

# SUMMARY

## Confronting Racism with Solidarity

An analysis of the 2020 HSA Workplace Racism Survey

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THE SPRING OF 2020 MARKED AN IMPORTANT MOMENT IN NORTH AMERICA. HUNDREDS OF THOUSANDS OF PEOPLE TOOK TO THE STREETS TO PROTEST THE POLICE KILLING OF UNARMED BLACK MAN GEORGE FLOYD IN MINNEAPOLIS, AND THE OUTRAGE SWELLED INTO A WORLDWIDE PROTEST AGAINST ANTI-BLACK POLICE BRUTALITY AND SYSTEMIC ANTI-BLACK RACISM.

In Canada, police violence claimed the lives of Chantel Moore from the Tla-o-qui-aht Nation and Rodney Levi from the Metepenagiag Mi'kmaq Nation in June alone. This growing movement has focused attention on structural racism and police brutality not only towards Black people, but also Indigenous peoples.

Meanwhile, with the COVID-19 pandemic came a resurgence of anti-Asian racism. Reports have emerged in BC and across North America about racist verbal and physical attacks on people of Asian descent, as well as vandalism targeting Asian communities. Examples of racism in our society are numerous and unending, and are deeply rooted in Canada's history of settler

colonialism.

Among the most likely spaces for a person to experience racism is their workplace. A 2019 study conducted by the Environics Institute for Survey Research found that 38 per cent of racialized Canadians experienced racism at work.<sup>1</sup>

This is a significant issue facing members of the Health Sciences Association of BC (HSA). In their workspaces, HSA members work with patients and clients affected by racism within the healthcare and community social services systems. Some members actively advocate for the patients and clients they see marginalized and mistreated on the basis of their race. When committed to anti-racist work, unions can be a powerful force against social and political forces organizing to scapegoat and marginalize Black, Indigenous, and People of Colour (BIPOC), and can support and defend members experiencing racism. Economic and racial justice are intimately related, and unions have immense collective power to confront these forms of injustice head-on.

From Jan. 20 to Feb. 7, 2020, HSA conducted an online survey of members identifying as BIPOC, asking them to document some of the racism they experience at work, which includes hospitals, community health facilities, and social service organizations, and, importantly, to make recommendations on how HSA can take concrete action to address racism.

*“71 per cent of survey respondents report having experience some form of racial harassment, microaggression, bullying, physical violence, or intimidation at work in the past five years.”*

This study draws on qualitative and quantitative survey data submitted by 222 self-identifying BIPOC HSA members. The survey sample is non-representative, meaning probability sampling was not used as a method to collect survey data. Some survey questions were adapted from the 2016-2017 Trade Union Congress (TUC) Racism and Work Survey.<sup>2</sup>

This study explores contemporary cases of racism in Canada and examines the country’s history of racist policies and actions towards marginalized groups in order to contextualize how racism is manifesting in member workplaces today. This includes an exploration of Canada’s violent legacy of settler-colonialism.

Drawing on survey data, the study examines:

- The overt and subtle ways racism operates within workplace cultures through examining the comments and behaviours members are exposed to;
- How discrimination operates at an institutional level and erects barriers to career growth and professional development;
- The unique and shared ways different racial identities experience racism, including anti-Indigenous racism, anti-Black racism, anti-Asian racism, Islamophobia, and anti-immigrant racism;
- The ways in which members’ access to their religious, spiritual, and cultural rights is impeded at work;
- 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;

- Members’ interactions with the union on issues pertaining to workplace racism and members’ feedback regarding ways in which the union can improve how it operates and enhance member supports;
- Examples from other North American labour unions that have centred racial justice in their work and used bargaining and member mobilization as tools to achieve racial justice.

## KEY FINDINGS

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

More than half of survey participants shared written personal accounts of how colleagues, management, patients/clients, and others at work have engaged in derogatory, condescending, dismissive, and/or unfair behaviours. A number of respondents report patients have refused to receive treatment from them because of their race.

