

Confronting Racism with Solidarity

An analysis of
the 2020 HSA
Workplace
Racism Survey



CONFRONTING RACISM WITH SOLIDARITY

An analysis of the 2020 HSA Workplace Racism Survey

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A note about content: Please note that this report contains detailed accounts of some distressing forms of racism. We suggest that you read the report in a safe space if possible.

A note about language: The term BIPOC is used to refer to Black people, Indigenous peoples, and People of Colour. We recognize the limitations of these terms and understand that not everyone identifies with them. We have chosen to use them because we feel they are inclusive and relevant in the current moment.

The Health Sciences Association's office is located on the unceded homelands of the Qayqayt First Nation, and HSA members work and live on unceded territories across British Columbia. Unceded means that Aboriginal title to this land has never been surrendered or relinquished. HSA recognizes the intersections between public health care and social services and Indigenous rights, noting that structural violence against Indigenous peoples in Canada, including historic and ongoing colonialism, impacts Indigenous peoples' equal right to the enjoyment of the highest attainable standard of physical and mental health, the right to access, without discrimination, all social and health services, and the right to their traditional medicines and to maintain their health practices (rights outlined in Article 24, United Nations Declaration of the Rights of Indigenous Peoples).

A message from HSA President Val Avery

In the winter of 2020, over 200 Indigenous, Black, and People of Colour (BIPOC) from HSA's membership took part in an online survey about racial harassment, discrimination, and workplace culture. Many members courageously shared stories about racism they've encountered from employers, peers, patients, and families in their places of work.

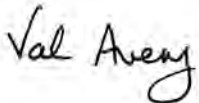
The following report produced by HSA seeks to bring these stories to light. Many of these stories are distressing, frustrating, and angering. But documenting racism is a crucial step in combatting it. HSA now has a clearer picture of the realities facing its BIPOC members, which empowers us to move forward together, following the leadership of HSA's BIPOC members, to find solutions.

The survey asked HSA members to describe their past experiences with the union in challenging racism at work, and provide suggestions to how HSA can improve the supports it provides members and deepen our commitment to racial justice in the workplace and beyond. The report outlines these recommendations, and draws on the experiences of other labour unions that have harnessed collective power to bring about racial justice.

The report explores some of the historical roots of racism in Canadian society to help us understand the unequal power relations that are mapped out today onto many of our institutions and organizations. This history helps us understand the unconscious biases that many of us harbour.

The labour movement has a critical role to play in realizing racial justice. Our collective strength is mighty, and together we can transform our communities and workplaces into spaces that are more equitable, accountable, and safer for BIPOC. We all have a role to play. For those of us who are white, this means listening actively to colleagues experiencing racism, taking accountability for our own roles in perpetuating it, and speaking out when racism happens. We must show up for our fellow union members and the broader community.

We are at historic moment in North America, where people across the continent are mobilizing together to speak out against police brutality and the systemic violence facing Black people, Indigenous peoples, and people of colour. During this crucial time, meaningful and transformative change seems possible. We have a long road ahead to achieve racial justice, but we are on the road together.

A handwritten signature in black ink that reads "Val Avery". The signature is written in a cursive, flowing style.

Val Avery, HSA President

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Introduction

Building Solidarity Against Workplace Racism: An analysis of the 2020 HSA Workplace Racism Survey

June 2020 has marked an unprecedented moment in North America, in which hundreds of thousands of people have taken to the streets to protest the disturbing police killing of unarmed Black man George Floyd and ongoing systemic anti-Black racism.

People all over the world have demonstrated in solidarity against anti-Black police brutality, including here in Canada.

Just this June, police violence has claimed the Indigenous lives of Chantel Moore from the Tla-o-qui-aht Nation and Rodney Levi from the Metepenagiag Mi'kmaq Nation, both killed in New Brunswick. Meanwhile, the COVID-19 pandemic has resulted in a resurgence of anti-Asian racism. In BC, reports have emerged regarding racist verbal and physical attacks on people of Asian descent, as well as vandalism targeting Asian communities.

The mass murder of six people at the Centre culturel Islamique de Québec in Québec City on January 27, 2017 demonstrates the growing threat of hate-based violence facing Muslims in Canada, many of whom are people of colour. According to a report released by Statistics Canada in November 2018, police-reported hate crimes motivated by race or ethnicity increased a dramatic 32 per cent in 2017 across the country, predominately targeting Black, Arab and West Asian peoples. Religiously-motivated hate crimes, with Muslims most targeted, increased by more than 80 per cent in 2017.¹

And in June 2019, the Quebec government passed Bill 21, which bans all public employees from wearing religious symbols at work. Invoking the notwithstanding clause of the Constitution, the bill is an expression of systemic racism that excludes and discriminates against many Black, Indigenous, and People of Colour (BIPOC)

workers, including Muslims and Sikhs.

The rise of overt forms of racism indicates that there may also be a dramatic increase across Canada in more subtle manifestations of racism and discrimination. Results from the 2017 Canadian Public Service Survey document some concerning trends facing BIPOC federal public sector employees in regards to experiences of discrimination, rates of harassment, and high work-related stress. Examples of racism in our society are numerous and unending, and are deeply rooted in Canada's history of settler colonialism.

New evidence suggests that the workplace is among the most likely space for a person to experience racism. A 2019 study conducted by the Environics Institute for Survey Research found that the workplace and the street are the two most common settings to experience discrimination based on race or ethnicity. Among those who said they have experienced racial discrimination, 38 per cent said they have experienced it at work.²

We know that no workplace is immune to racism, pointing to an urgent need for unions to defend human rights and proactively challenge and disrupt racism and discrimination. When committed to anti-racist work, unions can be a powerful force against social and political forces organizing to scapegoat and marginalize BIPOCs, and can support and defend members experiencing racism at work and more broadly. Economic and racial justice are intimately related, and labour unions have an immense collective power to confront these forms of injustice head-on.

1. Statistics Canada. "Police reported hate crime, 2017." November 29, 2018. Available: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00008-eng.htm>

2. Environics Institute for Survey Research and the Canadian Race Relations Foundation (2019). "Race relations in Canada 2019: A survey of Canadian public opinion and experience," p. 39.

Report Overview

From Jan. 20 to Feb. 7, 2020, HSA members identifying as Black, Indigenous, or People of Colour (BIPOC) were invited to complete an online survey produced by the Health Sciences Association investigating experiences of racism at work. Critically, the survey asked BIPOC members to weigh in on what actions can be taken by the union to support members affected by racism.

The purpose of the survey was to expand the organization's knowledge of how racism manifests in the workplaces of its membership in order to build organizational capacity to challenge and disrupt racism at work and beyond. The information collected through the survey as summarized in this report is part of HSA's broader anti-racism and member engagement work, and is intended to inform the member-led development of tools and resources to equip HSA, stewards, and the broader membership with information needed to respond to issues of racism in the workplace.

It is intended to serve as a resource to enhance HSA's education and training tools on anti-racism, equity, and workplace psychological health and safety, while increasing the union's capacity to protect member rights. It is further hoped that this report will contribute to the national discussion on racism and serve as a resource to the broader labour movement in BC and beyond in the defense of workplace rights and the pursuit of racial justice.

The accounts shared in the survey and contained in this study have immense educational utility, and shed light on the injustices facing HSA's Indigenous members and members of colour as a result of systemic racism.

The report looks at the overt and subtle ways racism operates within workplace cultures through examining the comments and behaviours members are exposed to. It analyzes how discrimination operates at an institutional level and erects barriers to career growth and professional development.

The accounts shared in the survey and contained in this study have immense educational utility, and shed light on the injustices facing HSA's Indigenous members and members of colour as a result of systemic racism.

The report examines the unique and shared ways racism is experienced by different racial identities, while situating historically members' present-day experiences with different manifestations of racism, including anti-Indigenous racism, anti-Black racism, anti-Asian racism, Islamophobia, and anti-immigrant racism. It performs a short intersectional analysis of member experiences of workplace racism based off of gender identity, while also examining factors such as sexual orientation, age, job status, and ability.

It looks at the ways in which work has impeded members' access to their religious, spiritual, and cultural rights, and presents member suggestions for how collective agreements can be improved to enhance access to these rights.

It explores the psychological impacts of racism at work, and the ways in which racism is maintained through a culture of white supremacy that reduces accountability and opportunities for recourse. The report looks at members' interactions with the union on issues pertaining to workplace racism and summarizes members' feedback regarding ways in which the union can improve how it operates and enhance member supports.

Finally, the report looks at examples from other North American labour unions that have centered racial justice in their work and used bargaining and member mobilization as tools for achieving racial justice.

Research Methods

Some survey questions were adapted from the 2016-2017 Trade Union Congress (TUC) Rac-

ism and Work Survey,³ which was distributed to over 5,000 unionized and non-unionized workers throughout the UK. HSA is grateful to the survey's authors, Stephen D. Ashe, Magna Borkowska, and James Nazroo, whose ground-work influenced this project.

The HSA Workplace Racism survey focused on five key areas:

1. Member experiences with racial harassment, bullying, physical violence, microaggressions and other racial remarks and behaviours at work;
2. Member experiences with racial discrimination at work;
3. Reporting and complaint mechanisms, including barriers to challenging racism at work;
4. Work's impact on access to religious, cultural, and spiritual rights; and,
5. Member experiences with assistance from union representatives surrounding issues pertaining to racism in the workplace.

In order to increase the probability that responses would apply specifically to HSA workplaces, as well as to capture present-day data, respondents were asked to respond to questions according to their experiences from the past five years.

In addition, the survey sought feedback from the membership on:

1. How the collective agreement can be amended to improve access to religious-cultural rights;
2. Reasons that may hinder members from seeking assistance from HSA representatives regarding workplace racism; and
3. How the union can improve the support it provides members in addressing workplace racism.

The Workplace Racism survey was circulated by email to HSA members and was promoted at HSA meetings and trainings, through social media and printed promotions, and by word of mouth. 267 responses were submitted, of which a total of 222 met respondent criteria and were analyzed.

The survey featured open and closed-ended questions designed to collect both quantitative and qualitative data based off of self-reporting. The majority of respondents shared written accounts of their experiences of racism and/or written feedback regarding approaches to challenging workplace racism.

A series of demographic questions were included in order to enhance understandings of how experiences of racism intersect with other contextual factors and social identities, including gender, geographic region, job status, sexual orientation, disability, age, place of birth, and specific ethnic/racial groups.

It is important to note that the survey sample is non-representative, meaning probability sampling was not used as a method to collect survey data. Data collection was not randomized; an opt-in method was used for convenience and to maximize participation in the survey, with the hopes of garnering a fulsome and diverse body of testimonials. While data collected speaks specifically to the surveyed population itself, the testimonials, as well as the quantitative data collected, can nonetheless provide rich insight into the lived experiences of people of colour and Indigenous peoples within HSA's membership.

About the survey sample

In HSA's 2020 general membership survey conducted by Viewpoints Research, 2.7 per cent of respondents identified as First Nations, Métis, or Inuit, and 20.5 per cent of respondents identified with a racial/ethnic group classified as a visible minority by the federal *Employment Equity*

3. Ashe, Stephen D, Magna Borkowska, and James Nazroo (2019). "2016-2017 Trade Union Congress Racism and Work Survey." Centre on Dynamics of Ethnicity, University of Manchester. Accessed April 11, 2019. <http://hummedia.manchester.ac.uk/institutes/code/research/projects/racism-at-work/tuc-full-report.pdf>

Act,⁴ or as “mixed” race.⁵ Below is a summary of how respondents identified racially/ethnically in the Viewpoints survey:

South Asian	5.3%
European	51.0%
Chinese	7.1%
First Nations	1.1%
Métis	1.5%
Inuit	0.1%
Filipino	1.6%
Hispanic	1.3%
Middle Eastern	1.5%
South East Asian	0.9%
Korean	0.8%
Japanese	0.7%
Canadian	5.5%
African/black	0.4%
Mixed	0.9%
Other	0.8%
Prefer not to say	19.4%

These figures paint a picture of the racial diversity within HSA’s membership. HSA represents thousands of BIPOC workers across BC, many of whom are impacted by systemic racism, discrimination, exclusion, and racial inequity.

A total of 222 BIPOC respondents took the survey on workplace racism.

- 31.8 per cent of respondents are between the ages of 36 and 45.
- 25 per cent are between 46 and 55.
- 24.6 per cent are between 26 and 35.
- 15 per cent are over the age of 56.
- 3.6 per cent are 25 years of age and under.
- The majority of respondents – 74.3 per cent – are women, 21.2 per cent are men, and one respondent is transgendered.
- 14 per cent of respondents indicated that they identify as members of the LGBT2QQA+⁶ community.
- 9.5 per cent of respondents disclosed that they have a disability.

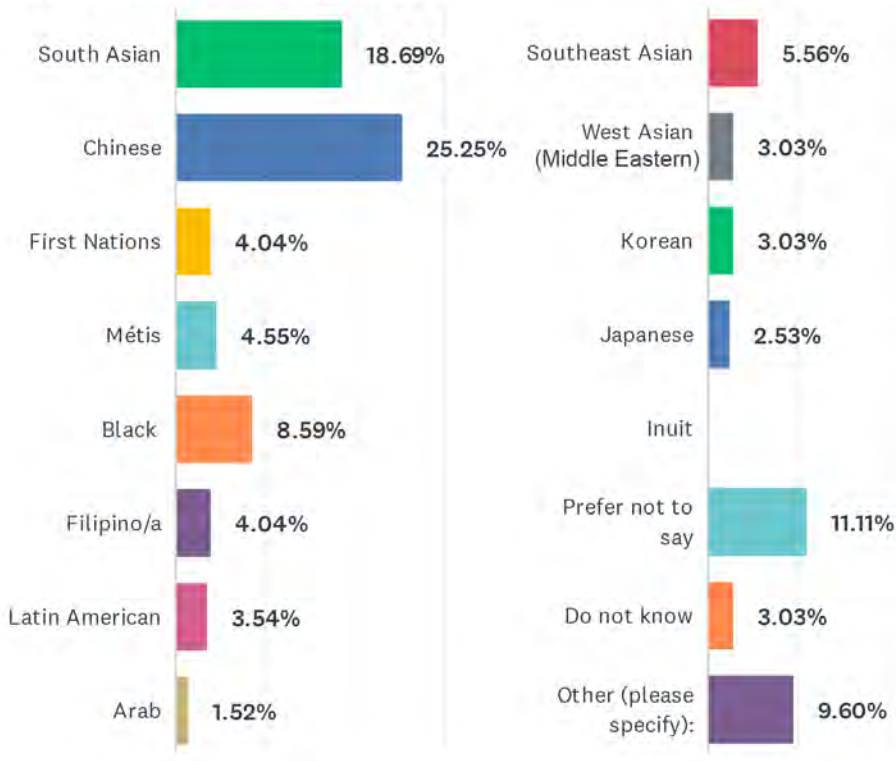
- A significant portion of respondents (41.21 per cent) was born outside Canada. 53.27 per cent of respondents were born in Canada.
- The majority of respondents (58 per cent) currently live in Vancouver, Burnaby, the Tri-Cities, New Westminster, the North Shore, or the Sunshine Coast (HSA Regions 3, 4, 5 and 6).
- 18 per cent of respondents live in the Fraser Valley or Surrey (HSA Region 7).
- 11.5 per cent live on Vancouver Island (HSA Regions 1 and 2).
- 9 per cent live in the Kootenays or the Interior (HSA Regions 8 and 9).
- 3.5 per cent of respondents live in Prince Rupert, Prince George, or Northern BC (HSA Region 10).
- The most common religion of respondents is Christianity (26.4 per cent), however 37.31 per cent of respondents do not have a religion.
- The next most prevalent religion among respondents is Islam (7 per cent), followed by Sikhism (7.5 per cent).
- Among those aware of their collective agreement, the vast majority of respondents (88.9 per cent) said they are covered by the Health Science Professionals (HSPBA) collective agreement.
- 4 per cent of respondents are covered by the Nursing (NBA) collective agreement.
- 3.5 per cent are covered by the Community Social Services (CSSBA) collective agreement
- 3 per cent of respondents are covered by the Community Health Services and Support (CSSBA) collective agreement. One respondent (.5 per cent) is covered by the West Coast Medical Imaging agreement. No respondents indicated that they were covered by the Paragon Orthotics collective agreement.
- The majority of respondents (72.4 per cent)

4. *The Employment Equity Act* defines members of visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” These categories include: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, and Japanese. The HSA 2020 General Membership Survey replaced the term “Latin American” with “Hispanic” and “West Asian” with “Middle Eastern,” however these responses are included in the calculation listed here.

5. “BC Health Sciences Member Survey: Complete Results,” Viewpoints Research, March 6, 2020.

6. LGBT2QQA+ stands for Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer, Questioning, Intersex, Asexual, and other identities that stand outside the cisgender and heterosexual paradigms.

FIGURE 1: RACIAL-ETHNIC IDENTITIES



describe their employment situation as full-time permanent

- 20.6 per cent of respondents are part-time permanent.
- 3 per cent are temporary or on a fixed-term contract and 4 per cent are casual employees.

Figure 1 illustrates the racial-ethnic identities represented among respondents. These categories were taken from the list of visible minorities named in the *Employment Equity Act*, defined as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The categories of First Nations, Métis, and Inuit were added to this list. Respondents were invited to select all that apply and 9.6 per cent listed identities not included on the list. Over one quarter, or 25.4 per cent of respondents, identify as Chinese. This was the most prevalent response, followed by South Asian (18.8 per cent). 10.2 per cent of respondents identified as Black or, as indicated under “other,” of African or mixed Black/African heritage.

About the workplace

HSA represents approximately 20,000 workers in British Columbia who work in a variety of workplace settings across more than 250 worksites. While many HSA members work in the delivery of acute care in hospitals, HSA members can also be found in child development centres, transition societies, long-term care facilities, and a variety of other community social service agencies and community health organizations.

HSA represents members across six collective agreements, including: three master collective agreements in the public healthcare sector; agreements in the community services sector covering Community Living Services and General Services; and two private sector collective agreements (Paragon Orthotics, West Coast Medical Imaging).

While the majority of HSA members are employed by BC’s health authorities and Providence Health Care, HSA members are also employed by community health and social service agencies. While some HSA members work

behind the scenes, such as HSA's medical laboratory technologists, many have direct contact with patients or clients in their specialized field of work. Few HSA members work in isolation. Regular teamwork across a variety of disciplines and professions is commonplace for HSA's membership.

While the health authorities are bureaucratic organizations with large, formalized organizational structures, HSA's smaller, community-based worksites, while still hierarchical, may see less elaborate management models. In many HSA worksites, more than one union may represent workers. While the majority of public sector workers are unionized,⁷ some HSA workplaces in community social services and community health do not have a fully unionized workforce.

Understanding racism and anti-racism

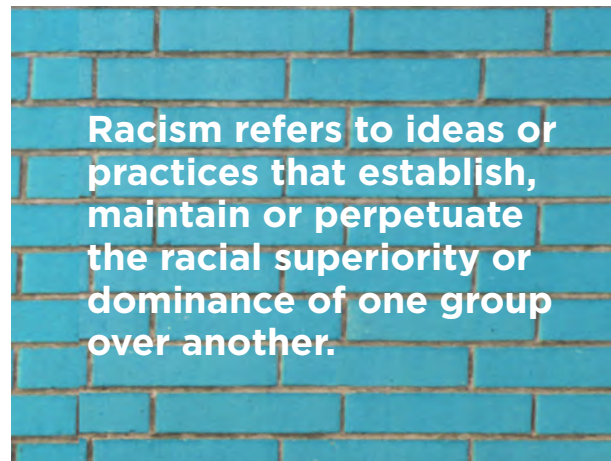
HSA asked members who self-identify as BIPOC to complete the survey. The language "non-white" was also included in survey criteria for clarity.

Grounded in anti-racist methodology, the survey centers the voices of HSA's BIPOC members, who belong to groups seeking equity on the basis of race.

Anti-racism seeks to highlight the ways in which racial dominance is maintained, and mobilize resources and community power to challenge unequal power relations. Racism refers to "ideas or practices that establish, maintain or perpetuate the racial superiority or dominance of one group over another."⁸ Racism can be challenged through exposing its harmful impacts, dissecting its systemic nature, seeking accountability, and promoting institutional and cultural shifts. According to University of Toronto anti-racist scholar George J. Sefa Dei:

"Anti-racism is about power relations. Anti-racism discourse moves away from discussions of tolerating diversity to the pointed notion of difference and power...the task

of anti-racism is to identify, challenge, and change the values, structures, and behaviors that perpetuate systemic racism and other forms of oppression. Specifically, and as many have pointed out, anti-racism discourse highlights persistent inequities in communities, focusing on relations of domination and subordination."⁹



The information and insights shared by respondents through the survey expose the systemic nature of racism, and bring clarity to their shared and unique experiences. An anti-racist methodology centers the lived experiences of BIPOC. It actively engages and take direction from those impacted by racism.

Through the survey, respondents speak to how racism operates, and draw important theoretical connections for the reader regarding white dominance in the workplace, which is both at the heart of racial injustice and a barrier to confronting it.

While racism is inherently systemic – unlike racial prejudice – the term systemic racism can be useful to describe the specific policies and practices of institutions that perpetuate racism, including racial discrimination, and the domination of one group over another.

As defined by the Alberta Civil Liberties Re-

7. Statistics Canada. "Unionization rates falling." Accessed June 18. <https://www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2015005-eng.htm>

8. Government of Ontario. "A Better Way Forward: Ontario's 3 Year Anti-Racism Strategic Plan." Accessed May 14, 2020. https://files.ontario.ca/ar-2001_ard_report_tagged_final-s.pdf

9. Sefa Dei, George J (2005). "Critical Issues in Anti-Racist Research Methodologies," *Counterpoints*, Vol. 252: pp. 1-27.

It is important to think intersectionally about experiences of racism in relation to gender, sexuality, ability/disability, class, age, and nationality, among other social categories. This means interrogating how different social categories interact and overlap to create independent systems of discrimination and oppression.

search Centre, “Systemic racism includes the policies and practices entrenched in established institutions, which result in the exclusion or promotion of designated groups.”¹⁰

Through highlighting members’ lived experiences with racism, the survey shines light on the racist policies and practices deeply embedded in our society’s established institutions – in particular, British Columbia’s organizations delivering healthcare and social services – from the perspective of health care and community social service workers. It documents interactions and behaviours in the workplace between colleagues, patients, clients, and members of the management team that are reinforced by systemic racism.

It is important to think intersectionally about experiences of racism in relation to gender, sexuality, ability/disability, class, age, and nationality, among other social categories. This means interrogating how different social categories interact and overlap to create independent systems of discrimination and oppression. For example, women, men, and trans people all experience racism in different ways. In this survey, women, compared to men, were more likely to report experiencing a lack of recognition for their accomplishments, contributions, skills, and/or successes. They are impacted by both sexism and racism, forces that work together to undermine and undervalue a person’s work. There is a diversity of experiences with racism across HSA’s membership, as racism does not

Systemic racism includes the policies and practices entrenched in established institutions, which result in the exclusion or promotion of designated groups.

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operate in a homogeneous way.

Settler colonialism in Canada: the past and present

Through the survey, HSA members share disturbing accounts of anti-Indigenous racism at work. It is important to understand how these experiences of racism reflect Canada’s long legacy of settler colonialism, which shapes power relations today.¹¹ In settler colonialism, settlers intend to permanently occupy land, and seek to erase Indigenous peoples in the process.

A reflection on this history tells us much about the white European racial identity in Canada, white privilege, and white supremacy as manifested in workplaces across BC.

During the fifteenth century, the expansion of Europe’s empires – including Spain, Portugal, Britain, Holland, and France – was put into motion as maritime voyagers identified resource-rich lands that could feed Europe’s economies with raw materials and precious metals.

These empires were established through military force. Expansion was characterized by military campaigns that repressed nationalist uprisings, fortified frontiers, and confronted competing European powers.¹² Through military force, approximately 12.5 million to 15.4 million Africans were brought to the Americas through

10. Alberta Civil Liberties Research Centre. “Forms of Racism.” Accessed: May 14, 2020. <http://www.aclrc.com/forms-of-racism>.

11. Barker, Adam and Emma Battell Lowman. “Settler Colonialism.” *Global Social Theory*. Accessed June 30, 2020. <https://globalsocialtheory.org/concepts/settler-colonialism/>.

