced card-based voting with a 55 percent threshold for union recognition with required votes in all situations (thus making it harder for people who wanted to do so to form unions), repealed final offer selection legislation, and cut wages throughout the public sector. Reductions in health spending led to staff reductions and fewer physicians and nurses. It can reasonably be argued that during this era there was a weakening of the structures that support the social determinants of health.

In 1999 Filmon was replaced by an NDP government led by Premier Gary Doer, former head of what would become the Manitoba Government Employees Union (MGEU). The NDP government, now into its third term and headed by recently elected Premier Greg Selinger, has proved adept at balancing concessions to labour and rebuilding the health-care sector and related social programs on one hand, with the exigencies of devising an economic strategy that contributes to economic growth, on the other. The government has partially rolled back measures detrimental to labour, both by restoring card-based certifications with a threshold of 65 percent and by creating an option for workers involved in protracted disputes to seek an arbitrated settlement after 60 days. The NDP government also funded important increases in health-care spending: an expansion in physician and nurse training; decentralization of chemotherapy and kidney dialysis treatments to rural and remote communities; a Department of Healthy Living to focus on measures that will keep people healthy; and an expansion of both non-profit child-care and post-secondary education.

The State of the Unions

During the last forty years the Manitoba labour movement has managed, despite much opposition from right-wing forces and adverse economic circumstances, to maintain an important presence in Manitoba.

While union density in Canada declined from 37.6 percent in 1981 to 29.4 percent in 2008, or 8.2 percentage points, it declined by less in Manitoba, from 37.6 percent to 35.1 percent, or 2.8 percentage points, moving Manitoba up in the provincial rankings from sixth place in 1981 to third place in 2008 (behind Quebec and Newfoundland/Labrador) in the percentage of paid workers covered by collective agreements.

Nevertheless, while Manitoba's unionization rate was 37.9 percent at the beginning and approximate end of the Pawley era, by 1998 it had slipped to 34.9 percent, and has been stuck at about 35 percent ever since, even though the province has had an NDP government since 1999 (Black and Silver 2009). A major union organizing drive is needed, and would contribute to a strengthening of the union movement, and thus of the social determinants of health.

Table 1 provides some detailed information on unionization rates by selected characteristics. These data reveal much about the trade union movement in Manitoba.

First, women's participation in unions now exceeds men's. This trend is likely to continue as more women in expanding low-wage industries turn to unions to improve their economic situation. They are also likely to shift unions' attention to family issues, such as child care, short-term absences to deal with family matters, and longer-term leaves to provide care for family members with protracted illness. These are all important social determinants of health.

Second, union membership is concentrated in the public sector, where membership is double and union density four times that of the private sector. This means

Table 1: Unionization Rates by Selected Characteristics, Manitoba, 2008

Selected Characteristic	Total Employees (000)	Union Members (000)	Union Density (%)
Total Employees	521.3	181.3	34.8
Men	265.4	85.8	32.3
Women	256.0	95.5	37.3
Sector			
Public	157.2	117.7	74.9
Private	364.1	63.6	17.5
Age			
15–24	100.5	15.5	15.4
25–54	350.4	137.9	39.3
55 and over	70.4	28.0	39.7
Education			
University Degree	105.2	46.8	44.5
Post secondary cert. or dip.	153.8	64.6	42.0
High school graduation	117.4	35.7	30.5
Other	145.0	34.2	23.4
Work Status			
Full-time	423.9	153.3	36.2
Part-time	97.5	28.0	28.7
Job Status			
Permanent	459.8	163.5	35.6
Non-permanent	61.5	17.8	28.9
Workplace size			
Under 20 employees	170.5	28.4	16.7
20 to 99 employees	183.0	65.8	35.9
100 to 500 employees	105.8	51.0	48.2
Over 500 employees	62.0	36.1	58.2
Industry Sector			
Goods producing industries	112.3	33.6	29.9
Service producing industries	409.0	147.8	36.1
Industries with lowest density			
Professional, scientific, technical	17.3	0.9	5.0
Accommodation and food	34.8	2.2	6.3
Agriculture	7.5	0.6	7.5
Wholesale trade	19.5	1.7	8.9
Finance, insurance, real estate	32.1	4.3	13.3
Retail Trade	62.3	8.4	13.6

Source: Statistics Canada, Labour Force Survey, program A090902.

future union growth must come primarily from organizing the unorganized in the private sector.

Third, the higher the level of education, the more likely people are to be unionized.

