

April 26, 2018

April 28, Day of Mourning for Workers Killed or Injured on the Job
Affirm the Right to Healthy and Safe Working Conditions!

CALENDAR OF EVENTS

April 28, Day of Mourning for Workers Killed or Injured on the Job
• **Affirm the Right to Healthy and Safe Working Conditions!**

Workers Speak Out in Defence of Their Rights

- **Doug Finnon, President, Teamsters Canada Rail Conference**
- **Peter Page, Executive Vice President, Ontario Network of Injured Workers' Groups**

- **Simon Lévesque, Health and Safety Director, FTQ-Construction**
- **Nathalie Savard, President, Union of Health Care Workers in Northeastern Quebec**
- **Geneviève Royer, High School Remedial Teacher**
- **Denis St. Jean, National Health and Safety Officer, Public Service Alliance of Canada**
- **Lui Queano, Organizer, Migrante Ontario**
- **Mike Cartwright, Occupational Health and Safety Committees of the Hospital Employees' Union and the BC Federation of Labour**
- **Bill McMullan, Care Aide, Vancouver Island**
- **Samantha Cartwright, Care Aide, Prince George**
- **Quebec Truck Drivers to Commemorate Fellow Workers Who Died on the Job - Normand Chouinard, Quebec Trucker**

For Your Information

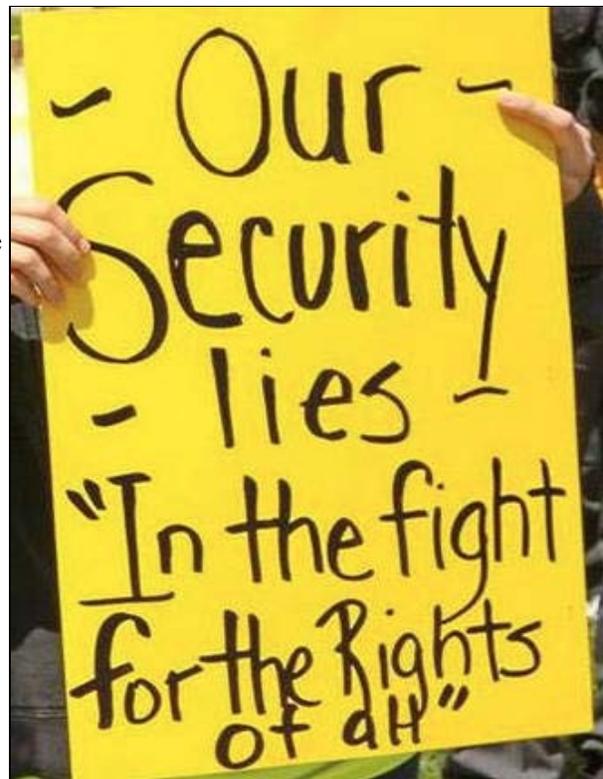
- **Fatalities and Injuries at Work in Canada and Internationally**
- **Asbestos-Related Deaths - Peggy Askin, Past President, Calgary and District Labour Council**

April 28, Day of Mourning for Workers Killed or Injured on the Job

Affirm the Right to Healthy and Safe Working Conditions!

Once again this year on the occasion of April 28, the Day of Mourning, workers will hold ceremonies and meetings and observe minutes of silence to mourn the dead and fight for the living. These events are taking place under very difficult conditions where those who control and own the production facilities demand absolute control of the workplaces in order to serve their narrow private interests, without the workers who do the work having a say and control over their working conditions. This includes the right to healthy and safe conditions. How can there be healthy and safe conditions at the workplace if the independent and organized voice of those doing the work is silenced? Monopolies demand unhindered control over production facilities and reject any intervention by government in their affairs other than putting forward schemes to pay the rich and using the police powers of the state to try to crush the struggle of workers for their rights.

Government policies and actions actually compound problems rather than establishing production standards as a matter of principle and enforcing health and safety standards without which production cannot take place. This is done in the name of high ideals such as the "health of



the economy," the "national interest" which, they assert, require that the monopolies be competitive on global markets. This leads to spurious formulas and practices such as self-regulation by industry. The result of this can be seen, for example, with the railways. Rail is a sector where the health and safety of workers and the public is actually most at risk, where self-regulation has led to serious deterioration in working conditions including workers being forced to work routinely beyond the point of exhaustion.

Workers are rejecting the dictate that they have no role to play in determining their conditions of work. In particular, they are organizing to smash the silence about their conditions, both amongst themselves at the workplaces and at the level of public opinion itself. They are publicly explaining what their issues are and how they are fighting for themselves and society. They are opposing the disinformation of the monopoly media and putting forward demands that will change the situation in their favour and in favour of society. The participation of all is required in actions that build a united and organized force in defence of their rights. In doing so, they seek to avoid being caught in various traps designed by the monopolies and governments in their service to paralyze their initiative, such as engaging exclusively in filing grievances and fighting arbitrations, which among other things monopolies are using to drain unions' finances. Workers are increasingly going into the arena of public opinion to defend and affirm their right to safe and healthy conditions and their right to adequate compensation at a Canadian standard in the face of increasing workplace injuries and work-related illness.