Over half of Indigenous respondents – 53 per cent – report 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 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.

- 71 per cent of survey respondents report having experience some form of racial harassment, microaggression, bullying,

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		

physical violence, or intimidation at work in the past five years.

- 45 per cent report experiencing ignorant, insensitive or arduous comments about their race, culture, or religion at work in the past five years.
- 44 per cent report experiencing a lack of recognition of their accomplishments, skills, and/or successes as a result of their race.
- 40 per cent report hearing racist remarks directed at them or in their presence at work in the past five years, which could include 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.
- 64 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 (43 per cent and 22 per cent, respectively) to report experiencing dismissal or sidestepping of their formal authority in the workplace.

### Individual cases of institutionalized discrimination based on race is common, but difficult to prove, highlighting the need for systemic responses to a systemic problem.

In many cases, formal discrimination in the workplace may not be overt. Management is able to provide alternative explanations for decision-making, particularly related to hiring practices, performance reviews, and job promotions. This can make discrimination difficult to attribute to race. 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 in order to tackle systemic discrimination.

One third of respondents report experiencing some form of racial discrimination at work in the past five years in at least one of the following forms:

- Denial of a job position or promotion
- Denial of a request pertaining to work conditions (e.g. vacation request, special leave request, shift relief, overtime request, etc.)
- Denial of a professional development opportunity

- Unfair performance review or excessive, harsh, or unfair scrutiny or surveillance of work/job performance

In four out of five categories, Black respondents report higher rates of discrimination in their job compared to non-Black respondents. Alarmingly, 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 (36 per cent and 12 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 per cent of survey respondents report experiencing an “unfair performance review, or excessive, harsh, or unfair scrutiny or surveillance of your work or job performance.”
- Testimonials speak to how some members feel targeted by their supervisors. Some respondents report hostile, harsh, and unfair treatment that applies only to them, while white colleagues are treated with kindness.
- 17 per cent of respondents report being denied a professional development opportunity as a result of their race. They report that white colleagues are more likely to be offered professional development opportunities and leadership opportunities, while they are overlooked.
- 16 per cent of respondents report being denied a job position or a promotion as a result of their race. Respondents speak to the lack of diversity in their workplace, and the frequent experience of all-white hiring committees.

### Formal reporting of workplace racism is low, in part due to fear of reprisal in the workplace.

Survey results suggest that filing a complaint with management is not, under current circumstances, likely to result in adequate recourse. Respondents identify a lack of justice, fairness, and accountability in the reporting and resolution process at their workplaces, and cite poor past experiences with reporting. Overwhelmingly, respondents believe that reporting

racism could lead to backlash by management or coworkers. In fact, almost 75 per cent of respondents identified “fear of negative backlash in the workplace” as the most likely reason members may not seek union assistance in responding to workplace racism. Temporary and contract workers – many of whom are young workers – are particularly vulnerable.

Some respondents did not report racism because 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.

*“Overwhelmingly, respondents believe that reporting racism could lead to backlash by management or coworkers.”*

For cases of subtle racism taking the form of a microaggression, formal reporting mechanisms may be incapable of delivering an effective solution, as the onus is on the worker affected to explain why the action constitutes racism. And while this is especially true for micro-aggressions, it can also be true for more overt forms of racism. This highlights the need for HSA and employers to be creative and flexible in combatting racism.

Among those who have reported an incident of racial harassment, bullying, violence, intimidation or discrimination to their employer, the majority report not achieving a satisfactory outcome.

- In 37 per cent of cases, the complaint/grievance was ignored.
- In 28 per cent of cases, respondents were identified as troublemakers.
- In only 26 per cent of cases did respondents say the complaint was taken seriously.

## 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		

### Union members rarely seek assistance from HSA representatives for issues related to workplace racism.

The union has an important role to play in helping members feel validated, supported, and understood. As one respondent remarks, 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 BIPOC.