Fourth, within the private sector, organizing must increasingly be directed at small workplaces. This will be difficult in the absence of legislative changes to make organizing in such situations easier (Black and Silver 2008: 176-81). Such legislation is nevertheless important, and should be supported: with such changes, more people could form unions, resulting in further improvements to the social determinants of health.

The Union Advantage

The evidence shows that workers who belong to unions derive important benefits. Most result from collective bargaining. Table 2 provides data for Canada on average hourly earnings for union and non-union members in 2007. While unionized workers have higher hourly earnings than non-unionized workers in all categories, the benefits are especially significant for women and part-time workers.

Union members also have better benefits than non-union members. Most unionized workers are covered by sick-leave provisions protecting them from loss of income when absent from work because of sickness; the majority of non-union members are

Table 2: Average Hourly Earnings by Union and Job Status, Canada, 2007

	Average Hourly Earnings		
	All employees	**Full-time**	**Part-time**
Canada Both Sexes	***$20.41***	***$21.73***	***$14.33***
Union member	23.58	24.15	19.99
Union coverage	23.51	24.11	19.81
Not a union member	18.98	20.55	12.56
Non-union wage as % of union wage	***80.5%***	***85.1%***	***62.8%***
Men	22.17	23.24	13.25
Union member	24.38	24.83	18.10
Union coverage	24.32	24.79	17.94
Not a union member	21.20	22.50	12.07
Non-union wage as % of union wage	***87.0%***	***90.6%***	***66.7%***
Women	18.62	19.89	14.80
Union member	22.79	23.36	20.59
Union coverage	22.71	23 31	20.43
Not a union member	16.71	18.16	12.78
Non-union wage as % of union wage	***73.3%***	***77.7%***	***62.1%***

Source: Akyeampong 2008.

not. A 1999 Statistics Canada survey revealed that 83.7 percent of union members were covered by a supplementary medical plan, 76.3 percent by a dental plan, 78.2 percent by liability and disability insurance, and 79.9 percent by an employer pension plan. The comparable rates for non-union members were 45.4, 42.6, 40.8 and 26.6 percent (Akyeampong 2002: 42-46). Such benefits contribute in many ways, including reduced stress levels, to improved health.

The combination of higher pay and better benefits provides unionized workers and families with clear advantages in securing the resources necessary to maintain their health and to access the services they require when health problems arise.

We believe the burden of the evidence is clear: it is preferable to belong to a union and have the benefits that arise from a collective agreement, including better health (Wilkinson and Pickett 2009: 78-9).

Unionization in the Healthcare Sector

Health occupations have particularly high unionization rates. In 2008 the Manitoba health care and social assistance industries combined had 47,000 members and a unionization rate of 60.9 percent. This was the highest *number* of unionized members in all industries, accounting for 26 percent of all union members in Manitoba.

A breakdown of union members and unionization rates for health occupations alone is shown in Table 3. The unionization rate for all health occupations is 74.0 percent, while for nursing it is 91.6 percent—the highest rate for all occupations. All nine of the unions in the health care sector belong to the Manitoba Council of Health Care Unions.

These data reveal that *unionized* employees play a critical role in the direct provision of healthcare services. They establish, through collective bargaining, wages and conditions of work, including protocols governing access to training, promotion, and job transfers that improve recruitment and retention. The process, while always subject to improvement, produces positive outcomes. Second, they work together through the Manitoba Council of Health Unions to promote common interests in collective

Table 3: Union Members and Unionization Rates for Health Occupations in Manitoba, 2008

Occupation	Total Employees (000)	Union Members (000)	Unionization Rate (%)	Coverage Rate (%)
Health-Total	42.0	31.1	74.0	76.1
Professional	3.2	1.6	49.9	57.5
Nursing	12.6	11.6	91.6	92.6
Technical	8.7	6.2	71.7	73.6
Support Staff	17.5	11.7	66.9	68.8

Source: Statistics Canada, Labour Force Survey, program A090902.

bargaining and policy initiatives to improve the quality of healthcare services. These processes ensure that services are not compromised by governments seeking to divert resources to satisfy other objectives.

Political Action

The MFL is labour's main political voice in Manitoba, and speaks not only for the 96,000 members in affiliated unions but also for workers in general. As the voice of all workers the MFL is explicitly committed to encourage all workers without regard to race, creed, colour, age, sex, sexual orientation, national origin, or political beliefs; to share in the full benefits of union organization; and to secure provincial legislation which will safeguard and promote the principle of free collective bargaining, the rights of workers, and the security and welfare of all people.