In this organized struggle for their rights workers argue that safe and healthy working conditions and adequate compensation for injured workers are an integral part of workers' exchange with their employer -- their capacity to work in return for definite conditions that are acceptable to them. Insinuations and outright accusations that the problem is the behaviour of workers and that it is the workers who are to blame for accidents and occupational diseases is a frontal attack on the conditions of this exchange. It creates an untenable situation with respect to relations of production in the workplace and in society.

Every day, workers find themselves confronted with the need to reverse the situation in their favour with regard to their health and safety and that of the public by increasing their resistance and fighting for a new direction for the economy.

Workers are finding ways and means to speak out and smash the silence on their working conditions. The slogan *Our Security Lies in the Fight for the Rights of All* guides them to build unity in action and affirm their rights and the rights of all.

On April 28, workers express their determination to affirm their right to healthy and safe working conditions!



Workers Speak Out in Defence of Their Rights
Doug Finnon, President, Teamsters
Canada Rail Conference



The number one issue is disciplining of workers, the treatment of the workers who get injured. Health and safety, according to the employer, is our responsibility. When a worker gets injured, they say, "You hurt yourself, you injured yourself," and the worker gets disciplined. I think that employers purposely do not understand what health and safety is. When they say that they are going to put more emphasis on health and safety, what that translates into is that they are going to discipline more workers. Basically they want to be able to blame the workers for everything. It seems that there is no appreciation of the fact that we should be doing things so that injuries do not take place, not waiting for an injury to happen. It makes no sense to me that we are so reactive when it comes to health and safety. It is also a symptom of lack of proper legislation that the employer has so much control over health and safety in the rail industry. I think too that the employers minimize what is taking place in terms of the true number of injuries that are taking place. When the railroads get into trouble, when something terrible happens, they hide behind statistics, that we went so many thousands of miles without an accident.

Health and safety problems are very often fatigue related. We have to get out of the pattern which exists in the rail industry, that when workers feel fatigued, when fatigue sets in in the workplace, it is a "work now grieve later" situation. That should not be a "work now grieve later" situation. Workers find themselves working in situations where they should not. They are forced to work overtime or work longer than they are supposed to, longer than the schedule, longer than what the contract says they are supposed to, that is "work now grieve later." You should be able to stop, to be able to say that someone else should run that train for me. We are fighting fatigue all the time.

We have to tell workers that health and safety is ours. It is our broken body, not the company's body. We have to work to get the message across. In our work we inform, we educate, we build confidence in the workers' ability. And they have to be active in the union. It is only if you are active that you understand what we have to deal with right now. To be active in the union is essential.



Peter Page, Executive Vice President,
Ontario Network of Injured Workers' Groups

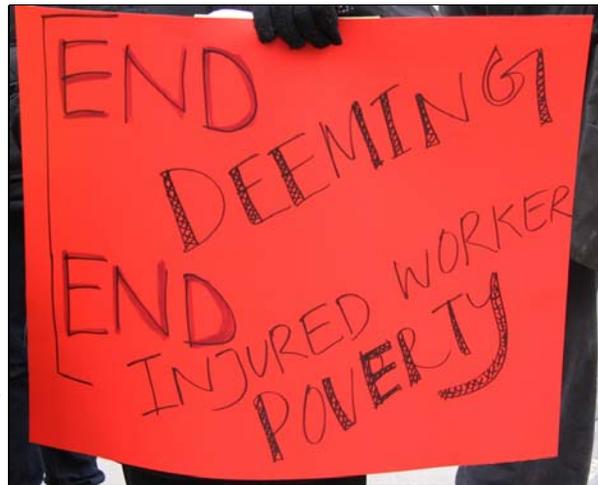
Since last August, the Ontario Network of Injured Workers' Groups (ONIWG) has had this

campaign called "Workers' Comp Is a Right!" We decided on three demands that we present to the three parties that could form the government, to ask what they would do about them.



The Ontario Network of Injured Workers' Groups' launch of province-wide organizing campaign "Workers' Comp Is a Right" on September 11-12, 2017 coincides with the return of MPPs to the Ontario Legislature.

The three issues are: pre-existing conditions; that there should be no cuts based on phantom jobs, what they call deeming; and that they have to listen to the injured worker's doctor. The issue with pre-existing conditions is that the Workplace Safety Insurance Board (WSIB) is reducing the benefits of workers by claiming that the workers had a pre-existing condition prior to getting injured, a bad back for example. You may have worked 25 years as a mover and your back never bothered you once. Then you have an accident, you hurt your back, and they say that this is because of a pre-existing condition that you had -- you had scoliosis, whatever -- and they reduce your benefits.



The deeming issue is that the Board deems that anyone is capable of working regardless of whether they are able to do so or not. There are many examples of workers that we know who will not be able to return to work or will only return to limited employment which is not sustainable. The Board uses this to cut benefits to the worker and save money.