12. Truth and Reconciliation Commission of Canada (2015). “What We Have Learned: Principles of Truth and Reconciliation,” pp: 16-17. Accessed May 19, 2020. http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf.

the trans-Atlantic slave trade from the early sixteenth century to the late nineteenth century.¹³ Between 1685 and 1800, at least 4000 African people were enslaved in what would become New France/Quebec, and another estimated 4,000 people were enslaved in Canada after the French regime, many from across mainland Nova Scotia, Cape Breton, New Brunswick, Prince Edward Island, and Newfoundland.¹⁴

In the project to establish colonies across the Americas, genocidal violence was launched against Indigenous peoples, who posed a barrier to accessing land. According to the Truth and Reconciliation Commission of Canada:

“To gain control of the land of Indigenous people, colonists negotiated Treaties, waged wars of extinction, eliminated traditional landholding practices, disrupted families, and imposed a political and spiritual order that came complete with new values and cultural practices. Treaty promises often went unfulfilled.”¹⁵

Through the mass immigration of European settlers to North America, a process of settler colonialism was set into motion. As Canadian scholars Crosby and Monaghan write, “Unlike colonial administrations, which sought to control large majority populations of Indigenous peoples, settler colonies are distinct in that they become quickly defined by majority populations of white European settlers.”¹⁶

Formerly a French colony, New France entered the British Empire in the 1763 *Treaty of Paris*, and the Confederation of Canada occurred in 1867. The capital of Ottawa was established on the territory of the Algonquin First Nations, who had occupied the Ottawa valley for 8,000

years prior to European arrival.¹⁷ In 1867, the Ottawa River, named Kichissippi by the Algonquin peoples, established the boundary between the provinces of Ontario and Quebec. The Algonquin have an outstanding land claim before the crown that includes 9 million acres within the Kichissippi watersheds and the Mattawa River.¹⁸

The legacy of violence against and cultural erasure of Indigenous peoples was furthered by the expansion of Canada. Once an established state, Canada developed its own policies that would enable the continued theft of land from Indigenous peoples, delivering economic benefits to European settlers. Racial and political dominance were solidified through a project of cultural genocide. The Truth and Reconciliation Commission of Canada explains the nature of Canada’s Aboriginal policy:

“For over a century, the central goals of Canada’s Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada...The establishment and operation of residential schools were a central element of this policy, which can best be described as ‘cultural genocide.’”

Deeply racist ideas were central to propelling and justifying this process of cultural genocide and establishing Canada as a settler state. The commission highlights how the residential school system was firmly rooted in the belief that Indigenous cultures, spirituality, and ways of life were “savage” and inferior to Christianity and European civilization.¹⁹ The federal

13. David Eltis (2018). “Understanding the database.” Voyages: The Trans-Atlantic Slave Trade Database. Accessed May 19, 2020. <https://www.slavevoyages.org/voyage/about#methodology/coverage-of-the-slave-trade/1/en/>

14. Donovan, Ken (2014). “Slavery and Freedom in Atlantic Canada’s African Diaspora: Introduction.” *Acadiensis*, Vol. 43 No. 1, pp: 109-15.

15. Truth and Reconciliation Commission of Canada (2015). “What We Have Learned: Principles of Truth and Reconciliation,” p. 17. Accessed May 19, 2020. http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf.

16. Crosby, Andrew, and Jeffrey Monaghan (2016). “Settler Colonialism and the Policing of Idle No More.” *Social Justice*, 43, no. 2 (144), p. 39.

17. Algonquins of Ontario. “Our Proud History.” Accessed July 9, 2020. <https://www.tanakiwin.com/algonquins-of-ontario/our-proud-history/>

18. Algonquins of Ontario. “Overview of Treaty Negotiations.” Accessed July 9, 2020. <https://www.tanakiwin.com/our-treaty-negotiations/overview-of-treaty-negotiations/>

19. Truth and Reconciliation Commission of Canada (2015). “What We Have Learned: Principles of Truth and Reconciliation,” p. 7. Accessed May 19, 2020. http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf.

government operated residential schools in collaboration with Roman Catholic and Protestant missionaries. Canadian churches had already been operating a small number of boarding schools for Indigenous children prior to Confederation.²⁰

A racial hierarchy was imagined, rooted in the belief that white Europeans are superior to Indigenous peoples. And “central to this was the distinction made between ‘personhood’ and ‘subpersonhood.’ The former was based on the belief that only white European men could be considered fully human.”²¹ This notion of European racial superiority was also central to the development of the trans-Atlantic slave trade and the subjugation of African people.

While the last residential school closed in the late 1990s, according to the Truth and Reconciliation Commission of Canada, colonialism in Canada is still alive today: “Colonialism remains an ongoing process, shaping both the structure and the quality of the relationship between the settlers and Indigenous peoples.”²²

Racist beliefs rooted in this history continue to permeate Canadian society, and justify present-day systemic injustices against Indigenous peoples, including the ongoing violence against murdered and missing Indigenous women, injustice and impunity in Canada’s criminal justice system, and state-sanctioned violations of Indigenous land sovereignty.

The impacts of slavery and colonization in Canada can also be seen in the oversurveillance and racial profiling by police against Black and Indigenous people, contributing to the gross overrepresentation of these communities in Canada’s prisons.

In 2016-2017, Indigenous peoples represented 26.8 per cent of the federally incarcerated population, while only representing 5 per cent

of the general population in Canada. By March, 2019, Indigenous women represented 41.4 per cent of all federally incarcerated women.²³ Black people represented 7.3 per cent of federal offenders in 2017-18, while only accounting for 3.5 per cent of Canada’s general population, according to the 2016 census.²⁴

Since 2016, outside the prison system, police violence has claimed the lives of Black Canadians Abdirahman Abdi, Bony Jean-Pierre, Machuar Madut, Nicholas Gibbs, and Pierre Coriolan, and D’Andre Campbell. The death of Afro-Indigenous woman Regis Korchinski-Paquet is currently under investigation. In June 2020 alone, police killed Chantel Moore, a 26-year-old Tla-oqui-aht/Nuu-chah-nulth woman, and Rodney Levi, a member of the Metepenagiag Mi’kmaq Nation.

In the face of Canada’s colonial history, Canadians have sought to begin an era of reconciliation. This survey on workplace racism seeks to contribute to the ongoing and important work of realizing justice for Indigenous peoples through identifying current forms of racism experienced by HSA’s Indigenous members, as part of a broader project to challenge racism in the workplace.

Key Findings: Experiences with workplace racism

The in-depth questionnaire consisted of 5 main topics of interrogation pertaining to experiences with workplace racism. The following findings provide a snapshot of some of the major trends regarding members’ experiences with racial harassment and workplace culture, institutionalized discrimination at the hands of employers, reporting behaviours and responses, members’ engagement with the union on issues of workplace racism, and access to religious-cultural

20. Ibid, pg. 6.

21. Ashe, Stephen D, Magna Borkowska, and James Nazroo (2019). “2016-2017 Trade Union Congress Racism and Work Survey.” Centre on Dynamics of Ethnicity, University of Manchester. Accessed April 11, 2019. <http://hummedia.manchester.ac.uk/institutes/code/research/projects/racism-at-work/tuc-full-report.pdf>

22. Truth and Reconciliation Commission of Canada (2015). “What We Have Learned: Principles of Truth and Reconciliation,” p. 17. Accessed May 19, 2020. http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf

23. The Correctional Investigator Canada (2019). “Office of the Correctional Investigator Annual Report 2018-2019.” Accessed June 5, 2020. <https://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20182019-eng.aspx>

24. Bronskill, Jim. “Prison service trying to better understand the needs of Black offenders.” CTV News, January 21, 2020. Available: <https://www.ctvnews.ca/canada/prison-service-trying-to-better-understand-the-needs-of-black-offenders-1.4776414>

tural rights at work.

Respondents were also asked how the union can improve the support it provides to members. 72 written responses were submitted, and contain a wealth of insight into steps forward HSA can take to combat racism in the workplaces of its membership. These are explored further in Part VI, and a full list of responses can be found in Appendix 2.

1. Racist remarks, comments, and behaviours at work are widespread and pervasive.

The survey investigated member experiences with racial harassment, bullying, physical violence, and microaggressions at work, and asked members specifically about their experiences with racist behaviours and remarks. 177 respondents replied to a multiple-choice question pertaining to these issues. The survey then asked members to provide examples of these experiences and identify who at the workplace has been the main perpetrator of the behaviour recounted.

44.6 per cent of respondents reported experiencing ignorant, insensitive or arduous comments about their race, culture, or religion. This was the most common response, followed by “a lack of recognition of your accomplishments, skills, and/or successes,” which was selected by 44.1 per cent of respondents. 40.1 per cent of respondents reported experiencing racist remarks directed at them or in their presence (e.g. racist jokes, banter, comments, or questions). Across 9 out of 10 categories, women experienced higher rates of racism compared to men. The same can be said for people with disabilities compared to people without disabilities. And across all categories, LGBT2QQIA+ respondents experienced higher rates of racism compared to non-LGBT2QQIA+ respondents.

An overwhelming number of respondents shared personal accounts of their encounters with racist behaviour at work. 113 respondents provided written responses describing how colleagues, management, patients/clients, and other perpetrators at work have engaged in derogatory, condescending, dismissive, and/

or unfair behaviours. Comments were sometimes reflective of the person’s perceived ethnic identity, and appealed to anti-Indigenous, anti-Black, anti-Asian, or anti-Muslim stereotypes and beliefs. A number of respondents report of patients refusing to receive treatment from them because of their race, and a lack of clarity among staff regarding appropriate protocols. Muslim respondents were 2.5 times more likely than non-Muslim respondents to identify the patient as the main perpetrator of racism at work.

Over half of Indigenous respondents – 53.3 per cent – reported experiencing a “hostile, derogatory, or negative racial slight, whether intentional or unintentional” at work in the past five years. Stories of overt anti-Indigenous racism – in some cases, racism promoting violence against Indigenous peoples and expressing disregard for Indigenous lives - shed light on how some workplaces can be toxic spaces for Indigenous members. Respondents reported hearing anti-Indigenous racial slurs. Their stories demonstrate how meaningful anti-racism work must give deep consideration to how colonial thinking continues to shape experiences of racism today. The prevalence of anti-Indigenous racism in the workplace highlights a lack of historical awareness among settlers regarding Canada’s violent treatment of Indigenous peoples and a lack of awareness surrounding the economic privileges provided to settlers at the expense of Indigenous peoples.

Troubling trends were also identified among Muslim respondents regarding respect and recognition in the workplace. 64.3 per cent of Muslim respondents and 75 per cent of Muslim women report experiencing a lack of recognition of their accomplishments, contributions, skills, and/or successes. Muslim respondents are almost twice as likely compared to non-Muslim respondents (42.9 per cent and 22.1 per cent respectively) to report experiencing dismissal or sidestepping of their formal authority in the workplace. Respondents born outside of Canada were also more likely among survey respondents to report experiencing a lack of recognition of their workplace accomplishments, contributions, skills, and/or successes.

Respondents born outside of Canada described interactions with both patients and colleagues

where their national identity as Canadian is probed, and emphasis is placed on their perceived “otherness.” Responses also revealed that news programming can prompt racist ideas and behaviours.

2. Individual cases of institutionalized discrimination based on race are common, but difficult to prove. This highlights the need for systemic responses to a systemic problem.

The second topic of interrogation centered on experiences with racial discrimination at work. It asked members to identify occasions where they had been denied a job, promotion, professional development opportunity, or request pertaining to their working conditions as a result of their race. They were asked about experiences with unfair performance reviews or disciplinary action, excessive or unfair scrutiny at work, and heightened surveillance of their job performance. 168 respondents completed this question, and 49 respondents provided written accounts of their experiences in more detail.

In 4 out of 5 categories, Black respondents reported higher rates of discrimination in their job compared to non-Black respondents. Alarming, Black respondents were three times more likely than non-Black respondents to report being denied a job position or promotion as a result of their race (35.7 per cent and 11.9 per cent respectively). Members born outside of Canada were more likely to report discrimination at work across all categories compared to members born inside Canada.

19.1 per cent of survey respondents reported experiencing “Unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance,” which was the most common response. Testimonials speak to how some members feel targeted by their supervisors. Some respondents reported hostile, harsh, and unfair treatment that applies only to them, while white colleagues are treated with kindness. 17.3 per cent of respondents reported being denied a professional development opportunity as a result of their race. Respondents reported that white colleagues are more likely to be offered professional development opportunities and leadership opportunities, while they

themselves are overlooked.

15.5 per cent of respondents reported being denied a job or a promotion as a result of their race. Respondents spoke to the lack of diversity in their workplace, and the frequent experience of all-white hiring committees. They shared stories of being overlooked for promotions despite their qualifications and seniority. In a few cases, respondents reported informal acknowledgement – sometimes by union representation – that racism was at play, without racism being named in formal proceedings. This speaks to the deep-seeded challenges in confronting racism in the workplace, particularly, although not exclusively, in cases where management is involved directly in the incident.

In many cases, formal discrimination in the workplace may not be overt. Management is able to provide alternative explanations for decision-making, particularly in regards to hiring practices, performance reviews, and job promotions. This can make discrimination difficult to attribute to race. Discriminatory practices are systemic. Currently, the burden of proof for racial discrimination is placed on the victim, not the perpetrator/employer. Given the challenges surrounding individual redress, widespread action plans based on patterns of discrimination are necessary.

Some respondents identified inadequate approaches to cultural competency and anti-oppression trainings. One respondent reported being asked by management to provide the training to her colleagues herself, instead of bringing in an external facilitator as requested.

Some respondents reported differential treatment surrounding medical notes, indicating that supervisors are sometimes more likely to demand medical documentation from BIPOC staff. Clearer protocols that eliminate discretion provided to supervisors could help reduce discriminatory solicitation of medical notes.

3. Formal reporting regarding issues of workplace racism is tremendously low, in part due to fear of negative backlash in the workplace.

The third section of the survey asked respondents about reporting racism in the workplace. 73.5 per cent of respondents have not reported to their employer a racist incident(s) involving racial harassment, bullying, violence, intimidation or discrimination. 24.1 per cent of respondents have done so, and 2.4 per cent were unsure. 76 respondents provided open-ended responses explaining why, if they had witnessed or experienced racism at work, they chose not to report it to management.

Respondents identified a lack of justice, fairness, and accountability in the reporting and resolution process at their workplace, and cited poor past experiences with reporting. Overwhelmingly, respondents believe that reporting racism could lead to backlash by management or coworkers. In fact, respondents identified “fear of negative backlash in the workplace” as the most likely reason members may not seek union assistance in regards to an issue of workplace racism, with 74.6 per cent of respondents selecting this response among a list of multiple choice explanations. Respondents were concerned that lodging a complaint could result in retaliation from either the employer or the perpetrator, and could come at a professional or personal cost. Temporary and contract workers – many of whom are young workers – are particularly vulnerable.

Some respondents did not report racism because, based on past experience, they did not believe that a complaint would deliver an adequate solution or result in a positive change. Some respondents also expressed that they perceive poor treatment from patients as “part of the job,” suggesting that acceptance of racism is deeply embedded in workplace culture.

Respondents spoke to their fear of retaliation or fear of not being believed. In other cases, respondents expressed that they preferred to address the issue themselves.

For cases where racism is subtle and takes the form of a microaggression, formal reporting mechanisms may be incapable of delivering an effective solution. Oftentimes, the onus shifts to the worker affected to explain why the action constitutes racism. And while this is especially true for microaggressions, it can also be true for more overt forms of racism. This highlights

the need for HSA to be creative and flexible in its approach to combatting racism, which may not be best resolved through formal complaint mechanisms.

Among those who have reported an incident of racial harassment, bullying, violence, intimidation or discrimination to their employer, the majority did not report a favourable outcome. In 37.2 per cent of cases, the complaint/grievance was ignored. This was the mostly likely response. Furthermore:

- 27.9 per cent of respondents were identified as troublemakers;
- 25.58 per cent said the complaint was taken seriously;
- 20.9 per cent said that their complaint was investigated, but no action was taken;
- 20.9 per cent said that their complaint was dealt with properly;
- 16.28 per cent said the complaint was dealt with promptly;
- 9.3 per cent were disciplined in response to the complaint;
- 7 per cent were subjected to a counter complaint;
- 7 per cent were forced out of their jobs;
- 7 per cent were transferred to another department or workplace.

These responses suggest that filing a complaint with management is not likely to result in adequate recourse.

4. Union members rarely seek assistance from HSA representatives for issues related to workplace racism. Through ensuring that union representatives represent the racial diversity of HSA’s membership, members may have increased confidence that the representative has experience with racism and is equipped to provide adequate assistance.

Only 8.8 per cent, or 14 out of 160 respondents, sought assistance from an HSA representative (including a union staff member, steward, or

board member) regarding an issue of workplace racism. 91.3 per cent of respondents said that they have not done so. 47 per cent were either “very satisfied” or “satisfied” with the union’s response, whereas 52.9 per cent of respondents were “unsatisfied” or “very unsatisfied.” Respondents’ written responses regarding the responses members received from the union express both appreciation for the support provided and a sense of defeat when trying to resolve workplace issues around racism.

The union has an important role to play in helping members feel validated, supported, and understood. As one respondent remarked, the union representative, who was also “from a minority,” made her feel understood and was great in validating her experience. Her comment speaks to the importance of ensuring union representation represent the racial diversity of HSA’s membership, with lived experiences in the realities facing people of colour and Indigenous peoples.

When asked in a multiple choice question, “What reason(s) do you believe may hinder members from seeking assistance from HSA representatives regarding issues of workplace racism?” 33.6 per cent of respondents selected, “Do not believe the representative has experience with racism.” 46.3 per cent selected, “Do not believe the representative is equipped to provide adequate assistance.”

5. Leave provisions, scheduling, and shift restrictions impact members’ ability to access religious, cultural, and spiritual rights. Expanding paid leave provisions through contract negotiations, such as the introduction of a “cultural leave,” is one way to improve access to these rights.

HSA’s collective agreements are opportunities to strengthen members’ access to religious-cultural rights. For many Indigenous workers, access to culture, including spiritual activities and ceremonies, is not represented in their contracts. Statutory holidays in British Columbia and Canada, and corresponding office and service closures, align closely with the Euro-Christian calendar. Workers whose religious and cultural holidays, celebrations, and ceremonies exist outside this

structure face greater barriers to accessing spiritual, cultural and religious rights.

While Indigenous peoples and workers of colour are disproportionately affected by these barriers, through applying an equity lens to collective agreement negotiations, HSA is empowered to advocate for workplace accommodations and terms of employment that benefit all workers.

9.8 per cent of respondents said that they have been unable to engage in religious-cultural practices because of the terms of their employment in the past five years. 77.4 per cent said that the terms of their employment has not affected their ability to engage in religious-cultural practices, and 12.8 per cent were “unsure.” Participants highlighted challenges in accessing leave, as well as scheduling and shift restrictions, as impediments to accessing these rights. One respondent highlighted a lack of dietary accommodation at work interfering with their religious practice.

Indigenous respondents were approximately three times more likely than non-Indigenous respondents to be unable to participate in religious/cultural practices as a result of their work. Casual workers and members of fixed-term or temporary contracts were also more likely to be unable to engage in religious or cultural practices as a result of their work. Among survey respondents, workers with more precarious job status were disproportionately young workers.

The survey asked respondents for feedback on how their collective agreements could be amended to improve their abilities to access religious-cultural practices and rights. Respondents shared a variety of constructive ideas that could assist HSA with negotiating changes to the collective agreement. Expanding leave provisions to consider religious and cultural needs is one way to improve access to these rights.

However, it is important to note that systemic problems beyond the terms of the collective agreement impact a worker’s ability to access their rights. One respondent highlighted the need for inclusive hiring that includes diverse cultural backgrounds to increase understanding and knowledge within management around cultural needs.

Any efforts by HSA to strengthen religious-cultural rights in the workplace should include the involvement of members from diverse cultural backgrounds, including Indigenous members, to ensure that collective agreement reforms are informed by the needs and realities facing the membership. Part V outlines the excellent feedback provided by members in this survey regarding possibilities for improvements.

6. Workplace racism negatively impacts the emotional and psychological wellbeing of workers. Workplace racism is an occupational health and safety hazard.

Respondents highlighted the toll racism at work has taken on their mental health. It can impede on a worker's sense of safety, and cause a high degree of stress.

For members who choose to file complaints in the face of workplace racism, backlash from both employers and peers can further exacerbate the impacts of racism on mental health. When this backlash impedes opportunity for job growth, or when it results in reduced hours, it can have real economic consequences that also impact mental health. One respondent reported losing shifts after filing a complaint regarding a lack of respect at work.

Long, drawn-out resolution processes can cause continued stress. One respondent reported requiring access to mental health services after experiencing harsh treatment at work. Another respondent reported having to leave the workplace due to work-related stress caused by bullying.

While rates of physical violence at work from racism were low among respondents, one Indigenous respondent did report a physical attack from a patient as a result of race, signaling that racism can also pose physical safety hazards for members.

A growing body of research points to the impacts of racism on mental health. Critical race theorist William Smith uses the term "racial battle fatigue" to describe the distress experienced by BIPOC when situated in predominately white spaces where racial microaggressions are common. Symptoms of racial battle fatigue can

include anxiety and worry, hyper-vigilance, headaches, increased heart rate and blood pressure, and other physical and psychological symptoms.²⁵

This information points to the importance of including an equity lens in the development of occupational health and safety policies, educational materials, and advocacy approaches.

25. Tahirah Abdullah and Jess Graham. "The Link Between Experiences of Racism and Stress and Anxiety for Black Americans: A Mindfulness and Acceptance-Based Coping Approach." Anxiety and Depression Association of America, Aug. 2, 2016. Accessed June 9, 2020. <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/link-between-experiences-racism-and-stress-and>



Part I: An overview of member experiences with racial harassment, microaggressions, bullying, physical violence, and intimidation

FIGURE 2

Have you experienced racial harassment, microaggression, bullying, physical violence, or intimidation at work or workplace events in any of the following ways in the past five years?

ANSWER CHOICES	RESPONSES	
A lack of recognition of your accomplishments, contributions, skills, and/or successes	44.13%	79
Dismissal or sidestepping of your formal authority in the workplace	24.02%	43
Sharing of racist literature, music, video, or multimedia in the workplace, including through social media	10.61%	19
Racist remarks directed at you or in your presence (e.g. racist jokes, banter, comments, or questions)	40.78%	73
A hostile, derogatory or negative racial slight, whether intentional or unintentional	33.52%	60
Ignorant, insensitive or arduous comments about your race, culture or religion	45.25%	81
Exclusion from formal or informal social or networking events	12.29%	22
Physical violence as a result of your race	0.56%	1
Intimidation as a result of race	8.38%	15
Bullying at work as a result of race	12.29%	22
I have not experienced any of the above at work or a workplace event in the past five years.	28.49%	51
Total Respondents: 179		

Racism is an undeniable reality for people of colour across the country, and workplaces are spaces of convergence that reflect broader society. The results of HSA's Workplace Racism survey paint a very troubling picture of the subtle and overt ways racism can take shape in member workplaces. Among 177 respondents, 71.2 per cent report to have experienced some form of racial harassment, microaggression,²⁶ bullying, physical violence, or intimidation at work or workplace events in the past five years. Figure 2 illustrates some of the ways racism has taken shape in member workplaces.

44.6 per cent of respondents said that in the past five years, they've experienced ignorant, insensitive or arduous comments about their race, culture, or religion. This figure jumps to 55.6 per cent for respondents 35 years of age

and under, 52 per cent for respondents who have a disability, and 48.1 per cent for women respondents, compared to 36.1 per cent of men.

44.1 per cent of respondents said that they have experienced a lack of recognition of their accomplishments, contributions, skills, and/or successes due to their race, in the past five years. For women 35 years and younger, this figure jumps to 56.4 percent.

Gendered racism

With the exception of the response "exclusion from formal or informal social or networking events," women saw higher rates of racism across all multiple choice categories in this question. While 50 per cent of men respondents replied, "I have not experienced any of

26. Defined as, "Brief and commonplace daily verbal, behavioural and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group," by Derald Wing Sue (2010), in *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Wiley: pp. xvi.

the above at work or a workplace event in the past five years,” only 21.1 per cent of women respondents selected this response. (Due to limited participation, it is regrettably difficult to observe trends in the data regarding HSA’s transgendered members).

These findings speak to the gendered nature of racism in the workplace. Respondents spoke to how racist comments and actions in the workplace are often derogatory and condescending. Some respondents shared stories of how their capabilities and intelligence in the workplace is questioned, and others delivered accounts of receiving unequal treatment from supervisors and management in contrast to their white co-workers.

