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‘Do not disturb/please clean room’: hotel housekeepers in Greater Toronto

SIRENA LILADRIE

Abstract: This study of the experiences of hotel housekeepers in Toronto, who are predominantly immigrant women of colour, reveals the damaging health impact of their work. As the hotel industry in this ‘global city’ has moved upmarket and sought to offer more luxury services to its wealthy customers, hotel housekeeping work has become more physically demanding and burdensome, resulting in the majority of workers experiencing a high degree of pains and injuries. The hotel industry is seen as operating a racialised division of labour, with those at the bottom vulnerable to being discarded as they approach retirement age and their health deteriorates. Finally, an account is given of the impact of unionisation and the hotel workers’ ongoing struggles for change.

Keywords: global cities, Healthy Immigrant Effect, precarious employment, racialised division of labour

In the Greater Toronto Area (GTA), approximately 30,000 people work in the hotel industry. Immigrant women of colour, who are disadvantaged by their dependence on cheap, racialised, gendered work, make up the majority of these workers. Among those working on cleaning and laundry, 93 per cent are immigrants, 82 per cent are visible minorities and 80 per cent are women. Housekeepers and hotel laundry workers are among the lowest wage earners: the median annual wage for a Toronto hotel worker is around $26,000, falling short of the

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low-income cut off of $34,572 for a family of four in 2004. They are therefore part of the approximately 900,000 working poor in Ontario, a number that continues to rise. Moreover, low wages are just one part of this struggle – hotel housekeepers also suffer alarming rates of work-related pain and injury.

The experience of immigrant workers in this sector is intimately linked to larger structural processes of neoliberal globalisation. In what follows, a critical analysis of the organisation of the economy and the global city, drawing on feminist political economy, will be used to bring to light how a racialised and gendered division of labour reproduces itself. Immigrant women of colour, relegated to precarious work, face significant problems of health and well-being; these will be explored through the concept of the Healthy Immigrant Effect. Such issues will be further highlighted through a discussion of the personal narratives of immigrant women of colour working in the GTA hotel industry. Relating these narratives will also help make sense of the ways in which immigrant women of colour actively negotiate and contest their precarious spaces of employment.

Housekeeping in the global city

‘Global cities’ are defined by Saskia Sassen as the sites where key functions and resources for the management and coordination of global economic processes are located. A global city is a concept based on the idea that globalisation is created, facilitated and carried out in strategic geographical locations within the global system of finance and trade. As high-income jobs and high-priced urban spaces have burgeoned in Toronto, bringing a concomitant increase in wealth and power, the city has come to be positioned as a global city, similar to London, New York or Tokyo. But global cities are also sites for the incorporation of large numbers of low-paid women and immigrants in the service sectors. This reflects the consumptive habits of firms and the lifestyles of high-income professionals, both of which generate demand for maids, cleaners, nannies and low-wage workers in expensive restaurants, retail outlets and hotels. This type of work abounds in the global city but is undervalued within the dominant narrative of globalisation, which emphasises ‘upper circuits of global capital’ and valorises highly educated professionals. The spaces carved out for low-waged labour, where immigrant women are selectively incorporated into the economic system, are thus ‘invisible’.

The global city, as it seeks to attract tourists and investors, depends heavily on the hotel industry. The GTA hotel industry consists of approximately 183 hotels, which amount to 35,865 guest rooms, ranging from luxury and upscale (53 hotels with 18,382 rooms) to all-suites, mid-scale and limited service (129 hotels with 17,483 rooms). With a diverse range of clienteles, from organisers, participants and frequenters of conventions, conferences and tradeshows, to weddings, hotels generate significant revenue for Toronto, in terms of employment, business and government income. The hotel industry, in turn, has sought to develop economies...
of scale to increase its ‘bottom line’. And it has responded competitively to opportunities provided by globalisation to significantly lower labour costs.

The terms ‘social reproduction’ and ‘reproductive labour’ refer to the activities and processes by which human beings are directly or indirectly sustained materially and psychologically. It is mainly women who take on roles of social reproduction. Reproductive labour is obviously necessary for capitalism to exist but it is unacknowledged because capitalism can only survive as long as the cost of reproducing labour power is kept lower than the value which that labour power can produce. While the reproduction of labour power is necessary, capitalism seeks to keep the costs of reproduction low. Reproductive labour is not only gendered but also racialised: it is often the labour of migrant women which facilitates the entry of ‘First World’ women into the public sphere, by liberating them from the most gendered and labour intensive aspects of social reproduction.

