



Title: Revaluing Immigrant Women's Labour in Vancouver's Low-Paid Health Care Sector: A Case Study of the Hospital Employees Union (HEU)

Author(s): Jennifer Jihye Chun, Department of Sociology, University of British Columbia

Contact: Jennifer.chun@ubc.ca

WP Number: 12-01

Research Question:

How and under what conditions are labour unions attempting to raise wage standards and improve working conditions for the low-paid and predominantly immigrant female workforce employed in Vancouver's private health care sector?

Importance:

Once associated with secure and desirable public sector jobs, health care support services delivery in BC's hospitals and long-term care facilities increasingly represent low-paid and corporately-managed employment located on the bottom rungs of the labour market. The devaluation of health care support jobs, which occurred after the passage of Bill 29 (the Health and Social Services Delivery Act of 2002), has coincided with the intensification of new and existing labour market inequalities along race, gender, immigration, and employment status. This paper examines how one labour union, the Hospital Employees' Union, has addressed the challenges of organizing the predominantly immigrant and women of colour workforce recruited to work in newly privatized jobs.

Research Findings:

My research findings, based on interviews and focus groups conducted with union members, staff, and leaders between 2008 and 2009, show that the Hospital Employees' Union has developed innovative organizing and bargaining strategies to challenge the deterioration of wages and benefits for lower-paid private sector workers. New strategies include hiring co-ethnic organizers with language and cultural ties to a predominantly immigrant workforce and waging movement-oriented living wage campaigns to build public support for union disputes. While such innovative union strategies seek to revalue the worth of immigrant women's labour under neoliberal employment practices, their ability to do so is hampered by the intensification of conflicts and divisions that are produced among workers in two-tiered labour markets divided along gendered, racial-ethnic, and public-private lines.

Implications:

Policies such as Bill 29 are not just legal measures guiding the restructuring of public health care services; they have profound social, economic, and emotional impacts. The provincial government should ensure that policies designed to enhance public health care delivery do not intensify labour market inequality for disadvantaged groups of workers such as immigrant women of colour. To reduce such discriminatory impacts, government policies should require private sector firms to uphold minimum wage and benefit standards in outsourcing contracts and tie wage standards to cost of living calculations that eliminate incentives for private sector companies to win government contracts based on wage-cutting practices.