The combined forces of sexism and racism can dramatically impact the ability of women of colour to advance professionally and receive respect in the workplace. These trends observed in HSA’s Workplace Racism Survey, echo the economic racism experienced by women of colour in the Canadian labour market. A 2019 report produced by the Canadian Centre for Policy Alternatives examining 2016 Census data reveals that in 2015, racialized women earned 59 cents for every dollar earned by non-racialized men.²⁷

Two participants spoke to how their gender and encounters with sexism affected their experiences with racism at work. Gendered racism can involve a questioning of women’s capabilities or judgement, and undervaluing their contributions in the workplace.

One respondent explained how, when a staff person gave a thank you card to her floor, only her male coworkers were addressed on the card. Hers was the only name excluded:

“The other coworker whose name was on the card told me not to get upset, that he was more visible just because he was male, not because he was better than me or anything.”

Her story exemplifies how her gender, intersect-

ing with her race, can render her professional contributions invisible to co-workers.

Another respondent, who identifies as a First Nations woman, explained how the lead surgeon pointed to her race and gender when questioning her judgement as she challenged actions by her colleagues that led to the unequal delivery of health services for a First Nations patient. Her story, furthermore, sheds light on the derogatory, toxic racism experienced by some of HSA’s Indigenous members, which is discussed in more detail in subsequent sections of this report:

“Negative comments about First Nations individuals (i.e. lazy, don’t care about their health, waste of services). Working with a client of First Nations background who recently had leg amputation related to diabetes. Lead surgeon and nursing commented she would likely lose the other one leg because that is what happened to her mother. Team did not offer her the typical after-surgery supports, as there was a presumption it was a waste of time. When I tried to challenge the team, the lead surgeon implied my gender (female) and being First Nations was clouding my professional judgment. He made comments to my male colleague about having to tolerate the parasites.”

Another respondent explained how her experiences with racism are often also gendered:

“There are many incidents. Most of them intersect with my gender, and most of the incidents were perpetrated by white men. These incidents range from ‘funny accents’ being used in jokes told in shared spaces to being told that ‘my people’ are particularly good at certain things, and therefore I should do those things.”

The respondent further noted how her sexual orientation, race, and gender impacts her ability to “callout” perpetrators.

“From other women, it’s often more difficult to pinpoint why it makes me feel dis-

27. Block, Sheila, Grace-Edward Galabuzi, and Ricardo Tranjan (2019). “Canada’s Colour Coded Income Inequality.” Canadian Centre for Policy Alternatives, p. 5. Accessed May 21, 2020. <https://www.policyalternatives.ca/publications/reports/canadas-colour-coded-income-inequality>

FIGURE 3: LGBT2QQIA+ AND NON-LGBT2QQIA+ RESPONSES

Have you experienced racial harassment, microaggression, bullying, physical violence, or intimidation at work or workplace events in any of the following ways in the past five years?

ANSWER CHOICES	LGBT2QQIA+	NON-LGBT2QQIA+
A lack of recognition of your accomplishments, contributions, skills, and/or successes	56.00%	40.97%
Dismissal or sidestepping of your formal authority in the workplace	32.00%	21.53%
Sharing of racist literature, music, video, or multimedia in the workplace, including through social media	28.00%	8.33%
Racist remarks directed at you or in your presence (e.g. racist jokes, banter, comments, or questions)	44.00%	40.28%
A hostile, derogatory or negative racial slight, whether intentional or unintentional	44.00%	31.94%
Ignorant, insensitive or arduous comments about your race, culture or religion	52.00%	43.75%
Exclusion from formal or informal social or networking events	32.00%	7.64%
Physical violence as a result of your race	4.00%	0%
Intimidation as a result of race	16.00%	6.94%
Bullying at work as a result of race	24.00%	9.72%
I have not experienced any of the above at work or a workplace event in the past five years.	28.00%	29.17%

comfort. From 'you need to work harder because people like us have it harder' kinds of perpetuating the status quo, to 'you should get used to those kinds of jokes, stop being so sensitive when they imitate accents.' It's difficult to call out when I am the youngest female employee in a workplace who is also racialized and queer."

The impact of workplace racism on LGBT2QQIA+ members

HSA members who identified as LGBT2QQIA+ reported higher rates of workplace racial harassment, microaggression, bullying, physical violence, and intimidation across all categories listed in comparison to BIPOC members who do not identify as part of this community. Figures 3 highlights this.

Among the survey's respondents, members of the LGBT2QQIA+ community were approximately four times more likely to be excluded from formal or informal social or networking events on the basis of race and nearly 3.5 times more likely to observe the sharing of racist literature, music, video, or multimedia, including social media, in the workplace. There were no major differences across these two groups regarding identified perpetrators (Manager/

supervisor, colleague, patient/client/customer/ service user, visitor, and contractor).

Workplace racism experienced by people with disabilities

In 9 out of 10 categories, people with disabilities also reported higher rates of harassment, microaggressions, bullying, physical violence, and intimidation, compared to people without a disability. BIPOC members with a disability were most likely to experience a lack of recognition of their accomplishments, contributions, skills, and/or successes. Figure 4 highlight results from members with disabilities.

Data collected from HSA 2020 General Membership Survey, which surveyed members regardless of racial identity, also highlights the gross inequalities facing people with disabilities at work:

48 per cent of HSA members with a disability - less than half - report feeling accepted, respected, and valued at work, compared to 74 per cent of respondents who do not identify with an equity seeking group.

49 per cent of members with disabilities reported experiencing violence, including verbal assault or physical assault, at work in the past 5 years.

FIGURE 4: PEOPLE WITH AND WITHOUT A DISABILITY RESPONSES

Have you experienced racial harassment, microaggression, bullying, physical violence, or intimidation at work or workplace events in any of the following ways in the past five years?

ANSWER CHOICES	People with a disability	People without a disability
A lack of recognition of your accomplishments, contributions, skills, and/or successes	66.67%	40.52%
Dismissal or sidestepping of your formal authority in the workplace	53.33%	20.26%
Sharing of racist literature, music, video, or multimedia in the workplace, including through social media	26.67%	9.80%
Racist remarks directed at you or in your presence (e.g. racist jokes, banter, comments, or questions)	33.33%	39.87%
A hostile, derogatory or negative racial slight, whether intentional or unintentional	40.00%	33.33%
Ignorant, insensitive or arduous comments about your race, culture or religion	53.33%	43.79%
Exclusion from formal or informal social or networking events	33.33%	9.80%
Physical violence as a result of your race	6.67%	0%
Intimidation as a result of race	13.33%	7.84%
Bullying at work as a result of race	26.67%	9.80%
I have not experienced any of the above at work or a workplace event in the past five years.	26.67%	29.41%

Only 31 per cent consider their workplace psychologically healthy.

60 per cent reported experiencing bullying or harassment at work in the past five years, compared to 31 per cent of people who did not identify with an equity-seeking group.

For BIPOC members who also have a disability, the effects of racism may be felt more acutely.

Microaggressions in the workplace

The term “microaggression” was first coined in the 1970s by Harvard University professor and psychiatrist Chester M. Pierce to describe the regular racial slights he witnessed confronting African Americans. The concept has since been widely used in anti-racism efforts to provide a vocabulary to the subtle, everyday realities experienced by people of colour and other equity-seeking groups.

Psychologist and scholar Derald Wing Sue has written extensively about the impact of microaggressions on people of colour, women, and the LGBT2QQIA+ community. The Workplace Racism survey applied his definition of microaggressions, which he describes as, “Brief and commonplace daily verbal, behavioural and

environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.”²⁸ Sue contends that microaggressions can have a profound negative impact on the lives of people of colour and other marginalized individuals.

Through written responses, numerous survey respondents provided both theoretical and practical insights into the nature of microaggressions in the workplaces of HSA’s membership. One respondent spoke to how racial microaggressions operate as part of a broader system of white supremacy. In her commentary, she problematizes the survey’s language, when asked by the survey to “describe the incident” of racism in more detail. Her experience of racism is “ongoing” and “daily.”

“There are too many incidents to describe, and ‘incident’ does not describe the ongoing, daily, subtle denigration, stereotyping, etc. White supremacy does not play out in ‘incidents.’”

She later writes:

“I don’t know why the word “incident” is

28. Sue, Derald Wing (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Wiley: pp. xvi.

Brief and commonplace daily verbal, behavioural and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.

- DERALD WING SUE, AUTHOR OF MICROAGGRESSIONS IN EVERYDAY LIFE: RACE, GENDER, AND SEXUAL ORIENTATION

being used as if racism and microaggression occur as isolated incidents. There are too many to put into one paragraph. People talk to me like I am a child who needs direction and advice about how to interpret the simplest things in life, and they assume I have nefarious intentions. People speak harshly to me. It is constant and exhausting. It is so deeply ingrained most people don't notice it."

The respondent notes how microaggressions are "deeply ingrained" behaviours, which often go unnoticed. To prevent microaggressions, perpetrators of racism must think critically and constantly about how our behaviours could reflect unconscious biases. This requires deep reflection regarding how comments and behaviours connect to the historical and ongoing cultural assumptions, stereotypes, ideas, and beliefs about racial-ethnic groups. This also means being accountable to moments of racism, and embracing these moments as learning opportunities.

Various respondents describe the challenges in addressing microaggressions at work, noting that it can be difficult to prove that it happened or that it constitutes racism. Other participants noted, particularly when asked about formal discrimination in the workplace (in areas such as hiring, job promotions, professional development opportunities, performance reviews, etc.) that decisions can be difficult to attribute to race. One respondent remarks that in challenging racism, the burden of proof is put on the person impacted. This can be laborious. See the below responses:

"Slight microaggressions, they don't seem to be reportable. What can people do about them? I think it gets labelled just as an interpersonal work issue. And also, the narrative shifts to the person to explain that

it might be racism."

According to another respondent:

"Passive aggressive and diffused harassment is hard to prove. It's hard to tell if I am being treated differently due to my race, cultural background, sexual orientation etc. or other reasons. Being a minority is a conundrum, on one hand I don't like to live my life thinking of myself as minority because I find that to be mentally and psychologically draining. If I use a minority lens to interpret my negative experiences I might miss out on other reasons behind these incidents. Thus, I could lose a learning moment to grow as a person. Nevertheless, it's hard not to see how my minority status has shaped how people look and interact with me."

Another wrote:

"It is hard to determine the motives of my colleagues behind their comments or behaviour in order to classify them as truly homophobic, racist, etc., incidents. In one incident, for example, my colleagues commented on how I walk and turn the light off at the office. They stated that it is too negative of a walk and that I need to smile more and show that I am happy."

My manager is supportive of my colleagues' demands and asked my coordinator to teach me how to speak and behave in a happier manner. One colleague stated that she doesn't think I show enough empathy when I speak about patients. When I speak during team meetings and recommend a referral to another discipline the coordinator tends to ignore my suggestion or find reasons to decline it. However, after a few minutes another colleague would make the exact referral recommendation and she



praises her as a good idea."

As one respondent notes, there is:

"Not enough evidence to show that the unfairness is solely due to racism alone. I feel like the perpetrator can always come up with an explanation for her/his own action to get away from being racist. I.e. blaming on one's capability, etc."

When asked why he did not report an incident of racism, one respondent writes:

"Unable to prove, unlikely to change anything, more likely to create problems for me. Impact of insensitive comments, racist jokes, and microaggressions was minor enough to ignore."

The sometimes subtle nature of racism can generate confusion and uncertainty. In some cases,

respondents expressed uncertainty that treatment was a result of race or could be considered racist. Yet ample data indicates that racial discrimination is indeed a reality in employer practices such as hiring.²⁹

"I cannot say for sure if my ethnicity is the reason that I am denied any and all opportunities to grow. I have seen non-South-Asian colleagues being assigned or offered roles that I have shown interest in multiple times. In private conversations, I am told that I am more than capable of doing these roles. However, I am never officially considered."

These sometimes complex realities surrounding microaggressions, including the challenges to seeking recourse at work, highlight the importance of preventative approaches to confronting racism.

29. Somani, Sharmeen. "Study finds 'racial and ethnic discrimination' in hiring process in Canada, elsewhere." Global News. July 25, 2019. Accessed July 8, 2020. <https://globalnews.ca/news/5678054/racial-ethnic-discrimination-hiring-interview-callbacks/>

Part II: How racial identities affect experiences of racism in the workplace

Anti-Indigenous racism

Numerous members shared accounts of racism specifically targeting Indigenous peoples. More than half of Indigenous respondents (53.3 per cent) report experiencing hostile, derogatory, or negative racial slights at work in the past five years. Comments reported appeal to racist stereotypes and sometimes express disregard for Indigenous lives.

These attitudes in the workplace are reflections of broader structural violence, as demonstrated by the testimonial below. The perpetrator here expresses a similar disregard for Indigenous life as expressed by the Canadian justice system, which, on the watch of an all-white jury and white judge, acquitted the killer of 22 year-old Cree man Colten Boushie, a member of the Red Pheasant First Nation. In this case, Colten Boushie and four others approached Stanley's home seeking help for a flat tire, according to the testimonies of friends at Stanley's trial. He was shot at three times. Following calls for a public inquiry into the case, the Civilian Review and Complaints Commission for the RCMP launched an investigation into police conduct. Boushie's mother says police discriminated against her in their dealings with the case.

In the following survey testimonial, the perpetrator excuses the 2016 killing of Boushie by Saskatchewan farmer Gerald Stanley:

"I was cornered in a photocopy room and had a white employee let me know she didn't think Indigenous people were deserving of empathy or respect, when talking about how sad I was about Colten Boushie. She then followed me to my office justifying the behaviour of the Saskatchewan farmers who peacefully drank coffee while Colten lay dead in their driveway after shooting him."

Boushie's death and the resulting trial verdict are painful reminders of how Indigenous lives in Canada are not always respected. This mes-

sage is reiterated through racist comments in the workplace, which can make workplaces toxic spaces for Indigenous peoples. The respondent shared another example of her experience with racism, this time regarding missing and murdered Indigenous women:

"I have [heard] people talk about listening to a podcast about the murdering of missing and Indigenous women for entertainment, and think nothing of her privilege to scare herself with the real lives of women I know and have lost due to violence."

Below is another example of a perpetrator speaking defensively about systemic violence against Indigenous peoples. In this case, the perpetrator made a horrific comment about residential schools. The respondent described other derogatory remarks she has heard in the workplace:

"Negative banter about First Nations people. Unintentional typically - negative things about reserves and 'Indians,' such as being drunks, unemployed, children being unclean and uncared for, getting 'free things' (oh you're First Nations, do you get free things?) Saying residential schools weren't that bad for all kids. It is painful to hear."

When asked who the perpetrator was, the respondent wrote:

"I have heard some comments from colleagues perpetuating stereotypes, and without empathy for history. It's much more common to hear racist banter from patients though."

These stories speak to the need to deliver education on historic and ongoing colonial violence in Canada – such as the legacy of violence in residential schools, missing and murdered Indigenous women, and the shooting of Colten Boushie. Meaningful anti-racism work must give deep consideration to how colonial thinking continues to shape experiences of racism today.

Derogatory stereotypes of Indigenous peoples are rooted in a belief of racial superiority that has influenced Indigenous-Settler relations since the beginning of colonization.

Another respondent shared how anti-Indigenous racism at work has impacted her, in one case, resulting in physical violence:

“Management and leadership not taking my own concerns or concerns of patients the same race as I seriously. Colleagues making racist remarks and judgements towards Indigenous people. Lack of knowledge or intersectionality of race issues...The workplace has been very hostile to me and Indigenous patients. I have experienced racism from colleagues, patients and leadership. One time a white patient threw something at me when we were speaking because I was Indigenous.”

Here are other responses shared by Indigenous respondents, all of whom are women:

“A co-worker was complaining to me about several other coworkers, said they were lazy workers because they are ‘Native.’”

“In coffee table conversation, negative bias comments regarding the status of Métis people and government recognition, also similar comments regarding UNDRIP [United Nations Declaration on the Rights of Indigenous Peoples] and pipeline expansion.”

“There has been a complaint made against me to HR because I made a white man feel uncomfortable by stating that the land we work on is stolen Indigenous territories. The word ‘stolen’ is what he did not like. My co-worker often makes remarks unintended to be offensive regarding Indigenous culture, due to ignorance. She has described clients by their skin tone: ‘the Black girl.’”

“Co-workers were talking about Aboriginals in the Williams Lake area using the ER as a daycare while they went out drinking. I self-identified as Aboriginal (status), and

rather than showing any reticence, they made jokes about me getting free gas. My supervisor also refused to allow me to speak as a guest panelist for Aboriginal persons in social work. She felt the Aboriginal patient navigators should be the guest panelists, discrediting my own heritage and professional contributions.”

“Co-workers were talking about Aboriginals in the Williams Lake area using the ER as a daycare while they went out drinking. I self-identified as Aboriginal (status), and rather than showing any reticence, they made jokes about me getting free gas.”

“When I registered as Métis, a long-time co-worker that I trusted knew, and made me a new name tag out of a yellow sticky note that said ‘Injun’ on it. I was so shocked that I was speechless. My impression was that he thought it was funny.”

The above racial slurs and racial stereotypes speak to the lack of historical awareness among settlers in British Columbia regarding Canada’s treatment of Indigenous peoples. Some comments point to a lack of acknowledgement surrounding the economic privilege of settlers, who have collectively benefited materially from the theft of Indigenous land and resources, and the unequal distribution of resources – for example, the long-standing underfunding of child welfare services on reserve.³⁰

This unequal distribution of resources is further demonstrated by the public response to national public health crises. While significant public resources have been directed towards managing the Coronavirus outbreak, relatively fewer public resources have been allocated to the overdose crisis in Canada, which disproportionately impacts Indigenous peoples. In 2018, First Nations people were 4.2 times more likely to die of an overdose compared to the rest of the

30. Barrera, Jorge. “Ottawa ordered to compensate First Nations children impacted by on-reserve child welfare system.” CBC News. September 6, 2019. Accessed May 24: <https://www.cbc.ca/news/indigenous/child-welfare-on-reserve-compensation-1.5272667>

Reduced psychological stamina that produces responses such as anger, withdrawal, emotional incapacitation, guilt, argumentation, and cognitive dissonance when racism and white privilege are addressed.

- ROBIN DIANGELO, AUTHOR OF
THE BOOK WHITE FRAGILITY

In order for white people to minimize the harm created through racism, we must cultivate psychological stamina when responding to attempts address our racist behaviours.

population.³¹ The federal government's 2018 budget proposed 231.4 million in spending on the overdose crisis over 5 years. In July 2020, the Parliamentary budget office reported that the federal deficit from the response to the Coronavirus could reach \$252 billion dollars. The government of Canada reports that there have been 15,393 opioid-related deaths between January 2016 and December 2019.³² As of July 7, 2020, there were a reported 8,711 deaths in Canada from COVID-19.³³

One need only look at wage disparities in Canada to understand the economic privilege accessed by settlers – particularly white settlers – in Canada. One study published by the Canadian Centre for Policy Alternatives found that university-educated Aboriginal workers earn 44 per cent less in the private sector and 14 per cent less in the public sector than non-aboriginal workers with the same level of education.³⁴

Attempts to educate settlers are sometimes responded to defensively and aggressively, as demonstrated by the example of a white man filing a complaint with human resources due to a land acknowledgement regarding Indigenous stolen territory. In another example, a respondent shares a reaction she witnessed in the workplace when the Aboriginal Patient Navigator program was introduced:

"Health care still has systemic racism present in almost daily interactions. When the Aboriginal Patient Navigator program was started, many non-aboriginal employees were angry and wanted a 'white patient navigator' hired."

This is an example of what scholar Robin DiAngelo calls white fragility: reduced psychological stamina that produces responses such as anger, withdrawal, emotional incapacitation, guilt, argumentation, and cognitive dissonance when racism and white privilege are addressed.³⁵ She argues that in order for white people to minimize the harm created through racism, we must cultivate psychological stamina when responding to attempts address our racist behaviours.

Anti-Black racism

June 2020 marked an important moment in North America, where hundreds of thousands of people took to the streets to protest the disturbing police killing of unarmed Black man George Floyd and ongoing systemic anti-Black racism. People all over the world have demonstrated in solidarity against anti-Black police brutality, including here in Canada.

31. First Nations Health Authority. "First Nations Opioid Overdose Deaths Rise in 2018." May 27, 2019. Accessed July 8. <https://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018>

32. Government of Canada. "Opioid-related harms in Canada." June 2020. Accessed July 8, 2020. <https://health-infobase.canada.ca/substance-related-harms/opioids/>

33. Government of Canada. "Coronavirus disease (COVID-19) outbreak update." Accessed July 8, 2020. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

34. McInturff, Kate and Paul Tulloch (2014). "Narrowing the Gap: The difference that public sector wages make." Canadian Centre for Policy Alternatives, pp. 5-6. Accessed May 24, 2020: <https://www.policyalternatives.ca/publications/reports/narrowing-gap>

35. DiAngelo, Robin (2011). "White fragility." *International Journal of Critical Pedagogy*, Vol 3 (3): pp 55-56.

FIGURE 5: RESPONSES FROM BLACK MEMBERS

Have you experienced any of the following forms of discrimination at work as a result of your race in the past five years?		
ANSWER CHOICES	RESPONSES	
Denied a job position or a promotion	35.71%	5
Denied a request pertaining to your work conditions (e.g. vacation request, special leave request, shift relief, overtime request, etc.)	21.43%	3
Denied a professional development opportunity (e.g. participation in a project, training, conference, or event)	21.43%	3
Unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance	21.43%	3
Unfair disciplinary action	7.14%	1
I have not experienced any of the above forms of discrimination at work as a result of my race in the past five years.	57.14%	8
Total Respondents: 14		

Sandy Hudson, a leader in the Black Lives Movement in Canada, describes her feelings in the wake of this widespread and unprecedented mobilizations against anti-Black racism and police brutality: “That is really inspiring because it feels like we are at a moment where we can have some really intense optimism about what change - structural change - is possible.”³⁶

This moment Hudson describes is an important opportunity to channel widespread energy into action against all forms of anti-Black racism, including racism appearing in the workplace.

Various respondents provided comments about how they have been impacted by racism specifically as a person of Black/African heritage. One respondent described the painful effect of anti-Black racism in her workplace:

“Anti-Black racism is rampant and it is exhausting and devastating. It is especially painful to see young, bright, enthusiastic faces slowly start to lose their light as they are quietly and relentlessly undermined and denigrated over and over as mediocre white guys mostly, but also women, are elevated.”

Others reported moments when their expertise or intelligence has been questioned, or they have been characterized as “lazy.”

The colonial notion of intellectual inferiority is projected on Black identities with very real material consequences, as noted by Stephen D. Ashe et al., who argue that this kind of racial thinking still plays an important role in determining who accesses job opportunities and promotions.³⁷ When racism is internalized, it could cause performance anxiety and may have other negative psychological impacts.

This is supported by the data collected in the survey question that asked participants to identify the forms of racial discrimination they have experienced in the workplace in the past five years. Respondents identifying as Black or of African descent reported to have experienced higher rates of discrimination across all categories compared to non-Black counterparts, except “unfair disciplinary action,” which was reported at approximately the same rate (7.1 per cent and 7.5 per cent respectively). Alarming, over a third of Black respondents (35.7 per cent) said they have been denied a job promotion as a result of their race, compared to 11.9 per cent of non-Black respondents. Over one fifth (21.4 per cent) said they have been denied a request pertaining to their working conditions compared to 8.2 per cent of non-Black respondents. See Figure 5.

In some cases, perpetrators have used racial slurs and anti-black tropes emerging from a his-

36. Files from panel presentation, “What are Unions doing about anti-Black racism?” Canadian Labour Congress. June 10, 2020. Sandy Hudson.

37. Ashe, Stephen D, Magna Borkowska, and James Nazroo (2019). “2016-2017 Trade Union Congress Racism and Work Survey.” Centre on Dynamics of Ethnicity, University of Manchester, pp. 43. Accessed April 11, 2019. <http://hummedia.manchester.ac.uk/institutes/code/research/projects/racism-at-work/tuc-full-report.pdf>

"There is not enough space to list the amount of racism from both staff, patients and family that I have experienced during my career. From people questioning my clinical reasoning, asking if I'm the 'help,' using inappropriate slang or comments to mimic Afro-Canadian culture. From managers characterizing my confidence as arrogance or aggressive and then celebrating a non-minority for the same attributes, [from] patients saying they want to be cared for by someone else....the list never ends."

tory of slavery in the Americas and Black disenfranchisement. One participant described how she has been referred to at work as "the help." Another participant shared how she has overheard racist references to slaves in the workplace. These representations emphasize Black servitude, and stem from colonial thought. The reproduction of these historic representations in the workplace downplay the contributions of Black people and contribute to a workplace culture of white supremacy. Respondents connect the racism they experience to a lack of opportunities for career advancement.