From this perspective, hotels can be seen as major sites of social reproduction. They are in the business of, at the very least, creating a ‘home away from home’, a space of rest and relaxation. Further upmarket, they aim to provide more than just a comfortable night’s sleep, with plush mattresses and linens, and other luxury amenities, positioning the guest as someone who is entitled to recast their desires as needs and to consume the unlimited labour of others. The upgrading of rooms to provide luxury facilities is thus a trend across North American hotel chains. Correspondingly, the reproductive labour necessary to maintain these upgraded hotel rooms has increased significantly in terms of workload and how physically demanding it is. The amount of work per hotel room and the pace at which the work is done far exceeds the levels in earlier years, which makes hotel housekeeping work considerably more stressful and dangerous. While these upgrades and additional amenities in hotel rooms add to the customer’s overall experience, not to mention the corporation’s bottom line, they negatively affect the health and well-being of the housekeepers, who are literally breaking their backs to serve the whims of consumers in the global city.

Other studies conducted in global cities, such as London and San Francisco, suggest that Toronto is not unique in the way that immigrant women of colour are treated in the hotel sector. But in Toronto, their issues tend to be overshadowed by a strong multicultural rhetoric, which boasts that the city is welcoming to newcomers with its diverse ‘ethnic celebrations’, ‘ethnic towns’ and ‘ethnic restaurants’. Notions of liberal multiculturalism go hand in hand with a common belief among Canadians that racism and bigotry are European and US problems, of minor relevance in Canada’s history, traditions or psyche. The historical and present-day evidence, however, tells a very different story that runs counter to this celebratory multiculturalism. The lived experience of migrating and working as a racialised immigrant in Canada can be very different from the idealised image usually presented to the world.
Watch your back! Working conditions and health

Unite Here is a progressive labour union, representing approximately 450,000 workers in the North American distribution centre, retail, manufacturing, hotel, restaurant, textile, laundry, gaming and food service industries, where large numbers of immigrant women of colour are employed. In 2005, Unite Here surveyed 600 housekeepers in several cities across North America – including Los Angeles, Boston and Toronto – about workplace pain. 91 per cent of hotel housekeepers reported physical pain associated with their work, of whom 86 per cent reported that their pain started after being hired as a housekeeper. The survey also found that 77 per cent of housekeepers found that pain interferes with their routine activities and that 66 per cent took pain medication regularly.

According to the Canadian Centre for Occupational Safety and Health, the federal government’s primary information centre on workplace safety, a hotel housekeeper changes body position every three seconds while cleaning a room. The average cleaning time for each room is twenty-five minutes, which means that a housekeeper assumes 8,000 different body postures every shift. Furthermore, housekeeping is a physically demanding job, involving forceful movements in awkward body positions, lifting heavy mattresses, tucking multiple sheets, cleaning tiles and vacuuming on every shift, which can be hard on the body. Hotel workers are 48 per cent more likely to be injured on the job than a typical worker in the service sector. They also have higher rates of serious, disabling injuries which often require days off or reassignment. These disabling injuries occur to hotel workers at a rate 51 per cent higher than for service sector workers in general.

There is a significant correlation between increasing workloads and the rising rates of musculoskeletal disorders, such as low back pain, tendonitis, back and shoulder injuries, bursitis of the knee (known as ‘housemaid’s knee’), carpal tunnel syndrome and persistent neck, hand and wrist pain, which are all characteristic hazards of hotel housekeeping work. This, coupled with chronic understaffing, has pushed workers to ‘breaking point’. Most disturbing of all is that these injuries and associated pains are preventable and treatable – but the focus on increasing the ‘bottom line’ undercuts the likelihood of investing in the long-term health and job satisfaction of these workers.

As a result of intensifying competition, hotels are offering more amenities, in an effort to attract the high-end clients who bring greater profit margins, while minimising costs and rendering labour practices more precarious. The major unforeseen consequences for housekeepers’ health and safety do not, of course, figure in such business strategies.