*“In 28 per cent of cases, respondents were identified as troublemakers.”*

When asked what reasons may hinder them from seeking assistance from HSA representatives regarding issues of workplace racism, HSA members provided the following responses:

- 91 per cent of respondents said that they have not sought assistance from the union, with more than one third (34 per cent) of respondents saying they do not believe the representative has experience with racism, and almost one half (46 per cent) saying

they do not believe the representative is equipped to provide adequate assistance.

- Of the 9 per cent who sought assistance from an HSA representative (including a union staff member, steward, or board member) regarding an issue of workplace racism, near half (47 per cent) were “very satisfied” or “satisfied” with the union’s response. 53 per cent of re-spondents were “unsatisfied” or “very unsatisfied.”

### Leave provisions, scheduling, and shift restrictions impact members’ ability to access religious, cultural, and spiritual 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.

- 10 per cent of respondents say that they have been unable to engage in religious-cultural practices because of the terms of their employment in the past five years.
- 77 per cent said that the terms of their employment have not affected their ability to engage in religious-cultural practices
- 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 face limitations. Among survey respondents, workers with more precarious job status were disproportionately young workers.

Expanding leave provisions to consider religious and cultural needs, in consultation with the membership, is one way to improve access to these rights.

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

Respondents highlight the toll racism at work has taken on their mental health. It can impede 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 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.

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 micro-aggressions 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.<sup>3</sup>

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

## 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 – from education to organizational change.

### 1. Educate HSA membership

Internal 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.

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.

### 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.

### 3. Increase education and communication in workplaces

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

### 4. Increase racial diversity in HSA

Select respondents recommend 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 part of any effort to combat racism at work.

### 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.

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.

### 6. Create a BIPOC Caucus in HSA

A caucus group for BIPOC members that applies an anti-racist and decolonization lens to its work is one way to help bring to light issues around racism, 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.

A BIPOC caucus, open to all members identifying as BIPOC, could serve as a vehicle to mainstream equity concerns across the broader organization.<sup>4</sup> Integrating the caucus into the union’s broader policies and governing documents could ensure access to union resources and organizational legitimacy.<sup>5</sup> 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 creating divisions.

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

Whether at the bargaining table or between negotiations, HSA can pressure employers to develop policies, practices, and protocols that focus on racial justice. Examples include whistleblower protection for staff speaking up about workplace racism, and occupational health and safety protection in instances where staff experience racism from a patient or client.

There are examples across North America of unions stepping away from the sidelines and engaging as active leaders and allies in racial justice work: working with community groups and integrating bargaining positions focused on

racial justice. HSA should take inspiration from that work.

For example, the American Federation of State, County and Municipal Employees (AFSCME) Local 3299 won language at the bargaining table restricting the contracting out of jobs – as Black workers and workers of colour were found to be more likely to have their jobs outsourced than white workers.<sup>6</sup> 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.

Moving forward, HSA could consider ways in which it can use bargaining as a tool in the struggle for racial justice.

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

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. Employee assistance

programs should have appropriate services for BIPOC experiencing racism.

*“There are examples across North America of unions stepping away from the sidelines and engaging as active leaders and allies in racial justice work.”*

HSA is a vocal advocate for the expansion of publicly funded and delivered multidisciplinary, team-based care that includes mental health supports and clinical counselling services. Further consultation with HSA's BIPOC members would be helpful in increasing the union's understanding of the current gaps in mental health services in order to inform HSA's continuing advocacy work around the delivery of public mental health care.

### Endnotes

1. 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.
2. 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>
3. 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>
4. Briskin, Linda (2006). “A Caucus of Caucuses: The Next Stage in Union Organizing.” Just Labour, Vol. 8, p. 106. Accessed June 30, 2020. <http://www.justlabour.yorku.ca/volume8/pdfs/14%20Briskin%20Press.pdf>
5. Ibid, p. 109.
6. 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>



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By Samantha Ponting  
July 2020

*The full report is available at [hsabc.org/RacismAtWork](https://hsabc.org/RacismAtWork)*

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*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).*