See the below responses:

"The 'incidents.' There is not enough space to list the amount of racism from both staff, patients and family that I have experienced during my career. From people questioning my clinical reasoning, asking if I'm the 'help,' using inappropriate slang or comments to mimic Afro-Canadian culture. From managers characterizing my confidence as arrogance or aggressive and then celebrating a non minority for the same attributes, [from] patients saying they want to be cared for by someone else....the list never ends."

"Not directed at me but at other coworkers of Asian or African descent. Comments implied these coworkers were lazy and ignorant."

"I have heard references made about slaves. I have heard inappropriate comments made about racialized clients or staff. Career growth has been limited."

*"Colleagues asking if they could call me a 'sand n****r.' Another co-worker coming and explaining that her parents have always*

said, 'In a coon's age,' and so it's not racist."

"Professional development opportunities and participation in projects, training, etc."

"I feel more watched than other staff, but I can't confirm it is because of my race."

"Being treated differently. Not being included in many events, discussions, opportunities, and the atmosphere that I am not equal."

"Comments made about my hair. And sometimes my ideas are not [heard]."

The last response above, provided by a respondent identifying as a Black woman, is an all-too-common experience for Black women in the workplace. While the respondent does not disclose the nature of the comment, anti-racism advocates point to how touching or commenting on Black women's hair can serve as racial microaggressions. Simone Aba Akyianu from the Canada-based anti-racism and parent advocacy group Parents for Diversity describes why:

"While it may seem like flattery to tell someone 'I love your kind of hair' – in the same breath as reaching to touch without permission – it is patronizing and frankly dehumanizing to stand there while someone pets you like a dog or stares at you like an artifact in a museum...When someone reaches for my hair, it is a signal to others that I am different and that someone is entitled to single me out for that difference. Whether or not it is intentional or mean-spirited, touching calls in other (often unwanted) attention, usually more touching, and sometimes teasing or judgments about how we should or should not wear our hair."³⁸

38. Akyianu, Simone Aba. "Touching Black Hair as Micro-Aggression." Parents for Diversity. August 25, 2019. Accessed May 25, 2020. <https://www.parentsfordiversity.com/post/touching-black-hair-as-micro-aggression>

As noted by Akyianu, these kinds of micro-aggressions are sometimes accompanied by discriminatory policies in the workplace on grooming that effectively police Black bodies. In fact, in July 2019, California became the first state in the U.S. to ban discrimination based on natural hair, recognizing that hair can be a proxy for race.³⁹ Racial bias regarding what constitutes “professional” can be projected onto hair, which can lead to broader forms of systemic racism at work. In the respondent’s case, her ideas weren’t taken seriously.

Another respondent, who identifies as Filipina and Chinese, reported of “Co-workers talking about their black face wearing experiences.”

While we do not know the nature of the conversation described above, when the practice of black face is discussed in a casual or jovial manner, it trivializes it. Blackface has a shameful history of perpetuating derogatory, anti-Black troupes.

When Canada’s Prime Minister, Justin Trudeau, was exposed for his history of wearing brown and blackface during the 2019 federal election, blackface became a topic of conversation in workplaces across the country. These moments remind us of the responsibility of non-Black people to reflect on how our comments, behaviours, and interactions with others could have –sometimes unintentional – negative impacts, and create an uncomfortable environment for colleagues.

Discriminatory treatment regarding sick days

In one case, a person identifying as an African descendant reported receiving unequal treatment from her supervisor regarding the use of sick days. The respondent engaged with an HSA representative on the issue. See their comments below:

“Having a meeting with HR, supervisor, and HSA steward because I called in sick with a doctor’s note. However other non-African

coworkers never spoken to regarding their abuse of sick days...I was asked to provide my medical history to justify even though I had a physician note. The LRO used initially as no steward present at site encouraged the employer and myself to provide my medical history so ‘this can go away faster and they believe me.’”

Unfortunately, she is not the only person who identified this issue in HSA’s Workplace Racism survey. According to a West Asian woman:

“In one calendar year, I had only three sick days...The fourth time I called sick the manager requested a doctor’s note. All other colleagues sick on that day were not required [to provide] a doctor’s note.”

These cases suggest that some HSA workplaces do not have clear protocols established regarding the solicitation of medical notes and other documentation for employee sick days. In other cases, a policy may be in place but applied unequally.

Sick days are a right outlined across member collective agreements that promote healthy workplaces. Union representatives should support employees in challenging the arbitrary solicitation of sick notes and medical information. Racism in workplace culture could cause BIPOC employees to be disproportionately affected by this issue. Clearer protocol may help eliminate any discretion given to the employer regarding requests for medical information.

Islamophobia

In 2019, the Canadian Labour Congress (CLC) published a report entitled “Islamophobia at Work: Challenges and Opportunities.” Borrowing a definition from Sociologist Sarah Wilkins-Laflamme, the report defines Islamophobia as “dread, hatred and hostility towards Islam and Muslims perpetrated by a series of closed views that imply and attribute negative and derogatory stereotypes and be-

39. Stack, Liam. “California is first state to ban discrimination based on natural hair.” *New York Times*. June 28, 2019. Accessed May 25, 2020. <https://www.nytimes.com/2019/06/28/us/natural-hair-discrimination-ban.html>

liefs to Muslims.”⁴⁰ According to the CLC:

“This view includes seeing all Muslims as the same and unchanging, with no real distinctions between the plurality of communities and their histories; seeing Muslims as separate from society, as Other with no values in common with Westerners and not influenced by Western culture in any way; seeing Islam as an inherently violent religion and political ideology; seeing all Muslims as religious radicals or fanatics; and seeing all of Islam and Muslims as inherently mistreating of women and generally traditionalist.”⁴¹

In the case of Islamophobia, cultural/religious identities are used as pivots for racist ideas and practice. Islamophobia can express racial hostility through distorted understandings of Islam and Muslims that blur religion with language, ethnicity, culture, race, and names, for example.⁴² People in Canada of Sikh faith and non-Muslims from other communities of colour associated with Islam including Arabs, South Asians, and West Asians are sometimes mistaken for Muslims.”⁴³

While there is a long history of racism against Muslims in Canada, the 2001 terrorist attacks in the U.S. marked a new era of systemic racism, discrimination, and scapegoating targeting Muslims and ethnic Arabs.

Like other forms of racism, Islamophobia is rooted in a long history of colonialism and Euro-centrism, whereby non-Western histories, cultures, and peoples are viewed from a Western lens. Colonial thinking perceives Eastern civilization as inferior to Western civilization. Racist representations of Muslims and the

Middle East as violent, aggressive, and “uncivilized” still permeate Canadian media and other cultural mediums.

While there is a long history of racism against Muslims in Canada, the 2001 terrorist attacks in the U.S. marked a new era of systemic racism, discrimination, and scapegoating targeting Muslims and ethnic Arabs.

The ensuing “War on Terror” situated Canada as an imperialist and military force in both Iraq and Afghanistan under the leadership of Liberal Prime Minister Jean Chrétien, with the continued support of his predecessors. Throughout Canada’s 13-year military presence in Afghanistan, Arabs and Muslims were routinely characterized as “the enemy,” and anti-Muslim rhetoric was used by political forces to justify military action abroad.

The Canadian government ushered in a bundle of surveillance and security measures in the 2001 *Anti-Terrorism Act*, the *Immigrant Refugee and Protection Act (IRPA)*, and the *Public Safety Act* that impeded on the civil liberties of immigrants and asylum seekers, including Arabs and Muslims in Canada.⁴⁴ The IRPA, enacted in 2002, oversees the process of security certificates, whereby, a non-citizen may be detained indefinitely without access to evidence against them if deemed a security threat by the Canadian government.

Since September 11, 27 security certificates have been signed, almost all applying to Muslim and/or South Asian men without citizenship status.⁴⁵ The “Secret Trial Five,” five Arab men arrested under security certificates, were detained without charge for periods varying between two and seven years.

And Canada’s infamous role in the 2002 deportation to torture of dual Syrian-Canadian citizen

40. Wilkins-Laflamme, Sarah (2018). “Islamophobia in Canada: Measuring the Realities of Negative Attitudes Toward Muslims and Religious Discrimination,” *Canadian Review of Sociology*, vol. 55(1).

41. Islamophobia at Work: Challenges and Opportunities.” (2019). Canadian Labour Congress, p. 11. Accessed May 26, 2020. <https://canadianlabour.ca/islamophobia-at-work-requires-immediate-action-say-canadas-unions/>

42. Sunar, Lütfi (2017). “The Long History of Islam as a Collective ‘Other’ of the West and the Rise of Islamophobia in the U.S. after Trump.” *Insight Turkey*, 19 (3): p. 36. Accessed May 27, 2020. www.jstor.org/stable/26300529

43. Islamophobia at Work: Challenges and Opportunities.” (2019). Canadian Labour Congress, p.25. Accessed May 26, 2020. <https://canadianlabour.ca/islamophobia-at-work-requires-immediate-action-say-canadas-unions/>

44. Dua, Enakshi, Narda Razack, and Jody Nyasha Warner (2005). “Race, Racism, and Empire: Reflections on Canada.” *Social Justice* 32, no. 4 (102) (2005): p. 6. Accessed June 2, 2020. www.jstor.org/stable/29768333.

45. Ibid.

Maher Arar is just one example of religious/ racial profiling that characterized the era of the War on Terror. In the past two decades, Islamophobia has continued to operate.

The mass murder of six people at the Centre Culturel Islamique de Québec in Québec City on January 27, 2017 demonstrates the growing threat of hate-based violence facing Muslims in Canada.

According to a report released by Statistics Canada in November 2018, police-reported hate crimes motivated by race or ethnicity increased a dramatic 32 per cent in 2017 across Canada, predominately targeting Black, Arab and West Asian peoples. Religiously-motivated hate crimes, with Muslims most targeted, increased by more than 80 per cent in 2017.⁴⁶

And in June, 2019, the Quebec government passed Bill 21, which bans all public employees from wearing religious symbols at work. Invoking the notwithstanding clause of the Constitution, the bill is an expression of systemic racism that excludes and discriminates against many BIPOC workers, including Muslims and Sikhs.

Today, Islamophobia and anti-immigrant racism operate as unifying forces for far-right political groups and white supremacist organizations, who scapegoat and vilify Muslims and immigrants, as well as other people of colour, for a variety of societal and economic problems and a perceived erosion of privileges.⁴⁷

The HSA Workplace Racism surveys helps paint a picture of some of the ways Islamophobia has taken shape in members' workplaces across BC.

7 per cent – 14 survey respondents – identify as Muslim. They live exclusively in Metro Vancouver, the Fraser Valley, and the Sunshine Coast (HSA Regions 3, 4, 5, 6, 7). 42.9 per cent are men, compared to 19.3 per cent of non-Muslim respondents, and 21.4 per cent of Muslim respondents identify as members of the LGBT2QIA+ community, compared to 12.7 per cent of their non-Muslim counterparts. Among Muslim respondents, 50 per cent identify as

South Asian, 14.3 per cent identify as Arab, 21.4 per cent identify as Southeast Asian, 21.43 identify as West Asian/Middle Eastern and 7.1 per cent – or 1 respondent – identifies as African-Indian. 64.3 per cent of Muslim respondents were born outside of Canada.

When asked about racial harassment, microaggression, bullying, physical violence, and intimidation in the workplace in the past five years, 64.3 per cent of respondents reported experiencing a lack of recognition of their accomplishments, contributions, skills, and/or successes, compared to 42.1 per cent of non-Muslim respondents. This number skyrocketed to 75 per cent for Muslim women. Half of Muslim respondents report experiencing a hostile, derogatory or negative racial slight, whether intentional or unintentional, and half report experiencing ignorant, insensitive or arduous comments about their race, culture or religion. Muslim respondents are also nearly twice as likely to report experiencing dismissal or sidestepping of their formal authority in the workplace compared to Non-Muslim respondents (42.9 per cent and 22.1 per cent respectively).

Muslim women, who experience both sexism and Islamophobia in the workplace, are impacted dramatically by workplace racism. For Muslim women who choose to wear coverings such as the hijab, niqab, or burka, this can be especially acute, according to the CLC:

"The interaction of gender, religion, race and culture is especially acute for Muslim women who cover. Their visibility puts them at higher risk and makes them much more vulnerable to gender-based Islamophobia because they are immediate identifiable targets for perpetrators motivated by hate against Muslims and gender-based violence."⁴⁸

In the HSA Workplace Racism Survey, Muslim women respondents reported higher levels of racism at work taking the form of harassment, microaggression, bullying, physical violence and/or intimidation. Among the eight Muslim women who completed the survey, only 1

46. Statistics Canada. "Police reported hate crime, 2017." November 29, 2018.

47. Islamophobia at Work: Challenges and Opportunities." (2019). Canadian Labour Congress, p.7. Accessed May 26, 2020. <https://canadianlabour.ca/islamophobia-at-work-requires-immediate-action-say-canadas-unions/>

48. Ibid, p. 29.

respondent – or 12.5 per cent – said she had not experienced a form of racial harassment, microaggression, bullying, physical violence, or intimidation as listed in the survey question. This compares to 33.3 per cent of Muslim men respondents, 21.7 per cent of non-Muslim women respondents, and 48.2 per cent of non-Muslim men respondents.

In cases of racial harassment, microaggressions, bullying, intimidation, and physical violence at work, Muslim respondents identified “patient, client, customer or service user” as the most likely perpetrator (in 46.2 per cent of cases), with “manager or supervisor” identified in 23.1 per cent of cases and “colleague” in 30 per cent of cases. Muslim members were 2.5 times more likely than non-Muslims to report the patient as the main perpetrator of the aforementioned forms of racism.

Their testimonials highlight the verbal abuse experienced by HSA’s Muslim members during interactions with patients:

“I had to cancel a patient’s appointment due to poor patient preparation. Patient became angry and started making comments about me, my incompetency, and made bad comments about my race. I had

to call security.”

“Patients who come in to the ER are racially abusive.”

“Due to poor patient preparation and exam contraindication, patient’s exam had to be cancelled. Patient became verbally abusive and picked on my accent and said I am incompetent.”

“I have had various patients call me derogatory terms, and have been called a terrorist. I have been told to leave the country by patients. I have had patients state they will not talk to me because of my skin tone. I can only recall one instance of a coworker being insensitive where she spoke about how religions and religious people are a problem. She did not realize I am a practicing Muslim.”

A variety of respondents across different racial-ethnic groups reported experiences where patients have refused their services because of their race. One respondent, who does not identify as Muslim, shared an account of Islamophobia she witnessed in her workplace. The patient also expressed hostility towards Sikhs. She wrote:

FIGURE 6: MUSLIM RESPONSES

If you answered “yes,” what was the response? (select all that apply)

ANSWER CHOICES	RESPONSES	
The complaint/grievance was taken seriously	0.00%	0
The complaint/grievance was dealt with properly	0.00%	0
The complaint was dealt with promptly	0.00%	0
The complaint was investigated, but no action was taken	75.00%	3
The complaint/grievance was ignored	25.00%	1
I was identified as a troublemaker	25.00%	1
I was subjected to a counter complaint	0.00%	0
I was disciplined in response	0.00%	0
I was forced out of my job	0.00%	0
I was transferred to another department or workplace	25.00%	1
Total Respondents: 4		

"The patient declined services from a nurse because she wore a hijab. He said he was scared of her because of France bombings. He said he also didn't believe it was okay for police to wear turbans but it was okay for staff to wear crosses."

These stories suggest a serious problem of racial harassment in HSA workplaces for HSA's Muslim members, particularly during patient interactions. Equally alarming, Muslim respondents report that when complaints were made, management failed to adequately address the issue. In four cases, members made a complaint to their employer regarding a case of racial harassment, bullying, violence, or discrimination. Three respondents reported that the complaint was investigated but no action was taken, one respondent reported that the complaint was ignored, one respondent reported being identified as a troublemaker, and one respondent reported being transferred to another department or workplace. No respondents reported that their complaints were addressed seriously, promptly, or properly. See Figure 6.

In interactions with both patients and colleagues, the racist stereotype of the Muslim-as-terrorist has emerged. In the example that follows, the perpetrator singles out the respondent, and is fixated on racial identities while storytelling. In these behaviours, the perpetrator projects a sense of "otherness" that may feel alienating.

"A primary example though that stands out for me: a colleague of mine normally does not socialize with me [and] would rarely discuss non work-related matters with me. However whenever there is news about terrorism (concerning Muslims) or other related incidents that have to do with Islam or Muslims, the same colleague would be at my office door first thing in the morning to discuss last night's news."

"When sharing one of his/her own stories or personal experience, this colleague would without exception mention ethnicity and whether someone was an immigrant, even if these elements have no significance or relevance to the discussion."

In the next example, a Middle Eastern Muslim man not born in Canada described the treatment he received from his supervisor, who also projected a sense of "otherness" and difference onto the respondent. This can translate into differential treatment professionally. Another Muslim respondent of South Asian descent describes the unequal treatment she receives at her workplace in comparison to her white colleague. Although she was born in Canada, she endures repeated, racially-charged questioning about her place of birth.

"My supervisor told me, 'you are different and we don't know what to do with you' and that 'you are an outsider.' I was not asked to interview for jobs that I was told by my supervisor that I qualify for."

FIGURE 7: MUSLIM RESPONSES

Have you experienced any of the following forms of discrimination at work as a result of your race in the past five years?		
ANSWER CHOICES	RESPONSES	
Denied a job position or a promotion	15.38%	2
Denied a request pertaining to your work conditions (e.g. vacation request, special leave request, shift relief, overtime request, etc.)	7.69%	1
Denied a professional development opportunity (e.g. participation in a project, training, conference, or event)	23.08%	3
Unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance	38.46%	5
Unfair disciplinary action	15.38%	2
I have not experienced any of the above forms of discrimination at work as a result of my race in the past five years.	53.85%	7
Total Respondents: 13		

“My supervisor told me, ‘you are different and we don’t know what to do with you’ and that ‘you are an outsider.’ I was not asked to interview for jobs that I was told by my supervisor that I qualify for.”

“Compared to my white colleague of the same age/education (who has much less experience) in the same position, I get much more criticism and harsh comments, hoops to jump through. There is a lack of acknowledgement/awareness for anything I do or contribute, much higher standards than expected of colleague.

*Other colleague constantly trying to pass on racist and very negative literature about Muslim faith. Many ‘Where are you from?’, ‘No, really, where are you *from* from?’ ‘No I mean where are *your people* from?’ exchanges, etc.”*

In addition to serious cases of racial harassment from patients, Muslim respondents also reported a higher rate of racial discrimination at work from their employer. 53.9 per cent reported that they have not experienced forms of racial discrimination as described in the survey in the past five years, compared to 68.1 per cent of non-Muslim respondents.

Muslim respondents are much more likely to report being harshly criticized and surveyed at work on the basis of race than their non-Muslim counterparts. 38.5 per cent of Muslim respondents reported receiving an unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of their work or job performance, compared to 21.2 per cent of non-Muslim respondents.

They are also more likely to report unfair disciplinary action (15.4 per cent) or denial of a professional development opportunity (23.1 per cent) as a result of their race than their non-Muslim counterparts (7.3 per cent and 17.4 per cent). See Figure 7.

These members’ stories highlight the racist and discriminatory behavior facing HSA’s Muslim members in the workplace, and the need for urgent action. New organizational policies

must be created to protect workers from racial harassment from patients and clients. HSA can play a role in the development of tools and resources that equip members to speak out when discrimination happens at work.



The 2019 report “Islamophobia at Work,” produced by the Canadian Labour Congress, is an excellent source for additional information on Islamophobia in Canada, and includes a list of recommendations for labour unions on how to combat Islamophobia at work and beyond. For more information, visit Canadianlabour.ca.

The labour movement has historically worked to defend human rights and champion social justice, and must be key player in speaking out against Islamophobia in the workplace and in our communities.

Anti-immigrant racism

Once established as a settler state, Canada developed a history of hostility and systemic discrimination towards non-white immigrants and refugees.

In 1871, British Columbia joined the Canadian Confederation on the condition that a railway would connect Western Canada to the rest of the country.⁴⁹ This was largely accomplished through the exploitation of underpaid Chinese labour. Some Chinese people came to Canada looking for gold in the mines. Others came looking for work, with hopes of a better life here.

49. Dere, William Ging Wee (2019). *Being Chinese in Canada: The struggle for identity, redress and belonging*. Douglas and McIntyre Ltd, p. 19.

The *Chinese Immigration Act of 1885* was introduced as the last spike was hammered into the Canadian Pacific Railway, and hysteria grew around the presence of Chinese people in Canada, who then made up the largest number of non-European immigrants.⁵⁰ Deeply racist views were espoused by political figures, including the first prime minister of Canada (and residential school architect) John A. MacDonald, who said in 1887, "It is not advantageous to the country that the Chinese should come and settle in Canada producing a Mongrel race."⁵¹

The racially motivated act sought to limit Chinese immigration to Canada and introduced a fifty dollar head tax for entry, raised to \$500 in 1903. The act would be followed by at least three other Chinese immigration acts, with the *Chinese Exclusion Act* introduced in 1923. The *Chinese Immigration Act* outlawed all Chinese immigration to Canada, including family members of those already in the country. It would not be repealed until 1947, marking decades of painful family separation. Only Chinese Canadian citizens were allowed to sponsor their families to come to Canada – a regulation not applied to Europeans in Canada.⁵²

Another piece of legislation, the *Continuous Passage Act of 1908*, also sought to limit Asian migration to Canada. It declared that no immigrant could enter Canada if the vessel had stopped at another port before coming to Canada. This made it especially difficult for immigrants from South Asian countries to come to Canada. It was this piece of legislation that led to the infamous 1914 incident of the Komagatu Maru, whereby a ship carrying 376 Sikh, Muslim, and Hindu passengers – all British subjects – was forced to return to British-occupied India after being docked in Vancouver for two months.⁵³ Many passengers were met there with violence and imprisonment.

Comparisons to the Komagatu Maru were made in 2010 when the MV Sun Sea was intercepted

off the coast of BC. The ship carried 492 Tamil asylum seekers fleeing civil war in Sri Lanka. The passengers, including children, were held in detention centers.

According to the Canadian Council for Refugees:

"The passengers were subjected by the government to prolonged detention, intensive interrogation and energetic efforts to exclude them from the refugee process, or to contest their claim if they succeeded in entering the refugee process. Canada's immigration legislation was amended to give the government extraordinary new powers, many apparently unconstitutional, to detain people and deny them a wide range of rights."⁵⁴

Passengers were vilified by then Public Safety Minister Vic Toews, who labelled the passengers "suspected human smugglers and terrorists." This rhetoric was reproduced by various media outlets,⁵⁵ demonstrating how racist ideas can spread throughout the public through the power of the media.

For some survey respondents, the news can be a trigger for racist ideas. One respondent born outside Canada writes about this when asked to describe her experience with racism. "While the noon news is on, should a story come on, comments are made," she said.

In many ways, we Canadians see ourselves as more accepting than our southern neighbours. Canadian state policies of multiculturalism, introduced in the 1980s, declared that Canada is a country that celebrates diversity. While perhaps a noble idea, this national narrative can obscure the racism embedded in Canada's cultural fabric, laws, immigration policies, and institutions.

One survey respondent not born in Canada elaborated on this point:

50. Ibid.

51. Ibid.

52. Ibid, p. 59.

53. "Justin Trudeau apologizes in House for 1914 Komagata Maru incident." CBC News, May 18, 2016. Accessed June 2, 2020. <https://www.cbc.ca/news/politics/komagata-maru-live-apology-1.3587827>

54. "Sun Sea: Five Years Later." Canadian Council for Refugees. August 2015, p.1. Accessed June 2, 2020. <https://ccrweb.ca/sites/ccrweb.ca/files/sun-sea-five-years-later.pdf>.

55. Ibid, p. 2.

In many ways, we Canadians see ourselves as more accepting than our southern neighbours. Canadian state policies of multiculturalism, introduced in the 1980s, declared that Canada is a country that celebrates diversity. While perhaps a noble idea, this national narrative can obscure the racism embedded in Canada's cultural fabric, laws, immigration policies, and institutions.