The Healthy Immigrant Effect

The Healthy Immigrant Effect is an observed time-path showing the transformation of immigrants’ health following their arrival in the receiving country.
Where this effect occurs, the health of immigrants is initially significantly better than that of the native-born population and then, in the years after migration, it declines significantly. For instance, immigrants who have lived in Canada for more than ten years experience a level of chronic conditions and long-term disability that is similar to that of the Canadian-born population but higher than that of newly arrived immigrants. Researchers have linked this effect to points-based immigration selection systems which focus on employability, and optimal physical and psychological health. Canada’s immigration process selects the ‘best’ immigrants on the basis of education, language, skills and a rigorous medical health examination given by a designated medical practitioner approved by Citizenship and Immigration Canada. This means that when immigrants arrive in Canada, they are in optimal health. But this advantage quickly diminishes, particularly for racialised immigrants. Apart from Canada, the Healthy Immigrant Effect has also been reported in other ‘First World’ receiving countries such as Australia and the US, where similar points-based selection systems and medical health examinations operate. In their study of the health of workers in the US hotel industry, for example, Pam Tau Lee and Niklas Krause found that housekeepers on average rated their health at a level of 56 per cent, significantly lower than the US average of 72 per cent.

Statistics Canada’s 2007 report on the Healthy Immigrant Effect, based on five cycles of data from the National Population Health Survey (NPHS), revealed that those from non-European countries were twice as likely as the Canadian-born population to report a deterioration in their health. This decline was particularly pronounced among recent non-European immigrants. However, even long-term non-European immigrants were more likely than the Canadian-born to report a shift toward fair or poor health. Analysis of this longitudinal data from the NPHS thus suggests that the Healthy Immigrant Effect does operate in Canada.

On arrival, many immigrants, especially refugees, lack social and material resources; they also face considerable barriers associated with language, racism and discrimination. Some researchers argue that the observed depletion of health could arise from linguistic or cultural barriers to accessing health services. Another potential line of explanation is the process of acculturation – the way in which immigrants ‘take on’ ways of life in the new country, including the adoption of ‘western’ norms for diet, smoking, drinking and sexuality. Others, including myself, would argue that racialisation and poverty, due to precarious employment, are major determinants resulting in the poor health of the immigrant population in Canada.

Race, work and health

As part of this study, I spoke to a number of immigrant women of colour, who were currently or recently employed as unionised housekeepers in GTA hotels, about their health and well-being prior to and after joining the industry.
The personal narratives of the women I spoke to reveal their experiences in the hotel industry and the depletion in their health as racialised immigrants working as housekeepers. All of the women were asked to rate their health on a ten-point scale prior to working in the hotel industry and at the time of the interview. They all responded that their health had deteriorated to ‘poor’ or ‘fair’ from being ‘excellent’ prior to joining the industry – a decline that is consistent with the Healthy Immigrant Effect.

One interpretation of the downward depletion in health might be that it was simply the result of ageing. However, in their San Francisco-based study, Lee and Krause found equally high rates of musculoskeletal symptoms in both younger and older housekeepers, which suggest a correlation between poor working conditions and reduced health outcomes for hotel housekeepers regardless of age. Esmy, who, at 41, was the youngest woman to participate in the study, rated her health at ‘10’ before working in the industry but, after only seven years as a housekeeper, her health had depleted to the point where she ranked it at ‘5’. This is consistent with the answers given by the older women.

In their individual narratives, the women described their experiences with work-related pain. Georgia described a typical day at work and the various tasks that would trigger pain, such as going on her knees to look under the beds, which, when repeated from room to room, strained the body. Similarly, May described going to the doctor for what she thought was arthritis in her knees; she was told that her knee pads had literally worn out. Celess revealed that a specialist had diagnosed her with carpal tunnel, a medical condition in which the median nerve is compressed at the wrist, leading to numbness and muscle weakness in the hand. She has contemplated surgery but, due to the uncertainty of outcomes associated with carpal tunnel surgery, she has opted instead to wear a wrist split at home and during the night. Celess also revealed a typical day at work as involving constant stretching and bending while cleaning the hotel rooms, leading to pain in her back and shoulders. Fixing the bedding and tucking the sheets also caused pain in her fingers, which Sylvia and Esmy also referred to in their narratives. Esmy also described working on the smoking

