



Although I've never participated in a strike, I've seen enough of them to grasp their eternal dichotomy: one believes either that unions *manoeuvre* themselves into a strike position by virtue of employer weakness, or that they are *forced* there by employer intransigence. And between those two poles? That way lies conciliation, or, if you're a grunt on the lines, traitorhood.

The most colourful strikes occur when CUPE support staff go off. They really know how to run a crack strike. I've idled in my car at access points to the hospital, only marginally tempted by the urge to mow down protesters who march back and forth across the road, blocking hospital entrances and causing interminable waits. I've consequently had the time to watch the placard people chant their chants and sing their songs, all of which are rather inventive, especially the ones that lampoon the premier's character, style of dress, facial features and secondary sexual characteristics. And of course there are those special moments when a straw-and-stuffing premier is burned in effigy, his flammable Value Village suit reaching incandescence on a cold winter morning. Ah, the silly-serious street theatre of the strike brigades.

At one hospital I worked at, The Burning Of The Premier approached event status. It was scheduled so as to attract maximum attention: patients, doctors and nurses left their posts for a few minutes to see that gasoline-doused politician go up in flames. Mobile news crews caught the immolation on film. I

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watched it in replay on television that night. The clip ran until the premier's plywood hands had cracked and turned to cinder, until his tie had curled up and oozed flame, until his shirt had burned off and his straw chest (shoved inside was a piece of coal for a heart) was lashed by the flames coming from his legs, two sticks of pressure board wrapped in cloth and tissue.

There are other patterns of strike behaviour. I've seen lab technicians go out; as a result, certain tests can't get done at certain hours, other tests can't get done at all, and all test have to be urgent or else they won't get done. Managers man the Petri dishes and the centrifuges, coping with a skeleton staff (the minimum negotiated during the last strike settlement, in anticipation of the next one) and a volume of tests that, despite admonishments to physicians, decreases only negligibly. After all, there will always be the same number of sick patients, strike or no strike. So tests come back late or not at all. But because so much of the system is dependent on tests and testing, the lab techs have an inherent advantage over their CUPE brethren, a practical leverage with the government. These strikes settle quickly, there is no need to burn politicians, and everyone seems happy. Until the next strike.

I've seen nurses go out. The last time I saw this happen, with nurses who had been without a contract for over a year, the government

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put quickie Essential Workers legislation into effect to paralyze the strike momentum and force the nurses back. The result was that the nurses began to resign en masse, thereby making the legislation irrelevant (you can't be an essential worker if you're not a worker). Still the government tried to come out supreme by threatening the resigning nurses with loss of seniority. When strikes get that dirty, both sides have lost. Yet this is an instructive case of a government acting, if not taking the appropriate action, and acting according to the rules of brinkmanship: break your opponent.

One other great truth about strikes is this: They are about money. Only rarely are they solely about issues like job security or benefits. So it is with the potential physicians' work action in Ontario. On the surface the provincial association is looking for incentives to keep older doctors practising, for solutions to reduce waiting times, for initiatives to reduce doctor shortages, for recognition to be given for the contributions of solo practitioners in the system. Yet the real sticking point, phrased in choice strike-speak, is to "improve competitiveness" with "other jurisdictions," meaning the rest of Canada's fee structure. It's deft: money isn't actually mentioned, although money is the object. The association has been told by the provincial health minister that no more money is forthcoming. Furthermore, the minister has said that if physicians do not

agree to the government's counteroffer (which merely recapitulates an earlier one), it will be imposed anyway. Such circumstances bring to mind the bad-blood nurses' strike.

The association now threatens that physicians may opt for "study days" and other work-to-rule techniques if the government does not relent. This may give Ontario's physicians a chance to apply the techniques developed to advantage by others. It could be rather thrilling to coordinate placard-bearing posses and entryway-blocking parties, to grab the bullhorn and shout out loud how proud one is to be a doctor, to yell rhymes and ridicule directed at the premier, to set up fire barrels for one's brothers and sisters. But probably most energizing of all would be to join a Burn the Premier Committee. One could dance in a white coat around the immolated effigy, chanting wage demands over the spit and spark of an attention-grabbing blaze.

After all, whatever it is that separates physicians from phlebotomists and sanitary engineers is getting increasingly smaller. Why not drop the façade altogether? It's inevitable, for more and more we behave like a union. Which brings me back to the eternal dichotomy of the strike: Do we behave like trade unionists because we have to, or because we want to?

— *Dr. Ursus*