"We need to do more to establish that racism is still a problem in Canada, regardless of our multicultural population. We are not free of it here and it is a more hidden and subtle kind of racism. The idea of Canada as a multicultural place that is essentially free of racism is only working against doing any real progress. White supremacy and white dominant culture is still very afraid of 'the other,' and people that immigrate here or have a non-European background often are segregated or can only socialize with other immigrants.

I have been in Canada for 13 years and can still feel the subtle rejection in my day-to-day, and sadly most of our friends are other immigrants that have struggled to integrate fully with white Canadians. This is of course a broad generalization but it is my experience and honest evaluation of the situation based in my experiences."

"Patients told me to go back to where I came from, 'you people take all the jobs away from us.' Patient refused care from me and asked for a different technologist, telling her that she doesn't want an immigrant touching her."

While Canada did in fact outpace the United States in the number of refugees resettled in 2018 (for the first time in the history of the UN's global refugee program),⁵⁶ its refugee and immigration policies have been profoundly influenced by the U.S throughout the course of history.

According to scholars Enakshi Dua, Narda Razack, and Jody Nyasha Warner, the years immediately following the September 11, 2001 terrorist attacks in the US was a defining period in the harmonization of Canada's refugee and immigrations policies with the United States. When major changes were made to US immigration and boarder security, Canada often followed suit, in part due to its dependency on the US for trade.⁵⁷

This is evident, they contend, in such developments as the Smart Border Agreement, the creation of the Ministry of Public Safety, the 2002 Permanent Residency Card, and the enforcement of the US's no-fly list.⁵⁸ The Canada-US Safe Third Country Agreement, which went into effect in 2004, is further evidence of coordination between the two nations. In practice, anti-immigrant and anti-refugee sentiments pervasive throughout the United States can also be seen here in Canada.

Canada's own historic and ongoing hostile treatment of immigrants, migrants, and refugees spills into the workplace. Immigrant communities and those perceived to be immigrants are treated as "others" without a legitimate claim for belonging. This is illustrated by respondents to HSA's Workplace Racism Survey.

Respondents reported treatment from both patients and colleagues that place emphasis on a perceived "otherness," and question their national identity as Canadian.

As mentioned in the previous section, several respondents reported that they have had patients who have refused their service or care because of their race. In the following example, the respondent reports receiving hostile, racist

56. Markusoff, Jason. "Canada now brings in more refugees than the U.S." *Macleans*, January 23, 2019. Accessed June 2, 2020. <https://www.macleans.ca/news/canada/refugee-resettlement-canada/>

57. Dua, Enakshi, Narda Razack, and Jody Nyasha Warner (2005). "Race, Racism, and Empire: Reflections on Canada." *Social Justice*, 32, no. 4 (102), p. 7. Accessed June 2, 2020. www.jstor.org/stable/29768333.

58. Ibid.

remarks from a patient who did not want to be treated by an immigrant:

"Patients told me to go back to where I came from, 'you people take all the jobs away from us.' Patient refused care from me and asked for a different technologist, telling her that she doesn't want an immigrant touching her."

Another respondent, who was also not born in Canada, wrote:

"Racial comments from patients. Patients asking for a white person to do their treatment."

These situations can be difficult for members to respond to adequately. As the first respondent explained:

"What are you supposed to do when an in-patient is racist but requires care? To comply with the patient's demand of a white technologist is not addressing the problem. But we cannot deny necessary medical care."

Another respondent described how some patients don't treat him with the same respect as his colleagues:

"I felt some discrimination from some patients, such as never paying attention when I'm explaining a medical procedure, but paying attention when other colleague is doing same job."

Another respondent described how he hears jokes about his country and culture in the workplace. His co-worker's comment about deportation sends the message that the respondent doesn't belong in Canada. He describes an interaction where the "Canadianness" of his son was called into question:

"Often presented as jokes, stereotypes about my culture and country come up often. One time a co-worker asked me if I haven't been deported yet, in a joking tone."

White Canadians are often very polite yet segregate and stereotype almost immediately if you are a non-Caucasian Canadian citizen or resident. I was once asked if my

son was Canadian even though he was born here. And the person that asked knew that very well, almost implying it was not supposed to be like that. Also, most established Canadian[s] don't consider themselves immigrants, even though they very well know their grandparents came from other places and settled just like the rest of us!"

Various respondents born inside and outside Canada report being asked, "Where are you from?" While subtle, questions like these that are asked almost exclusively of people of colour suggest that, because of the person's race, they aren't "from" Canada. It can also signal a fascination or fetishization of the person's ethnicity. These statements affirm difference and otherness.

"I get weird questions from ignorant boomer generation, 'where are you from?' assuming I was from Asia, and I'm from the States. So the subsequent question becomes framing me to my 'heritage,' that I am Korean because my parents are from Korea, despite I explained to her that culturally I do not identify solely [as] Korean, but more Korean-American or Korean-Canadian... Also some bigoted people I barely know in hospital (not the one I'm working now) would ask, 'How come you didn't marry Canadian?' referring to why I didn't marry a white man. For the record, I married another Asian American whom I brought from the States and [is] working towards becoming Canadian citizen as well. Not all Canadians are white."

I have been told by people talking about a patient or patient's caregiver that was not from this country as "your people" or "people like you" even though I am Canadian."

This respondent, who was born in Canada and identifies as Canadian, has also had her Canadian identity questioned. The perpetrator signalled to the respondent that she is different because of her race.

"On multiple occasions I have heard com-

FIGURE 8: BORN IN CANADA AND NOT BORN IN CANADA

Have you experienced any of the following forms of discrimination at work as a result of your race in the past five years?

ANSWER CHOICES	BORN IN CANADA	NOT BORN IN CANADA
Denied a job position or a promotion	11.49%	20.59%
Denied a request pertaining to your work conditions (e.g. vacation request, special leave request, shift relief, overtime request, etc.)	8.05%	10.29%
Denied a professional development opportunity (e.g. participation in a project, training, conference, or event)	10.34%	22.06%
Unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance	14.94%	22.06%
Unfair disciplinary action	3.45%	11.76%
I have not experienced any of the above forms of discrimination at work as a result of my race in the past five years.	75.86%	55.88%
Total Respondents: 87		

ments about people of my race that wear religious garments and they were ignorant and made me feel uncomfortable. I have been told by people talking about a patient or patient's caregiver that was not from this country as "your people" or "people like you" even though I am Canadian."

Among 61 respondents not born in Canada, 47.5 per cent identified a colleague as the main perpetrator of racial harassment, microaggression, bullying, physical violence, or intimidation at work, 26.2 per cent identified their manager or supervisor, and 24.6 per cent identified a patient/client/customer/service user. The latter figure is slightly higher than respondents born in Canada, of whom 19.4 per cent identified a patient/client/customer/service user as the main perpetrator.

While both groups were nearly as likely to report not experiencing any of the listed forms of racial harassment, microaggression, bullying physical violence or intimidation at work in the past five years (26.5 per cent for respondents born outside Canada and 29 per cent for respondents born inside Canada), respondents born outside Canada were more likely to report experiencing a lack of recognition of their accomplishments, contributions, skills, and/or successes at work (47.9 per cent vs. 39.8 per cent).

According to respondents born outside Canada:

"My comments and thoughts were often ignored or neglected. It is sad having to

recognize that our colleagues are nice to patients but extremely critical and disrespectful to their own colleagues on the same team."

"Favoritism towards accomplishments of Caucasian colleague who came to cover for my line."

"Subtle, lack of appreciation for my work (this could be subjective though)."

"A complete lack of recognition for my contributions by promoting other white people."

Institutionalized discrimination facing immigrants

Workplace discrimination can have economic impacts and affect psychological health. Survey results demonstrate that for those members born outside Canada, discrimination in the workplace is prevalent and particularly harsh. While 75.9 per cent of respondents born in Canada reported that they have not experienced any of the listed forms of workplace discrimination in the past five years, only 55.9 per cent of respondents born outside Canada said this is the case.

Members born outside Canada were more likely to report workplace discrimination across all categories. They were over twice as likely to

report being denied a professional development opportunity and over three times more likely to report experiencing unfair disciplinary action. One in five respondents not born in Canada (20.6 per cent) reported being denied a job position or promotion on the basis of race, compared to 11.5 per cent of respondents born inside Canada. See Figure 8.

It is important to recognize the ways in which immigration status intersects with class. We know that immigrants and migrants face major economic barriers in Canadian society. While the nationwide employment rate gap is narrowing between immigrants and those born in Canada, those born outside Canada face a higher unemployment rate, and labour market gaps are typically higher for immigrant women.⁵⁹

As highlighted by a report by the Canadian Centre for Policy Alternatives, non-racialized immigrants have better outcomes in the Canadian labour market than racialized immigrants. In 2015, racialized immigrant men earned 71 cents on every dollar earned by non-racialized immigrant men, and racialized immigrant women earned 79 cents for every dollar earned by non-racialized immigrant women, among prime age workers (age 25-54).⁶⁰

Temporary foreign workers in Canada experience legalized unequal and unjust treatment, on the basis of citizenship status and enrollment in select government labour programs. Migrant workers who come to Canada to take care of Canadian families as caregivers or perform agricultural work under the Seasonal Agricultural Workers' Program do not have the right to unionize or collectively bargain in certain provinces. In some provinces, they are not covered under certain employment standards provisions, including the right to a minimum wage, and basic occupational health and safety legislation. This systemic racism infers that migrant workers are less worthy of rights and protections, which can pit people born in Canada against non-white people born outside Canada. While HSA members are provided some economic security through the power of their union, this anti-im-

migrant racism still spills into the workplace, as highlighted by one survey respondent who was told by a patient, "You people take all the jobs away from us."

These stories provide insight into some of the racism experienced by non-white HSA members who have immigrated to Canada. Member comments demonstrate how colleagues, patients, clients, managers, and supervisors make remarks that, intentionally or not, differentiate the member from others on the basis of race and nationality. These remarks can sometimes be subtle and take the form of microaggressions through inferring difference and otherness with ignorant questions and remarks. These forms of racism are rooted in Canada's history as a settler state, in which white European immigrants, predominantly from Britain and France, reshaped Canada into a white dominant society through colonization, slavery, genocide, and exclusionary immigration policies on the basis of race.

The government's current treatment of refugees, migrants, and immigrants delivers harmful racial cues to the broader public about immigrant identities and the value that immigrants and migrants bring to Canada. These negative perceptions can leak into the workplace, as seen by reporting from respondents that their contributions are undervalued at work.

Anti-immigrant racism can also impact people born in Canada when the perpetrator presumes, because of their race, that they are not born in the country. As one respondent notes, "Canada is known to be a multicultural country yet so many citizens are culturally illiterate."

When it comes to combatting Islamophobia and anti-immigrant racism, expanding cultural awareness is one approach to dispelling racist stereotypes and myths about other countries, cultures, and societies. However, as another respondent noted, there needs to be critical reflection by white people on whiteness, white culture, and organizational culture. This must include reflection on societal injustices that per-

59. Statistics Canada. "The Canadian Immigrant Labour Market: Recent trends from 2006 to 2017." (2018). Accessed June 3, 2020. <https://www150.statcan.gc.ca/n1/daily-quotidien/181224/dq181224a-eng.htm>

60. Block, Sheila, Grace-Edward Galabuzi, and Ricardo Tranjan (2019). "Canada's Colour Coded Income Inequality." Canadian Centre for Policy Alternatives, p. 5. Accessed May 21, 2020. <https://www.policyalternatives.ca/publications/reports/canadas-colour-coded-income-inequality>

meate across Canada:

"It is the constant experience of lack of diversity in our organization, lack of gender diversity, lack of neurotypical, racial, able diversity. The organization is dominated by one demographic, from the same class, age, life experience. From our board to management, to staff, white middle-class experience is the dominant narrative. Its complete lack of self-reflection of this fact continues to be the experience, and so therefore I work and live in a sea of whiteness, without any critical reflection of themselves as a culture or a people. As a person of color, whiteness' lack of self-reflection is the biggest obstacle to equity, justice or dignity."

Anti-Asian racism

HSA's Workplace Racism Survey was circulated just as COVID-19 was beginning to receive traction in the media. Workplace Human Rights Investigator Jennifer Mak noted how, from the onset of the pandemic, fear mongering has resulted in an upswing in existing 'yellow peril,' which has justified hate crimes against Chinese Canadians and other Asian Canadians.⁶¹ We need only to look as far as Vancouver to see examples of physical attacks and vandalism against members of Asian communities, including a 92-year-old man physically assaulted in a convenience store on March 13 by a white man who hurled racist remarks at him related to COVID. And the Vancouver Police Department reported an increase in complaints of anti-Asian hate crimes in early 2020.⁶²

Public figures have engaged in anti-Asian fear mongering. On April 21, Conservative Member of Parliament and party leadership candidate Derek Sloan questioned the country loyalty of Canada's Chief Public Health Officer Dr. Theresa

Tam, based off of her identity as an immigrant from Hong Kong. Divisive and inflammatory comments have been spewed by President Donald Trump, who called COVID-19 the "Chinese virus."

Meanwhile, Asian migrant workers have been hit hard by COVID-19 because of insufficient health and safety protocols in their workplaces. The case of Alberta's Cargill meat processing plant north of High River highlights how systemic racism in the wake of COVID has caused significant harm to Asians in Canada, particularly in situations where workers are devalued because of class, race, and immigration status.

The Alberta government reported 921 positive COVID-19 cases, including one resulting in death, tied to the Cargill plant.⁶³ Many plant employees are temporary foreign workers or immigrants with permanent residency status. 70 per cent of plant workers are Filipina/o, while others are Chinese, Mexican, and Vietnamese.⁶⁴ Workers report that they were not provided proper personal protective equipment (PPE) and could not socially distance.



And while some provinces and municipalities are developing plans to collect more detailed

61. Jennifer Mak. From files of panel presentation: "Anti-Asian Racism and the Pandemic: Solidarity in a time of crisis," hosted by the Asian Canadian Labour Alliance. May 28, 2020.

62. Judd, Amy. "Suspect identified in hate-crime assault of 92-year-old Asian man in Vancouver," Global News, April 23, 2020. Accessed June 7, 2020. <https://globalnews.ca/news/6859065/suspect-id-hate-crime-assault-vancouver/>

63. Fedor, Tyson. "Cargill processing plant with more than 900 COVID-19 cases reopens despite union opposition." CTV News, May 4, 2020. Accessed June 7, 2020. <https://calgary.ctvnews.ca/cargill-processing-plant-with-more-than-900-covid-19-cases-reopens-despite-union-opposition-1.4923455>

64. Graveland, Bill. "Death is so real": Immigrant group says meat workers afraid after COVID-19 plant closure." Global News, April 25, 2020. Accessed June 7, 2020. <https://globalnews.ca/news/6868617/death-is-so-real-immigrant-group-says-meat-workers-afraid-after-covid-19-plant-closure/>

demographic data regarding COVID-19 cases, the federal government is not collecting race-based data, creating blind spots.⁶⁵ Without adequate data, make it impossible to document and confront systemic racism and health inequities.

While there are a diversity of cultures and nationalities within different Asian identities, anti-Asian racism often sees all or most Asians as a homogenous group. As seen during the COVID-19 pandemic, such racism also infers that the actions of state governments are not separated from the character of citizens.

As explored in the previous section, Canada has a long history of racial discrimination against Chinese people and people from East Asia, rooted in notions of white European superiority inherent to settler colonialism.

Survey respondents share numerous accounts of how anti-Asian racism has manifested in their workplaces, often reflective of racist notions of inferiority. More than half of survey respondents identify as belonging to an ethnic-racial group whose origin is in Asia, the majority of whom identify as Chinese and/or South Asian. These respondents work as full-time, part-time, temporary, and casual workers across all of HSA's regions, and are represented by all of HSA's public sector collective agreements. The vast majority of respondents, however, belong to the HSPBA. Quantitative data results regarding experiences with racial harassment and discrimination were generally comparable to overall results of the survey population. However, open-ended responses provide important insight into how anti-Asian racism manifests.

Respondents described numerous instances whereby their cultural background was spoken about in disrespectful, derogatory, stereotypical, or degrading ways. Members encounter widespread generalizations made about people of Chinese and East Asian descent. See the following responses:

"I was definitely bullied, but I can't say it was just because of race. Derogatory words about my cultural background are quite

often said by co-worker, patients, patients' families...Sometimes people don't even say anything, but I can tell I am being treated differently, in a less respected way, like I should be their servant. Derogatory generalizations about people of my cultural background are often said in the cafeteria, always in a negative light: 'The Chinese' are doing this or that. 'The Chinese have brought this out.' It doesn't matter what race the person is that did whatever they are talking about. It's not their cultural background that is the cause of the concern."

"Asking, 'Does Asian hair do this?' Making fun of Asians' less alcohol tolerance, being obsessed with beauty, facial care."

"Comment regarding stereotypes or negative opinions about my culture (from clients). Racist remarks about my ethnicity/East Asian[s] by colleagues."

"Offhand remarks referring to Chinese ethnicity as 'Oriental.' Political/negative comments about China while referencing the news."

"Wouldn't say this happens all the time, but it's not unusual. Feel like I hear it more because I am born in Canada and people don't think of me as Chinese. Random comments about Chinese culture, frustration about Chinese/Asian etiquette/customs, etc."

"My boss came into the work area, put her back to me, then addressed my Caucasian coworkers and asked them what they put in their congee (rice porridge) when they eat it. They all advised they have never eaten it, and then she went on to tell them how all these Chinese people on a plane ate it with a preserved egg, and how gross and disgusting it is, and how she would puke, and can't believe people would eat that...She would talk about another coworker who is Chinese and the venom in her voice was palpable. One of my coworkers would talk about how all the Chinese are coming over and paying for education so that the Canadians can't

65. Nasser, Shanifa. "Early signs suggest race matters when it comes to COVID-19. So why isn't Canada collecting race-based data?" CBC News. April 17, 2020. Accessed July 8, 2020. <https://www.cbc.ca/news/canada/toronto/race-coronavirus-canada-1.5536168>

get a decent education.”

“I have a long-time co-worker who is openly racist against Chinese or Indian people. She speaks negatively towards them when they are not in the lunch room. She shares insensitive comments and statements if we get a new manager and they are of these backgrounds. Very uncomfortable on a small unit in the community. She has no supervision. I don’t want conflict with this person because she is a very dominant personality.”

One respondent speaks to how patients and co-workers have engaged in racist name calling and mocking accents:

“A colleague jokingly referred to me as ‘Kim Jong Un’ (North Korean dictator). I am of Korean descent. Another colleague used to make stereotypical Asian accents at an attempt to be funny.”

Another respondent who identifies as a Filipina woman has also been called racist names. She describes how she has been mistaken for cleaning staff by both co-workers and patients. While these assumptions, in part, stem from broader systemic racism that places BIPOC women disproportionately in low-wage jobs in the hospitality and service sectors, it also demonstrates bias about the intelligence, competency, and education levels of Filipina women. We see how racism interacts with sexism to undermine women:

“Staff and patients mistake me for house-keeping/laundry staff, not as a medical professional, and have said such things to me as, ‘I need to speak to a tech’ (when I offered to assist a doctor) or, ‘I can’t believe how hard you girls work to make up stretchers all day’...have been named ‘Abdulla the Butcher’ by a patient who was a difficult IV start.”

“Older coworker commenting on number of East Indian girls in our work place. Don’t like to mingle with others. Referring to them as ‘you brown girls.’”

In the following example, the perpetrator is reported to be making racist jokes that are also sexual in nature, which can be particularly

belittling.

“Male coworkers making sexual jokes about Asians.”

Respondents shared how they have experienced racism from their supervisors or employers. Some respondents report bullying at work on the basis of race. Others described how their work has been put down, or how their accomplishments aren’t acknowledged. One respondent described how she and her co-worker were denied job offers, despite being at the top of their class.

“Constant bullying, verbal racist comments, passive aggressive behavior, given a much larger workload, constantly put down, denied shifts, denied overtime, making fun of my race regularly.”

“It’s not me, but I noticed that the new supervisor almost bullied my coworker who is East Indian descent telling her to cut break short because she was late to work due to getting blood work done downstairs.”

“Commenting that my work was ‘crap’ when there was no mistake made. Commenting that I have no contribution to a certain task assigned by supervisor when I was actually working on this project entire day with another coworker.”

“Leadership/management verbally praising the personality traits or accomplishments of white coworkers and giving them leadership opportunities while not acknowledging any of my accomplishments, or briefly acknowledging them. This sometimes takes the form of lots of thanking me for my ‘hard work and dedication’ without actually referring to anything specific that I’ve done or any strengths I have.”

“My friend and I, both visible minorities, were top students in our class academically and practically. We were both denied jobs at that hospital site. The rest of the students in the class were hired. Students in the other sites were also hired.”

One respondent noted how patients/clients have sought the services of other staff, dismiss-

ing the employee's capabilities.

"An employee that I supervise has been dismissed by the people we serve. They called and requested a change of therapist. Has happened more than once."

These testimonials shed light on just some of the anti-Asian racism that is at play in member workplaces across BC. Documenting this racism can inform policy and, fundamentally, increase acknowledgement that it is happening - an important first step to combatting racism.

"My friend and I, both visible minorities, were top students in our class academically and practically. We were both denied jobs at that hospital site. The rest of the students in the class were hired. Students in the other sites were also hired."

In the spirit of this, the Chinese Canadian National Council – Toronto Chapter, Chinese Canadian National Council Social Justice, Chinese and Southeast Asian Legal Clinic, and Civic Engagement Network – Society of Canada launched *Covidracism.ca*, a tool to document events of anti-Asian racism in communities across Canada. HSA has an opportunity to work closely with community allies to combat anti-Asian racism in the workplace and beyond. HSA has longstanding relationships with several civil society organizations and works with the broader labour movement on a variety of issues. Part VI discusses the importance of cross-movement solidarity work in combatting racial injustice, and opportunities to deepen this solidarity work.



Part III: The impact of workplace racism on occupational health and safety

At HSA's 2019 Convention, members adopted a motion (motion 48) mandating the union to "explore options to expand education and training to increase mental health support to our members."

Given the correlations between harassment, discrimination, and workplace mental health, meaningful member education on the topic of workplace mental health should include tools and resources to address workplace racism and other forms of oppression, including sexism, ableism, homophobia and transphobia, ageism, and anti-Semitism.

A significant body of research on "racial stress" has established that racism has negative effects on both physical and mental health.

The term "racial battle fatigue" was coined by critical race theorist William Smith to describe the emotional, psychological, and physiological distress experienced by BIPOC when in racist climates – generally historically white institutions or predominately white spaces that have microaggressive conditions.⁶⁶ Symptoms of racial battle fatigue can include anxiety and worry, hyper-vigilance, headaches, increased heart rate and blood pressure, and other physical and psychological symptoms.⁶⁷

In HSA's 2020 General Membership Survey, HSA members were asked if, in the past five years, they had experienced issues and/or events at work that impacted their mental health or caused a psychological injury. 57 per cent of

Indigenous respondents said "yes."⁶⁸

Many health care facilities and social service organizations in British Columbia are historically white organizations where racism may foster. Furthermore, the nature of health care and social service delivery means that patients and clients are bringing into the workplace racism present in the wider community.

Canadian anti-racist authors George J. Sefa Dei, Leeno Luke Karumanchery, and Nisha Karumanchery-Luik contend that unlike other traumatic experiences, the pervasive nature of racism makes it difficult for BIPOC people to establish safe environments. They write, "Unlike the survivors of other traumatic circumstances, whose anxiety might recede once removed from the space, place, and moment of the trauma, racially oppressed peoples will find it exceedingly difficult to establish safe-space for themselves because race permeates every facet of our world."⁶⁹

In addition, racial discrimination is a key social determinant of health. People experiencing racism have poorer health outcomes, particularly for mental health, which occurs alongside reduced access to health care and poorer patient experiences.⁷⁰ According to a 2016 study, Black women and men are more likely than white men and women in Canada to report diabetes and hypertension, which the authors attribute to the experiences of racism in everyday life.⁷¹

In HSA's Workplace Racism Survey, respondents

66. Smith, William A., Man Hung, and Jeremy D. Franklin (2011). "Racial Battle Fatigue and the MisEducation of Black Men: Racial Microaggressions, Societal Problems, and Environmental Stress." *The Journal of Negro Education*, 80(1), p.64. Accessed June 9, 2020. www.jstor.org/stable/41341106

67. Tahirah Abdullah and Jess Graham. "The Link Between Experiences of Racism and Stress and Anxiety for Black Americans: A Mindfulness and Acceptance-Based Coping Approach." *Anxiety and Depression Association of America*, Aug. 2, 2016. Accessed June 9, 2020. <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/link-between-experiences-racism-and-stress-and>

68. "BC Health Sciences Member Survey: Complete Results," Viewpoints Research, March 6, 2020.