<table>
<thead>
<tr>
<th>Age or age range</th>
<th>Health before*</th>
<th>Health after**</th>
<th>Immigrated to Canada from Jamaica</th>
<th>Years since migration</th>
<th>Years working in the hotel industry</th>
<th>Room attendant current wage</th>
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<td>9</td>
<td>5</td>
<td>1983</td>
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<td>Celess</td>
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<tr>
<td>Esmy</td>
<td>41</td>
<td>10</td>
<td>5</td>
<td>1974</td>
<td>34</td>
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*Perceived health before working in the hotel industry (10 excellent – 1 poor)
**Perceived health after working in the hotel industry (10 excellent – 1 poor)

Source: Interviews by Sirena Liladrie, 2008

Health

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Sirena Liladrie: ‘Do not disturb/please clean room’

floor as ‘very musty, the smoke is all over, it’s just so closed up, nothing comes out … some rooms don’t even have windows’. She has voiced her concerns to management and was told to wear a mask. The problem is made worse by guests who smoke in non-smoking rooms; the front desk, she says, gives ashtrays to guests in non-smoking rooms who request them. Housekeepers are supposed to report it and ‘guests are supposed to be fined, but it is rarely ever enforced’.

Asked about health hazards in the workplace, Sylvia described an occasion when there was an outbreak of rashes among the housekeepers due to the harsh chemicals used on the linens. She is very wary of the chemicals she has to work with because they cause the skin on her fingers to peel and become rough.

Retirement and pensions

Most of the women I spoke to, being over 50, were concerned about retirement and fearful of what the future might hold. Sylvia, for example, told me that the hotel chain she worked for was ‘throwing the older workers out like garbage’ because they were on ‘modified duties’ due to work-related injuries. ‘When you work in the industry as a room attendant and you are 59 and 60 years old, who is going to hire you? I am 61. Who is going to hire me when this company throws me out?’ Similarly, Esmy spoke about some of her co-workers who had worked for the hotel for up to twenty years and were now on ‘modified duties’ due to work-related pain and injury. ‘Management has cut their hours to part-time. One woman was even let go. They were literally told they are useless to the company.’

After telling me that, despite thirty-two years of working as a housekeeper, she did not have a pension, Georgia remarked that ‘people need to retire with dignity … All they [corporations] care about is making money. They are slave owners: they don’t care about the slaves; they only care about the cotton being picked.’

Some of the women did mention that they had pensions but they described them as ‘not worth much’ or said that ‘our pensions are horrible’. In my conversation with May, who is between 60 and 70 years old, I asked her if she has any plans for retiring. She said that she was thinking about it but likes to keep busy. ‘If I’m not helping people, I feel … I have been taking care of other people all my life. I do have a pension but it’s not great; they started late.’ May’s narrative points to the multiple roles and responsibilities that immigrant women take on in both their work, home and community lives. It also shows that her retirement options are severely limited. Sylvia noted that many housekeepers are fearful that, after retiring, they will have to find another job because ‘our pensions are horrible’. Older housekeepers contemplate having to find part-time jobs to make up for the little they will get on the state pension. Moreover, she says, even though the unions have had some success in negotiating pensions, it is only the younger housekeepers who will benefit from those gains. According to Sylvia, pensions have recently been made a priority in her union’s collective bargaining for room attendants and hotel workers, so that ‘after they leave with all the pain and all the injuries, they don’t have to go out and babysit someone else’s kids to make up a living, or go and clean someone’s house’.
According to a 2007 study for the Canadian parliament, among immigrants who came to Canada after 1980 and are now about to retire, 45 per cent believed that their financial preparations for retirement were inadequate.\(^{25}\) Immigrants face a double disadvantage in the Canadian pension system: first, acquiring public pensions can be problematic for immigrants given the residency requirements and, second, the accumulation of pension assets through the Canadian Pension Plan or private pensions can also be challenging, due to the difficulties of fully integrating into the Canadian labour market.\(^{26}\) It is forecast that, by 2011, almost half of the labour force in Canada will be over 55 and 18 per cent will be over 60; the trend in the hotel sector is similar. As May’s narrative reflects, the removal of the mandatory retirement age of 65 will result in more older workers remaining in the labour force longer.\(^{27}\) The narratives of the women I spoke to highlight the multiple roles that many immigrant women of colour take on, both at home and at work, and their lack of options as they get older. This is an area in need of further attention, given the ageing population in Canada and the growing body of literature on poverty among immigrant elders.