Local labour councils perform similar functions in cities, towns and regions of Manitoba.

The MFL also has a standing committee on women, established in 1985, and caucuses for workers of colour and Aboriginal workers that play important roles in developing policy.

The workers of colour caucus is becoming more important as a result of increasing immigration to Manitoba and of growing reliance on visa workers from developing countries in some sectors of the economy.

The MFL joined with the Manitoba Indian Brotherhood and the Manitoba Metis Association in the 1970s to create a "3-M" committee to work together to improve the conditions of Aboriginal peoples. Today's Aboriginal caucus is a successor to the 3-M committee. According to 2006 Census Canada data, Aboriginal people accounted for 15.5 percent of Manitoba's population and about 10 percent of the populations of Winnipeg and Brandon**.** There have been improvements in education, training, and labour market opportunities for Aboriginal peoples as a result of initiatives by NDP governments since the 1970s, but much more remains to be done in rural and remote communities and in the inner cities of Brandon and Winnipeg, where Aboriginal people continue to be marginalized with higher rates of unemployment and poverty, inferior housing and living conditions, and pervasive health problems such as diabetes (see Brownell et al. Chapter 3; MacKinnon Chapters 6 and 12; Silver Chapter 14).

There have been many positive results of political action by the MFL and labour councils in recent decades. For example, in 1980 the MFL was instrumental in the establishment of the Community Unemployed Help Centre to assist workers with appeals of decisions denying them unemployment insurance benefits, and in 1981–82 the MFL initiated a campaign to establish the MFL Occupational Health Centre, which continues to provide vital services free of charge to Manitoba workers afflicted by workplace disease and accidents.

Since 1999, action by the MFL, labour councils, and individual unions has contributed to a long list of legislative and program changes of benefit to all Manitobans (see Box 2).

The MFL, local labour councils, and unions have also provided leadership in campaigns to improve Medicare, child care, employment insurance, and employment standards. Currently they are participants in efforts to reduce poverty, increase educational and training opportunities and improve living conditions for Aboriginal peoples, and amend the *Labour Relations Act* to eliminate existing obstacles to organizing the unorganized (Chaboyer and Black 2008).

Challenges for the Future

In her farewell speech as MFL President to delegates at an annual convention in Brandon, Darlene Dziweit (2009) reviewed her long involvement in the union move-

Box 2: MFL, Labour Council and Union Contributions to Legislation and Program Changes

- 2000. Amendments to the employment standards code increasing parental leave from 17 to 37 weeks and reducing the qualification period from 12 to 7 months.
- 2001. Amendment to the Pension Benefits Act providing recognition for same-sex partners.
- 2002. Amendments to the Workplace Safety and Health Act to strengthen protections for workers in the workplace; and amendments to the employment standards code to give up to 8 weeks of unpaid compassionate care leave to employees to look after a gravely ill family member, as well as improved job protection for pregnant workers and workers who take maternity, parental, or compassionate care leaves.
- 2006. Amendments to the Workplace Safety and Health Act to require the use of safety-engineered needles in medical workplaces; and amendments to the Workers Compensation Act to expand compensation to firefighters who fall victim to some cancers, increase permanent injury benefits, guarantee 100 percent wage replacement of minimum wage earners, and eliminate benefit reductions for workers over age 45.
- 2007. Amendment of the employment standards code to provide job protection for members of military reserve forces.
- 2008. The extension of minimum wage, employment standards, and workers compensation to paid workers in agriculture; the revision of minimum wage levels for construction workers (the first time in 15 years); and the creation of a single, province-wide wage scale for all institutional, commercial and industrial construction projects.

All of the entries in this list improve the social determinants of health.

ment and pointed especially to the advancement of women, in which she played a large personal role (Black and Silver 1991), as an especially notable achievement:

> In Manitoba in 1977, you could count the number of female reps on two fingers. Today, we are Presidents, Directors, Officers and leaders in our movement. [W]e are strong, stubborn and breathtakingly smart, and we are here to stay.

But she observed that for the labour movement to *continue* to be a positive force in Manitoba politics—and, we would add, to continue to contribute as it has for more than a century to improvements in the social determinants of health—the obstacles to unionization inherent in existing labour laws must be removed to facilitate the creation of new unions in those sectors now difficult to unionize. Better health matters to us all, and trade unions promote better health, so we should be promoting the conditions and instituting the legislative framework that would make it easier for those who want to join unions to do so. Unions have fought for over one hundred years in Manitoba to improve the material conditions that affect the social determinants of health. We are all healthier because of their efforts.

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