69. Dei, George J. Sefa, Leeno Luke Karumanchery, and Nisha Karumanchery-Luik (2004). "Chapter Six: The Banality of Racism: Living 'Within' the Traumatic." *Counterpoints*, 244: p. 132. Accessed June 9, 2020. www.jstor.org/stable/4297562

70. Stanley, James, Ricci Harris, Donna Cormack et al (2019). "The impact of racism on the future health of adults: protocol for a prospective cohort study." *BMC Public Health*, 19 (346). Accessed June 9, 2020. <https://doi.org/10.1186/s12889-019-6664-x>

71. Veenstra G and AC Patterson (2016). "Black-White Health Inequalities in Canada." *Journal of Immigrant Minority Health*, 18(1):51-57.

"I was surprised by the lack of training our managers had in dealing with racism. I was essentially told that my coworker just had a 'strong personality' and that we just didn't 'click,' ignoring the bigger issues of not feeling mentally safe in my workplace."

reported how racism at work, including the complaint process, has caused stress and impacted their emotional and psychological wellbeing. One respondent reports requiring access to mental health services as a result of racism. Another respondent reports having to leave her workplace due to work-related stress:

"Quite often when you bring awareness to issues of this nature in FHA [Fraser Health Authority], the problem grows instead of shrinking. I have regretted in the past filing a lack of respect in the workplace issue. It dragged on for 8 months, and it became a bigger source of stress for me and my family. I felt I was 'punished' within FHA, and viewed as a troublemaker. I was not called for casual shifts as I had previously."

"I think subtle issues around differences of cultural norms and values in the workplace and how that may hinder worker success and workplace relationships is hard to flesh out in a survey like this. I see differences in expectations around things like management style, wage negotiations, advocacy and taking initiative, etc. negatively impacting the mental health of workers of colour. These things aren't as overt, but the reality is that for immigrants especially, they contribute heavily to the "glass ceiling" that is often present for us in our careers."

"So many very harsh treatments, I had to see a counselor for that."

"I was surprised by the lack of training our managers had in dealing with racism. I was essentially told that my coworker just had a 'strong personality' and that we just didn't 'click,' ignoring the bigger issues of not feeling mentally safe in my workplace."

"Belittled for setting personal safety boundaries. Made to feel weak and ashamed for making a complaint."

Another respondent provides a detailed account of how bullying by her employer, and silence from her coworkers, impacted her mental health:

"I had a supervisor whom I would describe as racist. She treated others with kindness but spoke harshly to me, always assumed the worse instead of asking, nitpicked at trivial things that she completely ignored with others. It was a multidisciplinary team and I said to her that I wanted to change my part of the presentation at our team meeting because I thought bringing in another element would make it more interesting for the group. The next meeting I missed because I was sick. The next time after I returned, the entire room was cold as ice. I finally said, 'I'm getting the feeling that something has happened?'"

They told me that my supervisor told them I said they didn't care about my work, that they were hostile towards me and didn't want me there, and I was going to try to 'wake them up' by talking about some different things.

That this supervisor always treated me with disdain is not the biggest problem here. The bigger problem was that no one noticed that her behaviour towards me was harsh and unreasonable because she was nice to everyone else and denigrating behaviour towards certain groups is normalized... This event started an avalanche of abusive behaviour that escalated into an unbearably toxic environment that ended in my having to leave due to stress. Black women have the highest rate of stress-related illness."

One respondent who identifies as an Indigenous woman reported experiencing a racist physical attack at work, where a patient threw an object at her. It is important to note that physical racial violence is an occupational safety hazard for some members.

The term “racial battle fatigue” was coined by critical race theorist William Smith to describe the emotional, psychological, and physiological distress experienced by people of colour when in racist climates – generally historically white institutions or predominately white spaces that have microaggressive conditions. Symptoms of racial battle fatigue can include anxiety and worry, hyper-vigilance, headaches, increased heart rate and blood pressure, and other physical and psychological symptoms.

In HSA’s 2020 General Membership Survey, Indigenous and Black/African respondents were significantly more likely to report experiencing violence, including verbal assault or physical assault, at work. While 32 per cent of respondents of European descent reported experiencing a verbal or physical assault in the past five years, this figure increased to 45 per cent for Indigenous respondents and 56 per cent of respondents of Black/African descent. Furthermore, 57 per cent of Indigenous respondents report that in the past five years, they had experienced issues and/or events at work which impacted their mental health or caused a psychological injury.⁷²

This information points to the importance of including an equity lens in the development of occupational health and safety policies and educational materials. All forms of discrimination impact members’ psychological health and safety. The law in BC is clear that the employer has a responsibility to maintain safe and healthy workplace for employees, which includes psychological health and safety. The union has a role to play in ensuring that the employer reduces workplace safety hazards.

72. “BC Health Sciences Member Survey: Complete Results,” Viewpoints Research, March 6, 2020.

Part IV: Barriers to recourse: how racism is maintained at work

The survey asked respondents if they had reported an incident of racial harassment, bullying, violence, intimidation or discrimination to their employer, and in cases where the member did not report an incident that they experienced or witnessed, the survey asked why. 66 respondents provided a written explanation as to why they chose not to report a case of racism at work.

Among respondents, 73.5 per cent did not report the issue to their employer, 24.1 per cent did, and 2.4 per cent were unsure.

Respondents cited a lack of fairness and justice in the resolution process, a lack of accountability systemically in the workplace, and a fear of backlash as major reasons for not reporting cases of racism. Some respondents said the incident would be difficult to prove, and others lacked faith that a complaint would resolve the issue. In some cases, respondents chose to handle the issue themselves.

The lack of accountability in the workplace is related to a lack of racial diversity across management and leadership. A simple review of BC regional health authority websites reveals that the vast majority people on health authority senior executive teams are visibly white. This reflects a general pattern in healthcare management across Canada. Among 39 Canadian health ministers since 1919, only one has been a visible minority.⁷³

While the Canadian Medical Association and the Association of Faculties of Medicine of Canada report on the gender and age of physicians and graduates, neither national medical body collect statistical information on race/ethnicity.⁷⁴ The lack of racial representation in positions of authority in BC's regional health authorities may negatively affect the delivery of culturally competent care as well as the workplace climate for staff. In cases where racism happens,

a lack of racial representation in management may contribute to staff doubting that their complaints would be understood, validated, believed, and addressed.

One respondent provided white dominance within his organization as an explanation for not lodging a complaint regarding witnessed or experienced racism:

"Because the people in charge are also white and white people protect white people."

Another respondent highlighted the ways in which white fragility operates to repress confrontations to white power and redress for racial injustices.

"Because white people are incredibly fragile, and will fire, exclude, or just be so terribly awkward to you, however always ensuring you get the message: 'You better not say anything or even bring this up to me again. I cannot handle any idea of myself other than what Canadiana narrative has told me and that is, I treat and see everyone the same, so even acknowledging your discomfort would fundamentally disrupt the narrative I have of myself of a good person who does not see color.' White folks make it consistently clear to people of color they do not like to be challenged or confronted about their unconscious bias and will make your life miserable if you say anything, if you want to keep your job."

"There would be no just outcome"

Various respondents said they do not report racism because past experience has demonstrated that a complaint would not result in change. While not necessarily unique to HSA sites of

73. Kassam, Adam. "Canadian Medicine has a diversity problem." *Toronto Star*, September 3, 2017. Accessed June 10, 2020. <https://www.thestar.com/opinion/commentary/2017/09/03/canadian-medicine-has-a-diversity-problem.html>

74. Ibid.



work, their responses suggest widespread and systemic apathy and inaction across member workplaces in the face of racism:

"There would be no just outcome. Likely I would be further vilified. I have rarely seen or heard a case that went well for those that report racism."

"Nothing gets resolved or there's no accountability."

"It was from patients and felt like I could handle it myself instead of getting leadership involved. When it was from coworkers, I knew that had been reported before without any consequences so thought it was useless."

"Form past experiences, know/feel it would not be appropriately addressed."

"Because I know that it would not be well received from my employer or it would be minimized."

"They're doctors - who would I even report it to?"

"There would be no just outcome. Likely I would be further vilified. I have rarely seen or heard a case that went well for those that report racism."

"Unable to prove, unlikely to change anything, more likely to create problems for me. Impact of insensitive comments, racist jokes, and microaggressions was minor enough to ignore."

"Nothing will happen. Only making it an uncomfortable situation for us."

"Not sure much would be done. Not enough details, more just feelings."

"Management unapproachable and won't take the complaint seriously, or nothing done at all when colleagues complained in past."

"The certain individuals have been talked to before. Nothing has changed."

"I feel the employer will ignore me. As from the employers' action from all the previous times."

"I don't think that my supervisor would take it seriously. The people at my workplace have been bullying others for years, and though it's not necessarily because of race, nothing has been done to penalize these individuals."

"While I have reported it on occasion, I usually do not because it doesn't lead to change and often results in being viewed as the problem."

"Nothing has ever been done. It's almost the social norm."

"Fear of retaliation"

Other respondents expressed concerns that lodging a complaint would make the situation worse, resulting in retaliation from the perpetrator or employer, or other professional or personal consequences. This can be particularly difficult for HSA members who lack job security, including young HSA members who are new to their workplaces or new to their careers. One contract worker expressed a fear of being fired. One respondent reported feeling intimidated, and others expressed that they feared they wouldn't be believed. Reporting becomes even more challenging when it is the supervisor or manager who is the perpetrator.

"Manager was the one bullying, did not want to be fired."

"Don't want to be targeted by higher-ups."

"Did not feel that it would be received well."

"In my personal experience, reporting bullying and harassment only makes it worse, by far. Surely retaliation will follow. The person [who] received the report will notify the perpetrator."

"Intimidated. Don't think they mean harm, but don't realize impacts of their actions."

"It probably at the time would have made it worse for me. Things have improved in the last few years."

"Fear of being looked even more differently."

"It was her who did it and I have been warned by others that she is extremely vindictive. She will probably get me fired."

"Fear of retaliation or being singled out. Fear of presenting myself as a 'complain-er'/'weak,' which could be seen as a hindrance to promotions."

"I do not want repercussions as I need this job and am [at] the very beginning of my career path."

"Didn't want to cause any troubles to colleagues."

"Fear of retaliation or being blacklisted from future opportunities."

"Wouldn't be believed."

"I did not want to be identified for risk of being caught supporting the bullied employee. The manager was also a perpetrator of the bullying of the BIPOC employee."

"Did not want to offend the perpetrator as close working relationship."

"I did not report it in fear that the interim manager's boss would not believe me."

"If the employer is the perpetrator to whom would one report!"

"Part of the job."

Particularly in cases where the patient or client is the perpetrator, HSA members described how in some workplaces, poor treatment is perceived to be "part of the job," and embedded in workplace culture. Their stories suggest that frontline workplaces have a high tolerance for

racism.

HSA members deliver frontline services in often challenging situations. Societal pressures facing clients/patients accessing social services, mental health care services, and other forms of care may be experiencing distress in their lives, which can be displaced onto frontline staff. And as one member notes, workload and understaffing issues in the public system can impact the treatment health care workers receive from patients:

"Most racist actions perpetrated by ignorant patients already agitated by long waits as a result of unmanageable workloads. If I happen to be the tech conducting their exam, I am a target for the verbal abuse. I have zero tolerance for and will challenge such behaviour. Subsequently the patient will complain to my supervisor who does not believe me when I counter claim that the incident was initiated by the offensive patient. My supervisor cares more about output than the well-being of the staff."

"Racist banter about First Nations people is something I've overheard my whole life, I have become accustomed to it. It hasn't occurred to me to report it."

Other respondents described why they didn't file complaints:

"It was thought to be part of the job to deal with difficult people."

"In case of patient, everyone who witnessed it was quite understanding, but all had consensus that 86-old grandma probably won't change her belief system over night."

"I work in psychiatry and verbal aggression from patients is alarmingly common."

In one response, an Indigenous respondent explained that she did not report an issue because she is accustomed to overhearing anti-Indigenous racism. Her story is not unique. As previously presented survey responses reveal, racism

FIGURE 9: MEMBERS WHO FILED A COMPLAINT REGARDING RACISM

If you answered "yes," what was the response? (Select all the apply)

ANSWER CHOICES	RESPONSES	
The complaint/grievance was taken seriously	25.58%	11
The complaint/grievance was dealt with properly	20.93%	9
The complaint was dealt with promptly	16.28%	7
The complaint was investigated, but no action was taken	20.93%	9
The complaint/grievance was ignored	37.21%	16
I was identified as a troublemaker	27.91%	12
I was subjected to a counter complaint	6.98%	3
I was disciplined in response	9.30%	4
I was forced out of my job	6.98%	3
I was transferred to another department or workplace	6.98%	3
Total Respondents: 43		

FIGURE 10: ACTIONS AGAINST RACISM

What action(s) have you taken, or witnessed your co-workers take, to defend against racism in the workplace? (select all that apply)

ANSWER CHOICES	RESPONSES	
Engaged in a collaborative community action	12.68%	18
Engaged in a collaborative workplace action	12.68%	18
Engaged with or established a support network at work	16.20%	23
Engaged with or established a support network outside of work	18.31%	26
Pursued remedy through a government tribunal or board	2.82%	4
Self-advocated in the workplace	33.10%	47
Sought legal advice	2.82%	4
Sought support from a community organization	5.63%	8
Sought support from a union representative (steward, board member, staff member)	9.86%	14
None of the above	42.25%	60
Other (please specify):	8.45%	12
Total Respondents: 142		

against Indigenous peoples is normalized within many workplace cultures and across Canadian society more broadly.

occurred to me to report it."

"Racist banter about First Nations people is something I've overheard my whole life, I have become accustomed to it. It hasn't

Employer responses to complaints

The 40 respondents (24.1 per cent) who indicated that they had made a complaint with their employer regarding an issue of racial harassment, bullying, violence, intimidation, or discrimination were asked to indicate what response they received. When examining the results, it is not surprising that the vast majority of overall respondents had chosen not to make a complaint.

In 37.2 per cent of cases, the complaint/grievance was ignored. This was the most common response. In 20.9 per cent of cases, the complaint was investigated but no action was taken. 27.9 per cent of respondents were identified as troublemakers. 9.3 per cent of respondents were disciplined in response to their complaint, 7 per cent of respondents were subject to a counter complaint, and 7 per cent were forced out of their jobs.

In only 16.3 per cent of cases was the complaint addressed promptly. In only 25.6 per cent of cases was the complaint taken seriously. Only 20.9 percent, or 9 respondents, said that their complaint was dealt with properly. See Figure 9.

Responses suggest that filing a complaint with management is not likely to be an adequate approach to dealing with racism at work, at least without corrective action taken. It is important to note that HSA members are engaged in other approaches, often without institutional support, to combat racism in the workplace. See the following response:

"It seemed too small to report and it would have only distanced me from the rest of my coworkers. Instead, I talked to my coworker directly and told him it was not acceptable to joke like that. He later apologized and sent a long email, I suspect because he knew a harassment complaint could be filed against him."

HSA's BIPOC members have been creative and courageous in their strategies to challenge workplace racism. At least 78 respondents indicated that they had engaged in some form of action, or witnessed some form of action,

to defend against racism in the workplace that excluded complaining to management. In addition to actions in the list provided, respondents disclosed that they had witnessed or engaged in: addressing comments directly, educating co-workers, joining/creating a diversity committee, and initiating conversations with co-workers for support. 42.25 per cent selected "None of the above." See Figure 10.



Part V: Access to religious-cultural rights for BIPOC members

Recognizing that collective agreements exist within and reflect a broader colonial culture that is Christian/Euro-centric, the HSA Workplace Racism Survey provided a valuable opportunity to collect input from BIPOC members about how collective agreements can be improved to increase access to religious, cultural, and spiritual activities and ceremonies.

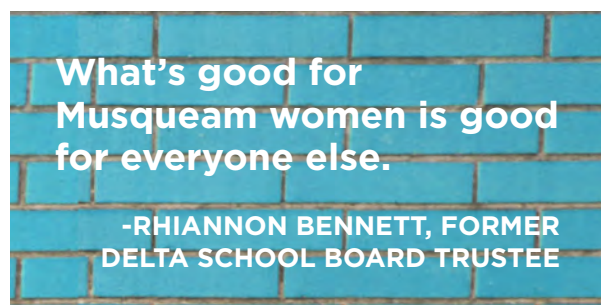
As highlighted by former Delta School Board Trustee and Musqueam woman Rhiannon Bennett, decisions happen at the bargaining table that perpetuate colonialism. She points to collective agreement bereavement leaves that don't reflect the Indigenous family, and can be dehumanizing. Indigenous workers, whose communities are hardest hit by the overdose crisis, have more funerals to go to and sometimes need to travel. Indigenous funerals can last longer than a Christian or secular funeral. She says that she's seen workers lose their jobs in order to attend ceremonies crucial for healing work and dealing with trauma.

According to Bennett, "What's good for Musqueam women is good for everyone else."⁷⁵ By strengthening collective agreements to improve members' access to religion, culture, and ceremony, all workers benefit. This includes Christian members who are unable to access religious practices despite the advantage of having some Christian holidays (Good Friday, Christmas Day) reflected among paid statutory holidays outlined in BC's *Employment Standards Act*.

The survey asked respondents if they have been unable to engage in religious-cultural practices because of the terms of their employment in the past five years. Among 164 respondents, 9.8 per cent said yes, 77.4 per cent said no, and 12.8 per cent were unsure.

Indigenous respondents were approximately three times more likely than non-Indigenous

respondents to be unable to participate in religious/cultural practices as a result of their work. Over one quarter – 26.7 per cent – reported that they had been unable to engage in religious/cultural practices because of the terms of their employment in the past five years. 66.7 per cent said no, and 6.7 per cent were unsure.



Members who are casual workers or on fixed-term or temporary contracts were also more likely to be unable to engage in religious or cultural practices as a result of their work. 23.1 per cent of casual/temporary/fixed-term contract workers indicated yes, 45.2 per cent said no, and 30.8 per cent were unsure. These results suggest that precarious employment impacts a member's ability to access religious, cultural, or spiritual practices.

It is also important to note the intersections between Indigeneity and precarious work. Among Indigenous respondents, 20 per cent are employed casually and 13.3 per cent are in temporary or fixed-term contracts (compared to 3.3 per cent and 2.6 per cent respectively of non-Indigenous respondents).

This intersects closely with age. It is important to also note that among survey respondents, casual and fixed-term/temporary contract workers are disproportionately young workers. 25.6 per cent of them are 25 years of age or younger, and 50 per cent are under the age of 35. In

75. Files from panel presentation: "Centering Racial Justice in the Labour Movement," Cambium Arts and Education. Rhiannon Bennett. October 27, 2019.

comparison, only 1.6 per cent of survey respondents with part-time or permanent full-time positions are 25 years of age or younger, and only 25.5 per cent are 35 years of age or younger.

The survey asked members to describe how their ability to access religious/cultural practices have been impacted by the terms of their employment. Here are a selection of responses received from casual and fixed-term/temporary contract workers:

"Denied time off for cultural ceremony."

"I have difficulty attending mosque and religious events due to scheduling conflicts and late shift times. This is inherent to the job."

"Was unable to attending weekend services at church."

And select responses from respondents in full-time and part-time permanent positions:

"I value Ramadan as others value Christmas. Since the day of Ramadan is dependent upon the moon and sunrise, therefore I am unable to provide enough notice for a cultural leave (or day off). Some managers are not aware of cultural-religious practices. I wonder if this topic is covered in their courses?"

"Had tried taking a vacation day well in advance for one religious day, the request was denied."

"We celebrate Christmas on Christmas Eve in my culture. I usually manage to get this day off to celebrate the holidays with my family. I try to be open-minded as several people also would like this day off. Our team and department work together to make this possible."

"Religious holidays do happen but not sure that I can or will be able to take them off depending on my manager's attitude, and having to negotiate this is an extra step."

"I have to request vacation to attend Muslim events such as Eid, which are typically held at 10am. How is it that Christmas is rec-

ognized as a statutory holiday hence paid, but Muslim workers have to take time off to attend take their religious events?"

"Have to work Christmas Eve and many Sundays."

"Have not been able to get approval for vacation during the time of our New Year celebration."

"Unable to attend Friday prayers at the mosque due to scheduling/duties needing to be performed during that time."

"Have not gotten time off to attend Sikh religious holidays."

"I do not eat pork as part of my religion. When lunch is provided non pork items are not always an option."

Member recommendations for strengthening spiritual, religious, and cultural rights

41 members provided written recommendations regarding amendments to their collective agreements to improve access to religious/cultural practices and rights. A large number of respondents recommended changes to leave provisions to allow for access to religious, cultural, and spiritual practices. A provision that delivers paid religious, cultural, or spiritual leave that can be applied flexibly to member needs would be a welcome addition to member collective agreements. Special leave parameters could be broadened to include religious/spiritual/cultural leave.

Respondents recommended more flexible scheduling and the restructuring of paid holidays. They also spoke to the need for improved onsite accommodations (e.g. prayer rooms), more inclusive hiring, and education of management on the religious and cultural needs of members.

HSA could consider how collective agreements are integrated with employment standards law in order to understand avenues for public advocacy and broader reforms, particularly in regards to the restructure or expansion of statu-

tory holidays. See the responses below.

1. Expanding leave provisions

"Perhaps a 'cultural leave' can be a term that would support important practices."

"2-3 floating days of religious/cultural vacation instead of Christmas/Easter stats for those who do not celebrate these two religious holidays."

"It would be beneficial to have 1-2 days for special religious-cultural practices. For example, many people would like Chinese New Year day off. Other staff may want Diwali, Kwanzaa, Hanukkah, etc. I believe it would be beneficial to everyone to have this written in the collective agreement."

"Special leave should be granted for religious cultural practices."

"We should have paid time to attend religious events during work time (e.g. Eid service held at the end of Ramadan)."

"Just like special leave, there should be a clause to include religious cultural leave."

"It would be nice if a small amount of leave of absence hours could be delegated for this."

2. Reform to statutory holidays and recognized holidays

"Rather than grant us stat holidays with Christian origins, I would prefer stat holiday leave granted like vacation leave so that I can take [it] when it aligns with my cultural background, such as long as it allows for sufficient staffing levels."

"I don't need to celebrate Christmas and don't mind working during that time. However, I wish I could have support of the union to be able to get time off for my Newrouz New Year celebration."

"Demand that other cultural religion is as important as Christian so we can have time off, like Chinese New Year, Ukrainian Christmas, etc."

"If I have a religious event (Eid Al Fitur, Eid Al Adha), I [should] be granted a paid day off just as a stat like Christmas or Good Friday. I really don't feel [like] taking a vacation day as I'm observing those days, not taking vacation time."

3. Introduce educational and advocacy initiatives

"Help with advocacy and access to allow employees to attend cultural events, even if they do not coincide or make sense from a western perspective. For example, time off to attend funerals of close community members."

"I think open communication and conversations outside of the collective agreements are best. We have human rights already in place and perhaps more education on how to respect all diverse groups is regularly needed."

"Educate those in supervisory and managerial roles."

"Make sure it's inclusive of non-European dominant religions (Christian/Catholic, etc.), make sure it's not Eurocentric in focus."

HSA has an opportunity to take leadership in the labour movement and model how the collective agreement can be a tool for expanding access to cultural, religious, and spiritual rights for all members. Successes won at the bargaining table and at the public policy level could demonstrate just what can be achieved when union members take action on this important issue, and have the potential to set a precedent for workplaces across the country.

One survey respondent emphasized the importance of member research and engagement to ensure bargaining proposals genuinely reflect the needs of members:

"Take into account that this issue is not well known or understood by the dominant group, and to please do extensive research, especially regarding Indigenous Issues... before creating wording or clauses for an overview."

Part VI: The role of the union in racial justice - Opportunities and challenges

Member experiences with the union regarding workplace racism

Few survey respondents have sought HSA's support in the face of an experience of racism at work. Among 160 respondents, 8.8 per cent indicated that they had ever sought assistance from a union representative (steward, board member, staff member) regarding an experience of workplace racism. 91.3 per cent of respondents said that they have not done so.