**Racism and a racialised division of labour**

Asked if she perceived a racialised division of labour in the hotel where she worked, Sylvia described without hesitation the entire racial hierarchy of the hotel: from the management, human resources and sales department staff, who were White except for the odd ‘token minority’; to the front desk staff, who were all White men and women, to the Black and other racialised men and women who worked as ‘prep cooks’, servers, dishwashers, porters and room attendants. At Celess’s hotel, a similar picture emerged. She said that ‘the front desk staff are all White people. Sometimes they pass you in the hallway and they don’t even look at you. The supervisors say we have to say “hi” to guests and smile. How can they tell us that when they don’t even do that with us?’ Unlike the White front desk staff, Celess and other room attendants are not allowed to enter the hotel through the front doors but must use a separate employee’s entrance. Condescending attitudes and a racialised structure of divisions and entitlements seem to permeate the work culture of the hotel.

Celess’s and Sylvia’s accounts of a racialised division of labour are consistent with a census tabulation of selected GTA labour force characteristics that was produced by Statistics Canada in 1996 and based on occupations in the hotel and motel industry.\(^{28}\) It showed that the majority of White employees work in ‘front of the house’ and were more likely to have management jobs. Racialised workers and immigrants, however, were relegated to ‘back of the house’, where they do cleaning, kitchen work, laundry and housekeeping. The tabulation showed that 63 per cent of executive housekeepers were visible minorities and that 82 per cent of light duty cleaners were also visible minorities. In comparison, 25 per cent of accommodation service managers were from visible minorities and 56 per cent from non-visible minorities.\(^{29}\) Celess also commented that, when a vacancy becomes available in the hotel and immigrant women of colour apply
for it, they are told that they are not qualified; management, she says, will not even look at their application. Sylvia commented that:

You will be more qualified than some of the people at the front but, because of your race or your ethnic background … the companies will say: ‘It’s not so, you’re not qualified.’ That’s not true, because we know more than some of those new people coming in. Sometimes they will say you have an accent and they want someone with perfect English at the front.

Not only can skin colour be a barrier to upward mobility but accents and perceived notions of ‘proper’ English are too.

**Personal lives and community involvement**

Work-related pain and stress is not isolated in its effects to the place of work but carries over to other aspects of women’s lives. Before one is even home, there are the extra hours spent on a tedious and stressful public-transport commute from hotel properties in downtown Toronto to the outer areas of the city where housing is affordable. Speaking of her home and family life, Sylvia said:

At the end of the day, you get off the bus, it takes an hour and a half to get home, you are dead in the chair and you can’t have any social life, you don’t have time to spend with your kids. You are so tired and stressed that it causes arguments in the home for no reason.

Georgia described the tension this can cause within marriages and partnerships, having seen marriages break up because of the long, unpredictable hours housekeepers have to work: ‘You don’t have time for family life. Can you imagine dealing with all that stress and pain at work and then having to come home and be intimate with your husband?’ Celess said that, with her carpal tunnel, she is very dependent on her husband to help her carry out tasks in the home that she used to have no problem doing: washing dishes, carrying the laundry basket and vacuuming. For Esmy, fatigue after coming home from work was a major problem: ‘Sometimes I come home; I can’t cook – I’m too tired. Sometimes it’s like the bottom half of your back is ripping from the top, that’s how hard it is.’ This kind of experience was common to all the women and it not only affected what they did in the home but also how they engaged and participated in their communities. Celess, for example, said: ‘I’m a church lady and sometimes we have bazaars at church, sometimes we have breakfasts at church. I like to help them cook and stuff like that. Sometimes I’m okay but sometimes the pain is too much.’ When she comes home from work, Georgia said, she is usually too tired to do the kind of volunteering work in the community that she would like to.

Some of the women discussed relationships with children and grandchildren. May reminisced about when her children were younger: ‘My kids played basketball and were in plays but I never had the time to go and see them. I think they were mad at me.’ Precarious work, with its irregular hours and low wages,
left parents and single mothers like May struggling to balance family life with economic imperatives. Sylvia spoke about the visible marks on her body and the embarrassment and shame felt with members of her family: ‘Sometimes your kids will look at you and ask you: “Why are your hands like that?” My grandkids will ask: “Grandma what’s wrong with your hands?” I try to explain it’s because of the work I am doing … it’s so embarrassing.’