Among those who have requested union support around an issue of workplace racism, members report mixed levels of satisfaction with the response they received. 53 per cent of respondents report being satisfied or very satisfied, while 47 per cent report being unsatisfied or very unsatisfied. See Figure 11.

Members were asked to describe the response they received from an HSA representative. Responses range from the union representative ignoring the complaint, to expressing "total support" and being "very helpful." One respondent reports the representative did not understand the issue, while another reports that the representative "really understood." See the responses highlighted below:

"Total support and wanting to support me with doing more."

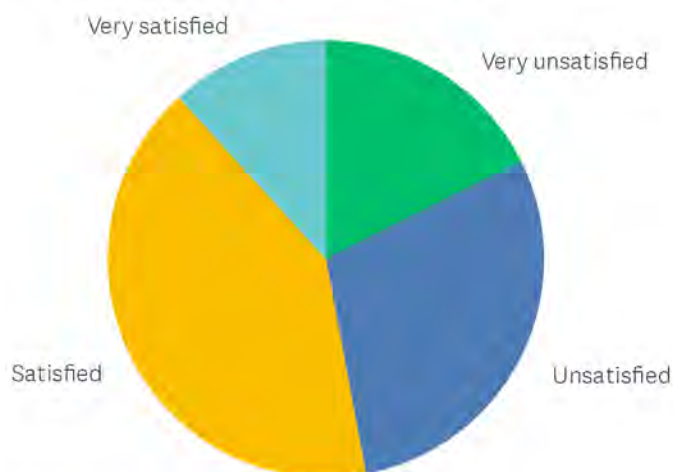
"They tried to be supportive but did not understand the issue."

"I grieved not getting the position, but the approach used was not framed under racism. Racism was never named, but indicated informally by union."

"They have been very helpful and I am very thankful to the union representatives. If it was not for them I would be in a worst shape. The issue is still ongoing so I can't comment on the final outcome."

FIGURE 11: SATISFACTION WITH UNION RESPONSE

If you answered "yes" to question 24, how satisfied were you with the representative's response?



ing so I can't comment on the final outcome."

"Prompt. Helpful. Powerless."

"The HSA person responded that if a second incident will occur and if I want to launch a complaint they will initiate."

"They were really great in validating my experience as they were also a minority. They were the only ones who I spoke to that felt like they really understood. They wanted me to speak to the colleague too but knew I was unsure how to proceed and for my own safety suggested I speak to my manager instead."

"Was ignored."

"It was many years ago but I remember it being somewhat productive."

It is encouraging to see that some respondents have had a positive experience with an HSA representative. A deeper understanding of racism can empower staff and elected member repre-

in order to maintain power, a person engages in manipulation tactics that cause the victim to question their reality.

representatives to provide more effective support to members experiencing racism. Greater knowledge of racism can also prevent situations where a member feels ignored. When HSA members connect with representatives who have lived experience with racism, this can improve the support provided. This is important at all levels of union. As one member remarks:

"The union's senior makeup does not give it the experience to handle such issues, looking at the team of the senior leadership in union being of mainly one cultural/ethnic background. To understand racism one needs to experience it."

Barriers for members seeking union assistance

The survey asked all respondents what reasons they believe may hinder members from seeking assistance from HSA representatives regarding issues of workplace racism. The most prevalent response was, "There is fear of negative backlash in the workplace," selected by 74.6 per cent of respondents. As one respondent writes, "Most of us have had past history of reporting these things, only to be told we're the problem." This can be described as gaslighting, where, in order to maintain power, a person engages in manipulation tactics that cause the victim to question their reality.⁷⁶

This result emphasizes the importance of building solidarity in the workplace against racism and taking action to shift workplace culture. Education can play a meaningful role in encouraging bystander intervention.

It speaks to the need for greater institutional accountability and workers' protections. These are advanced, in part, through workplace organizing that builds unity and increases the union's organizational capacity to respond to

issues of racism through collective approaches.

Canadian Labour Congress (CLC) Executive Vice-President Larry Rousseau, the first Black person to serve as an executive officer of the CLC, has highlighted how collective agreements can be used to protect workers that bring issues of workplace racism forward. He suggests that collective agreements include whistleblower protection language.⁷⁷ This can help prevent backlash from management from complaints regarding racism as well as broader forms of oppression, including sexism, ableism, homophobia, anti-Semitism, and transphobia.

The next most prevalent responses in this survey were, "Do not believe the representative is equipped to provide adequate assistance," (46.3 per cent) and "A relationship of trust has not been established" (46.3 per cent). This speaks to the need for HSA representatives to build capacity to respond to racism, communicate that capacity, and explore strategies for trust building. See Figure 12.

For casual and fixed-term/contract workers, establishing a relationship of trust is overwhelmingly the most prevalent response, with 84.6 per cent of these respondents selecting this option. Targeted outreach and relationship building with casual and contract workers who are less established in the workplace could improve this outcome.

Other responses spoke to the need to have more representation at the local level and a lack of clarity surrounding HSA resources and support. Another member indicates that the normalization of racism is a hindrance to accessing support.

"We only have one representative for our local."

"I do not know of a person/department to go to at HSA to discuss racist incidents and

76. Sarkis, Stephanie A. "11 Warning Signs of Gaslighting." *Psychology Today*. January 22, 2017. Accessed July 9, 2020. <https://www.psychologytoday.com/ca/blog/here-there-and-everywhere/201701/11-warning-signs-gaslighting>

77. Files from panel presentation, "What are Unions doing about anti-Black racism?" Canadian Labour Congress. June 10, 2020. Larry Rousseau.

FIGURE 12: BARRIERS TO SEEKING ASSISTANCE FROM THE UNION

What reason(s) do you believe may hinder members from seeking assistance from HSA representatives regarding issues of workplace racism? (select all that apply)

ANSWER CHOICES	RESPONSES	
Do not believe the representative is equipped to provide adequate assistance	46.27%	62
Do not believe the issue is within the representative's purview of responsibilities	32.84%	44
Do not believe the representative has experience with racism	33.58%	45
A relationship of trust has not been established	46.27%	62
There is fear of negative backlash within the workplace	74.63%	100
There is fear of a harmful response from the representative	17.91%	24
There is difficulty identifying or contacting there representative	20.90%	28
Other (please specify):	12.69%	17
Total Respondents: 134		

racial discrimination."

"Normalization of racism in Canadian culture. People not intending to be harmful with their ignorance."

Member recommendations: How the union can improve its work to address workplace racism

Survey respondents shared a wealth of ideas about preventive and responsive actions HSA can take to decrease racism and increase accountability in the workplace. Recommendations pertain to wide-ranging educational initiatives, policy developments, and organizational changes that build the union's capacity to support members and take direction from members affected by racism. To read a complete list of respondent comments, see Appendix 2.

1. Educate HSA membership

HSA has a robust educational infrastructure that is of tremendous value. The use and expansion of HSA's educational tools is an opportunity to effect change in member workplaces across the province.

Respondents emphasized the importance of

HSA educating its members about racism. In-house education in the forms of workshops and campaigns could educate members about how racial injustice appears in the workplace and in society more broadly. It could educate members on workers' rights, unacceptable workplace behaviours, bystander intervention, and solidarity building within the workplace in the face of racism. Education should include information about Canada's colonial legacy and intersectional experiences of racism, and include workshops that unpack racial bias.

One respondent recommended that the union, "be more present and accessible." Members highlighted the importance of communicating to members that the union is available to support them when experiencing racism, with clear information about what resources are available, steps to follow, and who to approach when faced with racism at work. The union should provide advice about when to make a complaint. Members emphasized the importance of using concrete examples to illustrate this information.

This approach must be aligned with building the union's capacity to support members. The union should share real examples of past successes in addressing racism at work. One respondent highlighted that lunch chapter meetings are good opportunities for education.

Given that workplace colleagues and supervisors may sometimes not be represented by HSA, collaboration with other unions on the delivery of education could be effective. The union could also play a collaborative role in delivering broader community education.

2. Work with employers to enhance workplace education

Employers have a responsibility to ensure that workplaces are physically and psychologically healthy and safe. Respondents assert that the union should work closely with the employer and place pressure on the employer to deliver mandatory anti-oppression and cultural competency courses to management and staff, which emphasize that discrimination and harassment are not tolerated and shed light on white supremacy and workplace power dynamics. These courses should be in addition to the anti-harassment training that many workplaces already deliver. As one respondent noted, “Most organization leaders have no idea how racism manifests in the workplace and of the bias that is operating.” This causes systemic harm.

3. Increase education and communication in workplaces

Respondents noted that patients, clients, and service users are sometimes responsible for racism towards staff. Members suggest installing visible workplace signs that tell patients that racism and aggressive behavior is not tolerated. As one respondent noted, “We have posters and information against bullying, violence, foul language, etc. It should include racism.”

4. Increase racial diversity in HSA

Select respondents recommended that HSA take steps to increase racial diversity across staff, chapter leadership, and other leadership roles in the union, so that staff and labour leaders reflect the racial backgrounds of HSA’s membership and the demographics of the province. HSA members must see themselves reflected in the union’s leadership and staff. Organizational leadership from people with lived experience

of racism is an important facet of any effort to combat racism at work.

One member emphasized that in order to have more people of colour and Indigenous peoples in the union, HSA must create safe spaces within the union for BIPOC members. How to build safer, more welcoming, and inclusive spaces in HSA for BIPOC members is an important question worth further investigation and organizational reflection. The development of an explicit anti-racist and decolonization lens applied to organizational work is an important step in this process.

5. Develop organizational expertise on racism

Various members spoke to the value of accessing someone with tailored expertise in supporting members with racism, given the complex and multifaceted nature of workplace racism. While establishing specialized or designated representatives does not replace the need for membership-wide education and solidarity building, designated equity officers with lived experience of racism who are well trained to deal with issues of racism and other human rights issues could serve as valuable resources to the membership. This could be implemented at the local level or more broadly, and provides an excellent opportunity to build the advocacy skills of HSA’s BIPOC members. One member recommended designating someone to each region who is well trained in dealing with workplace racism.

Various members spoke to the value of accessing someone with tailored expertise in supporting members with racism,

HSA is encouraged by members to make a commitment to developing organizational expertise on racism. More broadly, this could mean providing additional training to staff, stewards, and current leadership on workplace racism. One member recommended that HSA establish a working group so that members can discuss sensitive topics and experiences. This could be a way to troubleshoot challenging situations fac-

This approach is a way of doing things differently; it challenges the colonial influence under which we live by making space for Indigenous perspectives that are often cast aside. It involves recognizing inherent rights through the principle that Indigenous Peoples have the right to govern themselves in relation to matters that are internal to their communities; integral to their unique cultures, identities, traditions, languages, and institutions; and with respect to their special relationship to the land. Our approach honours and respects Indigenous values, philosophies, and knowledge systems. It is a strength-based approach, focusing on the resilience and expertise of individuals and communities themselves.

- CALLS FOR JUSTICE, NATIONAL INQUIRY INTO MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS

ing members and establish a mutually supportive network.

6. Create a BIPOC Caucus in HSA

One member recommended creating a caucus group for BIPOC members in order to bring to light the issues facing members. A caucus that applies an anti-racist and decolonization lens to its work is one way to increase BIPOC members' engagement in HSA and create an avenue for people with lived experience of racism to provide consensus-based leadership and direction to HSA surrounding racial justice work.

Many labour unions across Canada already have well-established BIPOC caucuses or committees as part of their formalized organizational structures, and have incorporated equity caucus groups into union constitutions. In fact, Canadian labour unions have been engaging in equity-based constituency organizing for around 45 years, beginning with the establishment of women's committees, which emerged to confront patriarchal dynamics in the labour movement.⁷⁸ According to Linda Briskin, labour activist and Professor Emeritus at York University:

"Constituency organizing, also called separate or self-organizing, has brought

together members of equity-seeking groups to strengthen their voices, skills, self-confidence and political power. Such self-organizing highlights the significance of social identities, builds community, and supports collective action."⁷⁹

A BIPOC caucus, open to all members identifying as BIPOC, can serve as a vehicle to mainstream equity concerns across the broader organization.⁸⁰ Integrating the caucus into the union's broader policies and governing documents can ensure access to union resources and organizational legitimacy.⁸¹

Alternatively, caucuses can choose to remain outside of formal union structures to foster broader member engagement. Embracing diversity and difference in the union movement can be a source of strength that builds solidarity, rather than create divisions. Through creating space for BIPOC members to self-organize, a valuable opportunity is presented to energize the work of the union and bring in new members.

7. Place pressure on employers to increase accountability and improve policies, and use the leverage of workers to achieve wins for racial justice.

78. Briskin, Linda (2006). "A Caucus of Caucuses: The Next Stage in Union Organizing." *Just Labour*, Vol. 8, p. 101. Accessed June 30, 2020. <http://www.justlabour.yorku.ca/volume8/pdfs/14%20Briskin%20Press.pdf>

79. Ibid.

80. Ibid, p. 106.

81. Ibid, p. 109.

Whether at the bargaining table or between negotiations, HSA can pressure employers to develop policies, practices, and protocols that center racial justice. Whistleblower protection for staff speaking up about workplace racism is one collective agreement reform that could positively impact members.

Respondents emphasized the important role of HSA in holding the employer accountable to employees experiencing racism. This directive should be communicated clearly to all HSA advocates, whether staff or stewards. One respondent recommended that HSA negotiate a protocol where, in cases where workers report bullying from management, an impartial outside investigator is brought in, improving accountability.

In cases where the patient is the perpetrator, respondents comment that navigating these situations can be difficult. The establishment of protocols in instances whereby staff experience racism from a patient or client, which take into account the rights of the worker, could be beneficial to members who are all too often in hostile situations. Protocols should be centered in protecting staff. Staff should have the right to refuse work when a patient is racist, which aligns with the right to refuse unsafe work.

One member recommended establishing an easier process for filing complaints of racist incidents. She suggested that a system similar to the Patient Safety Learning System (PSLS) be considered for issues of workplace racism. PSLS is a web-based tool used across BC's health system through which health care professionals can report patient safety issues and adverse events. The system is intended to provide a learning opportunity for health care professionals across the province, enable knowledge sharing, and initiate corrective measures.

While the previous section explored avenues for improving access to cultural and religious rights at work, one respondent reiterated the value of negotiating a cultural leave for workers as one step the union can take to supporting workers of colour. It is important to engage with

BIPOC members on this topic to ensure collective agreement language reflects the needs of members.

The bargaining process offers a great opportunity for members to lead initiatives that deliver racial justice for members in their everyday lives. There are numerous examples of other labour unions that have strategically integrated bargaining demands focused on racial justice into contract negotiations, which HSA can take inspiration from. The work the American Federation of State, County and Municipal Employees (AFSCME) Local 3299 provides one such example.

AFSCME Local 3299 represents 27,000 hospital and campus workers at the University of California, across its 10 campuses, 5 medical centers, several clinics, and research laboratories. The majority of members are women and 80 per cent are people of colour.⁸² In 2014, the union formed a Racial Justice Working Group, two years before bargaining as part of its member engagement groundwork. They reconvened their sporadically active Immigration Committee. They began asking members to share personal stories about racism and police violence. In this work, they discovered disparities between members of colour and white members in pay and promotions.

The local studied data and published two reports that delivered a detailed analysis of gendered and racial disparities across the university's workforce. They found that Black workers were more likely than any other group to be laid off or fired, and all workers of colour were more likely to have their job outsourced than white workers. Through bargaining, the union won language that restricted the contracting out of jobs.⁸³

8. Increase access to mental health supports for HSA members experiencing racism and the broader public.

Two respondents recommended increasing mental health supports for people who are ex-

82. Brooks, Chris. "University of California Workers Strike for Racial Justice." Labour Notes. November 20, 2018. Accessed July 1, 2020. <https://www.labornotes.org/2018/11/university-california-workers-strike-racial-justice>

83. Ibid.



perceiving racism at work. It can be a challenge for Indigenous peoples and people of colour to access counselling services and other mental health supports that are culturally safe and grounded in anti-racism principles. For people experiencing racism in the workplace and seeking mental health support, accessing a mental health professional who has lived experience in racism is often a need, yet can be a major challenge. Some HSA members have access to benefits through their collective agreement, however this is not the case for all members. One respondent recommended that HSA play a role in increasing mental health supports for members experiencing racism:

“Provide to non-white members a supplemental EAP or FEAP program that provides supportive counselling to members experiencing racism in the workplace. This is so needed! Traditional FEAPs often aren’t equipped to address these issues or further traumatizes POC.”

It would be helpful for HSA to pressure the Employee Assistance Program (EAP) to be more accountable to anti-racism principles and include

more BIPOC therapists. Reforms are needed to ensure EAP has appropriate services for BIPOC experiencing racism.

HSA has been a vocal advocate for the expansion of publicly funded multidisciplinary, team-based care that includes mental health supports and clinical counselling services. HSA has called on the provincial government to establish a dedicated funding stream for the development of community health centres (CHCs) throughout BC. CHCs are community-governed non-profit organizations whereby patients can find primary care, mental health services, and other social supports under one roof. CHCs have been effective at targeting the social determinants of health and providing health care to underserved populations, including immigrants and newcomers.

Further consultation with HSA’s BIPOC members would be helpful in increasing the union’s understanding of where current mental health gaps exist, which can inform HSA’s broader advocacy work around the delivery of public mental health care.

Conclusion: Deepening racial justice work through member engagement, collective bargaining, and community collaboration

It is amazing that so many HSA members took time to complete HSA's survey on workplace racism to share their experiences and insights. As a democratic union, HSA belongs to the membership and it is inspiring to see so many members participate in this process as part of the work needed to achieve racial justice in the workplace and beyond. We celebrate this step that members have taken.

Numerous white HSA members have expressed an interest in participating in the union's racial justice work. This is also encouraging. White members can work in solidarity with HSA's BI-POC members through finding ways to support racial justice initiatives. White members can contribute to fostering organizational cultures of openness, active listening, non-defensiveness, and relationship building, and can play an important role in speaking out against racism at work and more broadly. White members can gather to examine how they can address white supremacy and practice decolonization and anti-racism. This can help build bonds of unity and solidarity. This is an exciting time to engage in movement building for racial justice.

"Whiteness is a culture. It has behaviors, protocols, ways of being that inherit to themselves."

According to Marie Clarke Walker, secretary-treasurer of the Canadian Labour Congress, "The labour movement is a microcosm of society, and so it has all its faults and injustices. We also have to be accountable and prepared to change."⁸⁴ Recognizing this, it is important for HSA members to be reflective surrounding the important work of anti-racism. For many of us, this means reflecting on whiteness and white privilege. As one respondent remarked on racism:

"It is an experience that is not unique to this workplace or organization. If you have

a dominant group that lacks racial recognition or self-reflection, or how their lifestyles [are] directly related to the oppression of another group, racism will continue. Whiteness is a culture. It has behaviors, protocols, ways of being that inherit to themselves. As long as that dominant group refuses to address its more harmful cultural beliefs and behaviors, the rest must continue to walk on eggshells around them, ensuring they are never discomforted, lest we be fired."

Critically, HSA's anti-racism survey documents some of the racism experienced in member workplaces across BC. A major step in combatting racism is acknowledging that it is real. This is an important starting point, as one respondent writes:

"First of all, understand it is real. It's the lived experience of millions of Canadians; it is in the roots and DNA of this country and its settler-colonial beneficiaries are the most resistant to looking or addressing it."

Experiences of workplace racism can be compounded by other forms of injustice, including ableism, sexism, homophobia, and transphobia. Respondents expressed hopes that HSA will give attention to other equity issues. In the words of one respondent:

"Fortunately, I have not experienced racism in the workplace. However, I have witnessed and experienced homophobia in the workplace. I have also witnessed sexism in the workplace. I hope HSA will also ask members about their experience with homophobia and sexism in the workplace."

Black Lives Matter organizer Sandy Hudson outlines some of the ways Canadian unions are currently engaging in anti-racism work. HSA is already using some of resources and infrastructure in support of anti-racism. This could be expanded. This includes:

- Using educational structure to elevate justice issues and provide members with a direct link to activists on the ground;
- Using communications infrastructure and

84. Files from panel presentation, "What are Unions doing about anti-Black racism?" Canadian Labour Congress. June 10, 2020. Marie Clarke Walker.

government relations to amplify issues more broadly; and

- Providing financial support to grassroots organizations, which are often driven by the volunteer labour of dedicated activists.⁸⁵

Moving forward, HSA could consider ways in which it can use bargaining as a tool in the struggle for racial justice. The continued efforts of AFSCME Local 3299 provide on great example of this.

Across AFSCME Local 3299 and beginning with the union's executive board, workshops were launched that centered on members' stories of racism and included brainstorming and action planning. Members reported experiencing attacks based on their race or nationality, and that problems escalated amidst the onslaught of government attacks against immigrants under President Donald Trump.

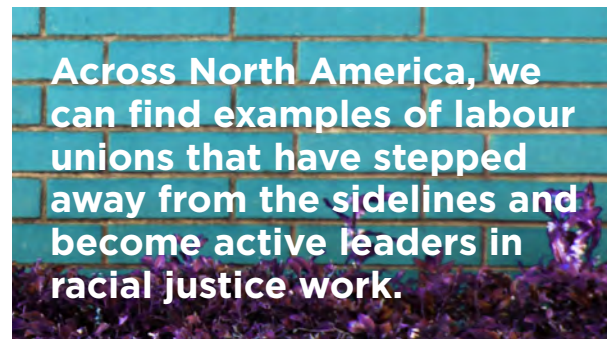
They then looked to examples from other California labour unions that worked with community and civil rights groups to establish priorities and make gains for racial justice through bargaining. They interviewed people from UNITE HERE Local 2, who won contract language to increase hiring of Black workers in San Francisco hotels.

They looked at the contract won by a coalition of unions that forced Northern California's Sutter Health, which operates 24 acute care hospitals and 200 clinics, to hire at least 40 per cent of its entry-level employees through a local community workforce program.⁸⁶

AFSCME Local 3299's racial justice work led to major successes in protecting the jobs of workers of colour. But their demands did not stop here.

The union has called on the university to "ban the box," and drop the requirement on job applications to disclose a criminal record, which

unfairly discriminates against Black applicants who are more likely to face criminal conviction due to the over-policing of Black communities.⁸⁷ The union is also demanding that the university cut its business ties to companies working with U.S. Immigration and Customs Enforcement (ICE), due to ICE's record of grotesque human rights violations of immigrant families. Since bargaining began, the local has engaged in several strikes, and is continuing the fight for racial justice. Through engagement with members of colour, these bargaining priorities were established.



HSA could consider how it can work collaboratively with social justice movements to tackle the roots of racism in the broader community.

Across North America, we can find examples of labour unions that have stepped away from the sidelines and become active leaders in racial justice work. Unions can work with community groups directly on campaigns. Through withholding their labour and engaging in other forms of collective action, workers have leverage that can be organized to effect change.

In 2019, the United Teachers of Los Angeles (UTLA) made random searches at schools a central bargaining issue. Students highlighted to their teachers that random searches, whereby students were ripped out of classes to be searched, was a top concern. The searches predominately affected Black and Latino students

85. Files from panel presentation, "What are Unions doing about anti-Black racism?" Canadian Labour Congress. June 10, 2020. Sandy Hudson.

86. Howard, Luster, Maricruz Manzanarez, and Seth Newton Patel. "How We're Setting Our Contract Bargaining Tables to Advance Racial Justice." *Labour Notes*. March 15, 2017. Accessed July 1, 2020. <https://www.labornotes.org/2017/03/setting-our-bargaining-tables-advance-racial-justice>

87. Brooks, Chris. "University of California Workers Strike for Racial Justice." *Labour Notes*. November 20, 2018. Accessed July 1, 2020. <https://www.labornotes.org/2018/11/university-california-workers-strike-racial-justice>

and took away from learning, created anxiety, and dismantled trust that teachers were working hard to establish with their students. It made students feel like suspects in their own schools. The union worked with the student-led group Students Deserve and the American Civil Liberties Union to build a public campaign against random searches.

The strike led to a partial victory at the bargaining table. The district agreed to a pilot program that would allow 14 schools to opt-out of the practice. And through integrating community demands into the strike objectives, the public came out to support the teachers, which, according to UTLA Secretary Arlene Inouye, built leverage that enabled the teachers to make other wins that would otherwise not have been achievable, including class cap-sizes, increased staffing, and legal support for undocumented students.⁸⁸ Later that year, momentum led to the election of a union ally on the school board, and a policy change ending random searches.

The Chicago Teachers' Union has also been active in the fight for racial justice in schools. They have battled school closures primarily affecting Black students and students of colour. Last fall they walked out for 11 days, demanding that schools reduce the number of police officers in schools and hire more counselling staff. They have done this work in collaboration with community groups focused on police accountability.

They had advocated against the declining number of Black teachers in schools, and called on the school district to create channels for hiring and training teachers of colour. They have won new contract language around restorative justice and new policies that emphasize problem solving over punitive approaches.⁸⁹ These are just a few examples of how labour unions have integrated racial justice work deeply into their organizing work.

Building relationships of solidarity and taking proactive leadership around issues of racial justice can help strengthen HSA's position at the bargaining table. As one respondent wrote, "HSA has to take a leadership role if [it] wants

the members' community on their side when collective agreements have to be ratified."

HSA has a long history of advocating for a strong public health system and community social services. HSA's commitment to the public interest has been a pillar for garnering public support for the union.

In the survey, some respondents highlighted how patients have been affected by racism within the system. At their worksite, some members are actively advocating for patients who they see marginalized and mistreated on the basis of their race. Efforts to combat workplace racism can improve the delivery of services for patients and clients too. It is part of a connected struggle to dismantle racism wherever it exists.

To read a complete list of concluding comments provided by survey respondents, see Appendix 3.

88. Winslow, Samantha. "Teachers' Strike Boost Fight for Racial Justice in Schools." *Labour Notes*. February 4, 2020. Accessed July 1, 2020. <https://www.labornotes.org/2020/02/teacher-strikes-boost-fight-racial-justice-schools>

89. Ibid.

Appendix 1: HSA Workplace Racism Survey questions

Section 1: Demographic questions

1. What is your gender identity?

- Man
- Transgender*
- Woman
- Prefer to self-describe: _____
- Prefer not to say

2. Do you identify as a member of the LGBT2QQA+** community?

-
- No
- Yes
- Prefer not to say

3. What is your age?

- 25 years old or younger
- 26-35 years old
- 36-45 years old
- 46-55 years old
- 56 years old and above

4. Which of the following racial-ethnic identities describe you? (select all that apply)

- South Asian
- Chinese
- First Nations
- Métis
- Black
- Filipino
- Latin American
- Arab
- Southeast Asian
- West Asian (Middle Eastern)
- Korean
- Japanese
- Inuit
- Other: _____
- Prefer not to say
- Don't know

*An umbrella term for people who identify with a different gender than the one assigned at birth, and can include a wide range of identities (such as non-binary, genderqueer, gender non-conforming, pangender, and agender).

**LGBT2QQA+ stands for Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer, Questioning, Intersex, Asexual, and other identities that stand outside the cisgender and heterosexual paradigms.

5. Were you born in Canada?

- No
- Yes
- Prefer not to say
- If you were not born in Canada, where were you born? _____

6. What is your religious identity?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- None
- Prefer not to say

7. Which collective agreement(s) are you covered by?

- Community social services (CSSBA)
- Health Science Professionals (HSPBA)
- Community health services and support (CBA)
- Nursing (NBA)
- Paragon Orthotics
- West Coast Medical Imaging
- Do not know

8. What best describes your employment situation?

- Full-time permanent
- Part-time permanent
- Temporary/fixed-term contract
- Casual

9. Which geographical region do you live in?

- Vancouver Island (HSA Regions 1 and 2)
- Vancouver, Burnaby, Tri-Cities, New Westminster, North Shore, or Sunshine Coast (HSA Regions 3,4,5,6)
- Fraser Valley or Surrey (HSA Region 7)
- Kootenays and the Interior (HSA Regions 8 and 9)
- Prince Rupert, Prince George, or Northern BC (HSA Region 10)

Section 2: Experiences of racial harassment, bullying, and physical violence at work

10. Have you experienced racial harassment, microaggression,^{***} bullying, physical violence, or intimidation at work or workplace events in any of the following ways in the past five years?

- A lack of recognition of your accomplishments, contributions, skills, and/or successes
- Dismissal or sidestepping of your formal authority in the workplace
- Sharing of racist literature, music, video, or multimedia in the workplace, including through social media
- Racist remarks directed at you or in your presence (e.g. racist jokes, banter, comments, or questions).
- A hostile, derogatory or negative racial slight, whether intentional or unintentional
- Ignorant, insensitive or arduous comments about your race, culture or religion
- Exclusion from formal or informal social or networking events
- Physical violence as a result of your race
- Intimidation as a result of race
- Bullying at work as a result of race

11. If you have experienced any of the above, please describe the incident in more detail:

12. Who was the main perpetrator?

- Manager or supervisor
- Colleague
- Patient, client, customer or service user
- Visitor
- Contractor
- Other – please specify: _____

Section 3: Experiences of racial discrimination at work

13. Have you experienced any of the following forms of discrimination as a result of your race in the past five years?

- Denied a job position or a promotion
- Denied a request pertaining to your work conditions (e.g. vacation request, special leave request, shift relief, overtime request, etc.)
- Denied a professional development opportunity (e.g. participation in a project, training, conference, or event).
- Unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance
- Unfair disciplinary action

14. If you have experienced racial discrimination by your employer, please describe the incident in more detail:

^{***}Defined as "Brief and commonplace daily verbal, behavioural and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group," by Wing Sue, Derald. "Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation," *Social Service Review*, vol. 85, No. 3, September 2011, pp. 519-521.

Section 4: Complaints

15. Have you ever reported an incident of racial harassment, bullying, violence, intimidation or discrimination to your employer?

- Yes
- No
- Unsure

16. If you answered “No,” but have witnessed or experienced an incident, please explain why you did not report it:

17. If you answered yes, what was the response? (select all that apply)

- The complaint/grievance was taken seriously
- The complaint/grievance was dealt with properly
- The complaint was dealt with promptly
- The complaint was investigated, but no action was taken
- The complaint/grievance was ignored
- I was identified as a troublemaker
- I was subjected to a counter complaint
- I was disciplined in response
- I was forced out of my job
- I was transferred to another department or workplace

Section 5: Access to religious-cultural workplace accommodations

18. Have you been unable to engage in religious-cultural practices because of the terms of your employment in the past five years?

- Yes
- No
- Unsure

If yes, please describe this issue in more detail.

19. Has your employer ever denied you a workplace accommodation (e.g. leave) requested in order to access your religious-cultural practices, in the past five years?

- Yes
- No
- Unsure

20. If yes, please describe the incident in more detail:

21. How can your collective agreement be amended to improve your ability to access your religious-cultural practices and rights?

Section 6: Racism and Union Support

22. Have you ever sought assistance from a union representative (steward, board member, staff member) regarding an experience of racism at work?

- Yes
- No

23. If you answered yes, please describe the response you received.

24. If you answered yes to question 23, how satisfied were you with the representative's response?

- Very unsatisfied
- Unsatisfied
- Satisfied
- Very satisfied

25. What reasons do you believe may hinder members from seeking assistance from HSA representatives regarding issues of workplace racism? (select all that apply)

- Do not believe the representative is equipped to provide adequate assistance
- Do not believe the issue is within the representative's purview of responsibilities
- Do not believe the representative has experience with racism
- A relationship of trust has not been established
- There is fear of negative backlash within the workplace
- There is fear of a harmful response from the representative
- There is difficulty identifying or contacting representative
- Other – please describe: _____

26. How can the union improve the support it provides members in addressing racism in the workplace?

27. What action(s) have you taken, or witnessed your co-workers take, to defend against racism in the workplace? (Select all that apply)

- Engaged with or established a support network at work
- Engaged with or established a support network outside of work
- Sought support from a community organization
- Self-advocated in the workplace
- Sought legal advice
- Pursued remedy through a government tribunal or board
- Engaged in a collaborative community action
- Engaged in a collaborative workplace action
- Other – Please specify: _____
- None of the above

28. Is there anything else you would like to say about your experience(s) with workplace racism?

Appendix 2: Responses to Q26: How can the union improve the support it provides members?

#	RESPONSES	
1	Although my perspective of Union working is changing, I associate Union work with white cis males.	
2	The union needs to have policies and processes to address racism and there needs to be a commitment to developing expertise. They should be challenging employers to require education of employer leaders. Most organization leaders have no idea how racism manifests in the workplace and of the bias that is operating.	
3	do something about the complaints	
4	- bring more awareness about the supports the union has present to address these issues - let members know that this is an issue they can bring up to their steward teams	
5	Provide to non-white members a supplemental EAP or FEAP program that provides supportive counselling to members experiencing racism in the workplace. This is so needed! Traditional FEAPs often aren't equipped to address these issues or further traumatizes POC.	
6	Organize and offer a working committee to support member complaints beyond the workshops. Do in-house education and training of HSA staff. Hire staff that reflect the diverse racial/ethnic make up of the province.	
7	More members of colour and diversity	
8	Work with the employer to provide more frequent education about passive aggression and racism in workplace.	
9	Educating supervisors and managers.	
10	education for management and leadership	
11	Create a minority group like the young workers group and women's group to bring these issues to light	
12	Continue to education members on this issue with workshops held at office but at worksites as well. Work with the employer to hold mandatory courses. There's an attitude that people are aware these things exist and are bad and may be the perpetrator but don't acknowledge that	
13	Put on cultural sensitivity workshops.	
14	Talk about it more; give examples of what is unacceptable	
15	The union should fully support any member who is being harassed. It does not seem that the union is able to do much that is effective. People who harass, continue to harass. The victim does not seem to be well supported and the harasser seems to be able to continue to do it. We have posters and information against bullying, violence, foul language, etc. It should include racism. There seems to be a lot of energy towards getting people to accept different gender identities. How about telling people the identifier should not be just about gender, nor age, nor race. Accept the person as the person, not just by these "outside" identifiers	
16	na	
17	More education. Exposure to and introduction to.	
18	Confidential reporting system. Special trained representatives to handle the complain. Impose serious penalties to offenders. Provide mental health support to members suffer this kind of problem. Advocate mutual racial acceptance in the workplace.	
19	As indicated previously. As the union moves forward a "cultural leave [special leave] " would be beneficial - as some cultural days are valued just as Christmas and/or Easter is to others.	
20	educate but most importantly make sure that stewards take this seriously	
21	Education.	
22	Not too sure....I have also heard of stories where the victim is being humiliated, isolated, and backlashed....but this bigger group reported to the union saying the victim was "not respectful" to a patient (which was definitely not true once you get to know the victim)...it was next to impossible for this poor victim to defend herself as she said to me....a lie can become the "truth" when there's a bigger group against you. It was very sad.	

23	designate someone who is specialized /would be trained in dealing workplace racism to help members each region
24	Be more present and accessible. Show actual real examples of union successes in dealing with racism issues otherwise it's all talk.
25	initiate a formal discussion and implement education to managers and others that discrimination, personal differences and harrasment are not tolerated.
26	more multicultural info for colleagues and employers, instead of me being put on the spot to answer questions and engaging in an uncomfortable discussion with them.
27	i am not sure everyone can relate to being at the receiving end of discrimination or racism. Can a male white male steward relate to racism?
28	Identify union representatives that have experience dealing with racism, who are racialized themselves, and identify other marginalized factors about themselves like gender and sexuality, as these are often interrelated.
29	And easier process in filling racist incidents. ex. like a PSLS
30	This survey is a great start-education to members that racism in the workplace is not to be tolerated and that any questions regarding incidents should be brought forward for at least discussion with the union rep
31	don't know
32	Provide clear examples of racism is/isn't? Is this even possible?
33	Helping create policies in the workplace that have a clear stance on how a person facing racism should proceed in those situations. It was very uncertain for me what to do. Would there also be more training available for their members to receive on cultural sensitivity training?
34	Improve cultural and ethnic literacy
35	Make all workers understand that it is not appropriate or acceptable to malign other workers for racial reasons. That if criticism or redirection in workplace is required then it is an individual not their race that may be needing guidance.
36	Mandatory education for staff on racial/ cultural awareness and sensitivity, anti-racism, white supremacy and power dynamics.
37	It was not know to me that support was available from the union
38	Maybe this should be addressed at a union lunch meeting with staff. Examples should be given so staff be more aware of the process.
39	Have a more members in leadership roles that represent the membership with regards to ethic background
40	Can we have specific examples on when to report? When it's patient, it's really tricky. I had a patient who refused care because he didn't want care from ethnic looking care person and was quite violent. Hospital admin took care of it, but I don't think there was any formal apology or grievance
41	Training the stewards in cultural awareness.
42	Through education
43	Support increasing representation among staff and board members
44	We need more awareness and training within. I am unsure if that is a union's duties though.
45	Share available resources
46	make policies against racism
47	Metis are an "invisible" group.I was very annoyed with the caveat that only non-white could fill out the survey Visibly I appear "white" I could also be LGBTQ and also be "white" .We all have read the workplace policies defining respect, bullying and harassment so all are aware of the "visible" minorities...some stated guidelines for coffee table talk may be helpful There are many days that I chose to go for a walk or eat separately due to the topics of conversation

48	Educating what racism looks like is a start. Many of us grew up in racially biased households that promote these behaviours. Our school system is doing a great job educating our children, but for the adults, their ways are set and their behaviours are autonomic.	
49	HSA hotline line to triage questions / resolution of an issue to forward to steward team or to HSA HQ if more serious.	
50	Encourage employer to provide cultural training as part of anti-inflammatory harassment training. This should be in addition to the existing harassment topics discussed.	
51	More education	
52	First of all, understand it is real, it's the lived experience of millions of Canadians; it is in the roots and DNA of this country and its settler-colonial beneficiaries are the most resistant to looking or addressing it. Finally, Niceness is not anti-racism.	
53	Be more present, have anti racist training, have more people of colour, indigenous peoples in the union by creating safe spaces within the union	
54	Establishing a working group that members can discuss sensitive topics/experiences.	
55	Have something in place so that people know who to contact if they are subject to discrimination. We do not know the union would support us in this	
56	Training and accountability	
57	There must be support for those who are bullied. The employers will protect their management team so an outside auditor should be hired to investigate bullying from management. The EFAP does not work and calling the bullying hotline will result in more bullying!!	
58	informing workers of their rights and bring it to the forefront in the changing face of the workplace; my field is predominately white as that is the endemic acceptance demographic of the training institute. that is where it must start. how can the union exert influence at the college level?	
59	Ensuring members know of what support the union can offer. As a new employee i havent been briefed or told about services of the union in any regard.	
60	Educate employees on this topic. Demand Human Resources to practice what they preach on equality.	
61	Have regular meeting with employer and employees. Enforce the employer if their cultural and religious responsibilities	
62	Not sure	
63	Strict disciplinary action	
64	Providing another Union Member of similar background; either racially and/or culturally thus there is the element of comradry.	
65	Put out more information on what they are doing and how to report an incident of racism	
66	education and awareness via workshops, campaigns	
67	Education	
68	Doubt if you can.	
69	Ongoing education	
70	All racism I have experienced at work has been from patients towards staff. Perhaps endorse signage about racism and violence/aggressive behaviour not being tolerated in medical settings.	
71	get full support from the upper level, usually the bulli is a friend of the upper level, so they can't be touched	
72	Remove "microagressions" as a transgression. Realistically, almost any unintentional incident can be considered a microaggression. Inform staff of what realistically is an incident of racism so that real incidents aren't diminished by a lack of understanding or communication between adults.	

Appendix 3: Responses to Q28: Is there anything else you would like to say about your experiences with workplace racism?

#	RESPONSES
1	It is embedded and normalized. It's largely systemic, and would take a lot of emotional labour to have to explain to most white people the level of racism, and internalized racism BIPOC experience in the workplace. It is further complicated when BIPOC express that they don't experience racism, but that's a whole other thing.
2	Fortunately, I have not experienced racism in the workplace. However, I have witnessed and experienced homophobia in the workplace. I have also witnessed sexism in the workplace. I hope HSA will also ask members about their experience with homophobia and sexism in the workplace.
3	Anti black racism is rampant and it is exhausting and devastating. It is especially painful to see young, bright, enthusiastic faces slowly start to lose their light as they are quietly and relentlessly undermined and denigrated over and over as mediocre white guys mostly, but also women, are elevated.
4	it won't stop
5	not really because any attempts to address work place racism are futile. My own bosses have passed me over for white people
6	Thankfully haven't had any experiences of racism from my employer. Most incidents have been from coworkers and patients, which I have been able to handle myself. When other coworkers were being bullied by the racist coworkers, didn't know how to help them.
7	I think subtle issues around differences of cultural norms and values in the workplace and how that may hinder worker success and workplace relationships is hard to flesh out in a survey like this. I see differences in expectations around things like management style, wage negotiations, advocacy and taking initiative, etc. negatively impacting the mental health of workers of colour. These things aren't as overt, but the reality is that for immigrants especially, they contribute heavily to the "glass ceiling" that is often present for us in our careers.
8	Have not experienced any
9	Union should also ask about reverse racism
10	We need levels of education, training, and ongoing development (white privilege, Indigenous cultural competency and safety etc.).
11	I think this survey was therapeutic by itself. Thank you!
12	Most racist actions perpetrated by ignorant patients already agitated by long waits as a result of unmanageable workloads. If I happen to be the tech conducting their exam, I am a target for the verbal abuse. I have zero tolerance for and will challenge such behaviour. Subsequently the patient will complain to my supervisor who does not believe me when I counter claim that the incident was initiated by the offensive patient. My supervisor cares more about output than the well-being of the staff.
13	There is no difference between the racism one experiences at work compared to the everyday racism that one faces in their regular lives. Racism is a system that puts minorities at a disadvantage regardless of their experience or expertise. The prejudices that exist extend far beyond the workplace as evident even by the terms used in the survey (i.e. black as a race/ethnic identifier). In the workplace minorities work daily to appease the majority and educated about racism and prejudice, it's exhausting.
14	No.
15	I see a general shift in that people are using outside identifiers to make generalizations (usually negative) about a whole group of people. Whether it is race, gender, age, etc. We should be encouraging people to accept each other as that person, regardless of race, gender, age. The more you segregate race, the more people will judge by race. A good person is a good person, not because of race, age or gender, and the same for a not very good person
16	This is helpful because I believe many problems root start here. This need the union to open up the discussion and awareness in workplace.
17	We need to do more to establish that racism is still a problem in Canada regardless of our multicultural population. We are not free of it here and it is a more hidden and subtle kind of

racism. the idea of Canada as a multicultural place that is essentially free of racism is only working against doing any real progress. White supremacy and white dominant culture is still very afraid of "the other" and people that immigrate here or have a none European background often are segregated or can only socialize with other immigrants. I have been in Canada for 13 years and can still feel the subtle rejection in my day to day and sadly most of our friends are other immigrants that have struggled to integrate fully with White Canadians. this is ofcourse a broad generalization but it is my experience and honest evaluation of the situation based in my experiences.

18	Health care still has systemic racism present in almost daily interactions. When the Aboriginal Patient Navigator program was started, many non aboriginal employees were angry and wanted a 'white patient navigator' hired.
19	no one cares, and we just take it silently each day
20	Hiring practices need to be more diverse & multicultural. Staff seem to be hired on seniority and not credibility or merit. Hence, all the same culture gravitate towards our work site & rule the workplace in unethical ways , as they have the strength in numbers and unity.
21	I think you need to be opened to the idea that discrimination can work the other way. I have seen in my own department and an increase of people who are of a variety of cultural backgrounds and they insist on speaking in their native tongue amongst and between themselves during work hours to discuss work items. This actually affects their relationships with english speaking staff and also impacts how well they can communicate in english. It is not a racist - there is a problem with communication - multiculturalism is great but communication may be hindered when this happens amongst the staff in the workplace.
22	other ethnicities seem to be left out of conversations about racism in workplace training, i.e., focus is understandably on indigenous cultures for cultural safety training, at the same time, historical and current racism towards minority groups is largely excluded from discussion. For example, I recall a training that included a title about history of racism in BC, but only included information about indigenous people.
23	hsa has to take a leadership role if wants the members community on they side when collective agreements have to be ratified. Labor relations should be taken very seriously and i do not think in this instance was taken.
24	its just ignorance on the ppl, they would rather ask me questions in accusing way, rather than do their own research.
25	It should be unacceptable. Zero tolerance.
26	It is effecting my mental health greatly. I cry coming into work even though I only see my harassers for a few hours. They have forced multiple staff to quit their jobs in this dept and I am not essentially all alone and their only target. This is happening at . The harassers are . management is aware of their racist behavior and have complaints from both staff and patients. But they still continue their harassing behavior.
27	It's all too common when people who have been in their jobs for a long time are complacent and are not actively challenged to learn about these things. Education and willingness from the top down has a lot to do with it. The onus should not be on the individual, it should be on the workplace.
28	I was surprised by the lack of training our managers had in dealing with racism. I was essentially told that my corker just had a 'strong personality' and that we just didn't 'click', ignoring the bigger issues of not feeling mentally safe in my workplace.
29	Canadian is known to be a multicultural country yet so many citizens are culturally illiterate. I think steps towards compassion and our ability to see people beyond their skin colour and culture and get to know them personally. Additionally, it is interesting how when it was time to select race, there was so many options for first nations, asians, but there was only one option for "black." Why is it that black people are all grouped into one category - what about Africans, African Americans, Caribbeans etc. People don't just identify their nationality as black. It is hard because they people struggle to describe black people in the work place. Or Arabians are also different and they were grouped into one category as well. Thanks for developing the survey, i hope it is useful to bring about cultural awareness and sensitive.

30	Great Survey!
31	Some jokes may be inappropriate and it's important to speak up, but perspective is different for everyone. Overall I do not think there is racism in our workplaces.
32	My Professional Practice Leader does not tolerate any type of discrimination directed at any of his subordinates and acts immediately to prevent it.
33	I work in an environment that is inclusive and accommodating. I work with people of many different ethnicities and religions....and I believe our teams are very mindful and respectful that there may be cultural differences. It is the "invisible" person who is affected by uninformed opinion
34	I have not found HSA helpful in filing a complaint of harassment.
35	Racism is less prevalent in a environment with highly educated colleagues. It is the general public that we serve that brings on the racism!
36	Happily, my workplace has been apparently racism free in the time frame relevant to this survey.
37	Unfortunately still a problem although more subtle
38	It's an unlining and not talked about openly Hard to prove sometimes as it can be just a feeling or sense of how people treat you
39	It is subtle, unspoken, and could be viewed as subjective.
40	It is an experience that is not unique to this workplace, or organization. If you have a dominant group that lacks racial recognition or self-reflection, or how their lifestyles is directly related to the oppression of another group, racism will continue. Whiteness is a culture, it has behaviors, protocols, ways of being that inherit to themselves, and as long as that dominant group refuses to address it's more harmful cultural beliefs and behaviors. The rest must continue to walk on eggshells around them, ensuring they are never discomforted, lest we be fired.
41	What are you supposed to do when an inpatient is racist but requires care? To comply with the patient's demand of a white technologist is not addressing the problem. But we cannot deny necessary medical care.
42	I really appreciated the aboriginal education units in iLearn. They were really well done and gave me hope that with more information attitudes towards First Nations people may change. It's the most hope I've had yet, in my lifetime.
43	There needs to be more people from racialized groups in leadership positions to ensure the homogeneous groups do not continue to monopolize work environments, policies and practices. I would love to have further conversations about this topic.
44	Our supervisor does treat those of us who are not white, differently and not as friendly
45	Muslim inroads in our society is a divisive force which needs addressing. Likely the most foreign of practices to the old guard. Need to enlighten the infidels that they mean no harm but are beholden to the teachings of the Quran.
46	People seems to have double standards when they treat coloured people vs non-coloured people. Improve workplace culture by promoting equality and screen people to match institution values by the management.
47	Work place racism us very much alive and practised at VGH
48	Not sure
49	I have worked for FHA for close to 10 years, and I have not seen any direct racism towards an employee by another. I have however, seen someone imply and indicate that it was happening to them, when it was not something I witnessed and I felt the person was not being truthful. I have witnessed derogatory and inappropriate comments at work relating to racism or sexual orientation on units where there is no supervisor.
50	Thank you for taking on this important topic
51	I am a Caucasian Canadian and have experienced name calling , cruelty and bullying directed at me because I am Caucasian It is not just people of colour who experience this behaviour

52	I feel supported by the employer. My experiences are with patients who can be extremely racist.
53	Yes; Islamaphobia is not racism, it's a form of Theophobia (dislike or anger towards other religions). People of Islamic, Christian or Buddhist faith are not any one particular race.
54	It weighs on me.
55	it was very hard, being isolated and bullied. need more support
56	We have the benefit of a diverse employer and work force which is well represented ethnically and with women included in leadership roles.