Unionisation and health

All the participants told me that they had been members of a union at their current place of employment since they started working there. For some of the women, that meant that they were unionised up to thirty-five years ago; for others, seven years ago. This was a surprising response, given the usual perception of the hotel sector as a newly organised industry, with correspondingly poor pay rates, lack of pensions and standards in the workplace, and only very recent media and academic attention. The women’s narratives debunked this perception that unions were only recently involved; in fact, the women argued, the presence of unions was longstanding but, for a number of reasons, had not necessarily improved conditions. Even though the union had negotiated collective agreements, ‘it is not enough because the corporation puts more on us’. Georgia explained that, because the rooms of the 1970s were not as ‘loaded’ as they were now, cleaning sixteen rooms then was not at all the same as cleaning sixteen rooms in 2008. In some hotel properties, the union had negotiated that the room quota be lifted and that room attendants work by the hour and not by the room. However, Esmy believed that unionisation had not brought any reduction in her workload. When asked if there were any positive benefits to unionisation, she said that ‘even if the contract says something like, “they are supposed to work by the hour and not by the room”, the management does not adhere to the contract and they try to bully the workers and some are just too scared to speak up’. On the other hand, Georgia, Celess, May and Sylvia all described using the negotiated terms in their union contracts to refuse work and negotiate with management about their workloads and those of their co-workers who may have been intimidated into not speaking up.

All the women I spoke to were very positive about the union’s benefits package, which was seen as supporting their health and well-being. However, some also commented that, though they have an extensive benefits package through the union, they cannot take advantage of opportunities for chiropractic care and massage, given their long work hours and the loss of income that would result from taking time off work. Others said several times that ‘the union is fighting for us’ and that it has offered them a platform to speak about their experiences. Were it not for the unions, said Sylvia, the conditions for room attendants would be much worse.

Unionising and collective bargaining is, of course, a complex and multi-faceted process. While there have been small gains in the hotel industry and union wages are higher than non-unionised wages, housekeepers are still a long way from living lives free of pain and injury in the workplace.
Resistance and negotiation

... so I’m angry. But I am not without hope. This summer, we have been coming together as immigrant workers, as members of immigrant communities, as service sector and hospitality workers. We don’t have to accept things the way they are. We don’t need to accept poverty in our neighbourhoods. That every child in Toronto can grow up to be whatever they dream of being. That our jobs be good jobs where we are treated with respect and earn enough to support our families and communities.

Look around at the people standing next you. We are from all over the world. We are immigrants. We are Canadian. We are hotel workers. We are restaurant workers. We are beautiful! And, together, we are the new majority in Toronto!

Zeleda Davis, vice-president of Local 75, speaking to the crowd at Toronto City Hall, 31 July 2008

A campaign known as ‘Hotel Workers/Immigrant Workers Rising’ has had a major impact in Toronto. Organised in conjunction with Unite Here, its aim is to raise living standards and working conditions for those employed in some of the most strenuous, underpaid jobs in the service sector. I observed and participated in an Immigrant Workers Rising/Hotel Workers Rising rally that took place in Toronto on 31 July 2008. The rally began at the Toronto City Hall and then proceeded down Bay Street to the front of the Royal York Hotel to support workers then involved in contract talks with the historic hotel. A collective of union members, including vice-president of Local 75, Zeleda Davis, presented City Councillor Gord Perks with over 4,000 pledge cards signed by hotel and immigrant workers. An immigrant woman of colour who has worked as a room attendant for almost two decades, Zeleda Davis has been at the forefront of this movement, dealing with the realities of work in the hotel industry, yet actively contesting and negotiating for change; and there are others just like her. Addressing the crowd in front of Toronto City Hall, Zeleda concluded her speech with the statement that ‘we are the new majority in Toronto’. This shift in positioning from ‘minority’ to ‘majority’ sent a strong message to employers and politicians that cannot be easily ignored or dismissed.

After the speeches, the rally proceeded down Bay Street, just as many of Toronto’s corporate workers were heading home for the day. They were left somewhat bewildered by the rallying workers beating their plastic buckets, blowing on whistles and chanting, ‘The workers united will never be defeated’; the spatial boundaries of the financial district had been disrupted. Rounding the corner at Front Street, the rally settled outside the Royal York Hotel, where hundreds swelled the demonstration. A make-shift podium was erected and speakers came to the microphone to tell their stories. Towards the end of the rally, everyone held hands and stretched out to form a perimeter around the Royal York Hotel; once again space was disrupted and the ‘invisible’ made visible in a display of worker solidarity.
Around thirty hours after the rally, at two in the morning, a deal was finally reached. The Toronto Star reported that the union had achieved all its major goals including workload decreases, increases in benefits, retirement income, wages and other income gains. Moreover, as union contracts with the Royal York and other GTA hotels are due to expire in 2010, 6,000 hotel employees will then be in a position to renegotiate contracts at the same time – a significant opportunity to set a standard across all unionised hotels.

Campaigning such as this has brought advances for immigrant women of colour working as hotel housekeepers in the GTA and across North America. Yet the struggle continues: there is much research, analysis and activism that remains to be done in order that the health and well-being issues facing immigrant women of colour in the GTA be fully taken up. The context in which this struggle takes place is continuously shifting, with the ebbs and flows of neoliberal globalisation and its impact on racialised and gendered workers in the hotel industry.

By agreeing to be interviewed and partake in studies such as mine, immigrant women of colour who work in the hotel industry are performing a form of resistance that cannot be overlooked. They offered their deeply personal narratives of their experiences as housekeepers in order to demonstrate how low-waged labour and poor working conditions intercede in their everyday lives, and as a way of seeking redress. Thus, they are far from passive victims; they are contesting, voicing their demands and engaging in individual acts to take control of their health and collectively achieve better working conditions.

References
2 Ibid., p. 5.
3 Ibid., p. 6.
4 Precarious employment includes forms of work involving limited social benefits and statutory entitlements, job insecurity, low wages and a high risk of ill-health. It is shaped by employment status, various forms of employment (temporary, seasonal, part-time) and dimensions of labour market insecurity (SARS, for example, hit the hotel industry in the summer of 2003), as well as social context (what type of industry, full-service, luxury) and social location (gender, race/ethnicity). See L. Vosko, ed., Precarious Employment: understanding labour market insecurity in Canada (Canada, McGill-Queen’s University Press, 2006); A. Lewchuck, A. De Wolff, A. King and M. Polanyi, ‘The hidden costs of precarious employment: health and the employment relationship’, in Vosko, Precarious Employment, op. cit., pp. 141–62.
5 S. Sassen, Cities in a World Economy (California, Pine Forge Press, 2006).
6 Verma et al., An Industry at a Crossroads, op. cit., p. 4.


Creating Luxury, Enduring Pain: how hotel work is hurting housekeepers (Unite Here, 2006), p.7.

Ibid., p. 6.

Ibid., p. 3.


E. Ng, R. Wilkins, F. Gendron and J. Berthelot, ‘Healthy today, healthy tomorrow? Findings from the national population health survey’, in Issue 2 – Dynamics of Immigrants’ Health in Canada: evidence from the national population health survey (Statistics Canada, 2007).


I. Hay, Qualitative Research Methods in Human Geography, 2nd Edition (Australia, Oxford University Press, 2005), p. 17. This study was a small-scale qualitative venture that used several integrated methods from oral (five semi-structured interviews, narratives), textual (news articles, academic studies, task force reports) to participatory methods (participant observation at a workers’ rally). The group of participants in this study does not form a representative sample of hotel housekeepers in the area. Instead, this research took a narrative analysis approach which used the narratives of the participants as empirical evidence.

Table 1 is extracted from my Ryerson University master’s thesis of 2008. Each participant was offered the choice of an alias to protect their identities. One participant chose to use her real name.


Ibid. The Canadian Pension Plan is a social insurance programme based on contributions and earnings. Anyone who has made at least one valid contribution is eligible to receive a monthly retirement pension starting at the age of 60.

Verma et al., An Industry at a Crossroads, op. cit., p. 17.


Ibid., p. 203.

S. Freeman, ‘Hotel staff need help: study’, Toronto Star (3 August 2008).