The third one is that they are using their doctors to decide on the workers' conditions. Instead of listening to the injured worker's treating physician, the Board does a paper review with a paper doctor and decides that the worker is able to go back to work. They make that decision. They do not take all of the injured worker's health care issues into consideration. Say the worker had a broken arm. They say it should be healed in three months so they cut his benefits even if he still has ongoing issues and his physician says that he is not able to return to work.



So far, we have met with over 23 MPPs in Ontario -- Liberals, Conservatives and NDP -- and we will be having more meetings with candidates of all parties in regards to the issues that injured workers want addressed by whoever forms the government.

I want to say, by the way, that the WSIB is fully funded now. There is no more unfunded liability yet injured workers are still being denied benefits, even more so now. The Board wants to be 120 per cent funded. They did not get this money by raising the assessment rates of the employers. They got the money from denying benefits to injured workers. It is the cutting of injured

workers' benefits that has resulted in the Board having a fully funded system. And it is now taking five to six years to adjudicate claims.

We are saying that compensation is a right. Workers deserve to be treated with justice and dignity.



Simon Lévesque, Health and Safety Director, FTQ-Construction



Day of Mourning march to National Assembly in Quebec City, April 28, 2015.

What comes to mind first and foremost is that the main killer in the construction industry is asbestos. We have it everywhere in the construction sector. They put it everywhere in the buildings, from the 1950s to the early 1980s. Our workers are exposed to materials that contain asbestos. At the beginning of the 1990s, it was acknowledged that this was a problem, measures were taken in construction work; low, medium and high risk work was established. Everyone agreed that it was a sneaky disease, that it took a long time before the disease broke out. The latency period for developing cancer caused by asbestos -- mesothelioma or pleural cancer -- is between 15 and 30 years. You arrive at your retirement to learn that you suffer from asbestosis. There are cases where mesothelioma is not recognized as being related to asbestos and work. We have to fight to get it recognized. In addition, the standard of asbestos that is allowed in the air is ten times higher in Quebec than in the rest of Canada. We are asking the government to change the standard to at least

meet the Canadian standard. It is the economic argument that is given, that we have been producers of asbestos for a long time, and it was said that it was not dangerous. Even today, it's difficult to get inspectors on asbestos cases, even though the government days it's a priority. The reason is that there is such a long latency period, there is no perception of an immediate danger.

Construction is still the sector with the highest number of fatalities at work per year. We are working hard to change the behaviour of employers. The level of prevention that is being done is stagnating. If the employers are not told by the inspectors to change their methods, if they do not receive warnings, they do not move. We want health and safety to be taken up by the industry as a whole, and with the involvement of workers. The big employers in construction do not want this to happen. They want to keep their management rights. For us, at this time, the taking up of responsibility by the industry means that construction sites would have prevention representatives. The position of prevention representative is included in the *Occupational Health and Safety Act*, but was never promulgated as far as construction is concerned. We managed to win them on the sites of 500 or more workers, but the pressure is huge from the employers not to have any, so that there is no space for workers on the sites even if these are the conditions we are working under. There has been progress at Hydro-Québec, there is a dialogue, a change of culture. But for most of the big companies, there is a refusal to work with the unions.



The prevention representative is nominated by the union and is someone who is constantly there, who is aware of everything that happens, who makes sure that accidents are reported. He is there mainly to try to make sure that accidents do not happen. Also, he protects workers in the context where workers have no job security. There is a bond of trust with the representative, who is not there to act like a policeman on the building sites.

In current conditions having a prevention representative has become even more important. Things have changed on construction sites. In the not-too-distant past, there were workers' actions on the construction sites against employers who were intimidating workers. When that went beyond the limits, it was not uncommon for workers to refuse to work and say that the work would not resume if the employer's representative carrying out intimidation was not excluded from the job site. Now, as soon as we do that, we will be sued. We are the ones being called bullies. It is necessary for workers to regain their role to uphold health and safety on construction sites.



Nathalie Savard, President, Union of Health Care Workers in Northeastern Quebec

There is a lot of work to be done regarding the health and safety of our members.

Our members often face violence, particularly in the Residential and Long-Term Care Centres (CHSLDs) from patients who become aggressive, families who become aggressive with us too. Employers organize occupational health and safety committees, I think it's mainly in order to look

good. When we come to discuss substantive issues such as violence against nurses, particularly in the CHSLDs, prevention problems, the lack of inspection of lifting devices that we are using with patients, these are things that do not receive the needed attention. It is the same thing for hazardous materials that we must use. We have charts regarding the use of this material that explain what to do if there are problems, and the charts are not getting updated. A main issue is lack of training, for example for nurses who go to work in people's homes. There is a lack of training to deal with patients who become violent. This is not the fault of the patients, it is caused by their dementia. It seems like there is a lack of political will to deal with these issues.

Also, the pressure is very strong because of the shortage of personnel, the lack of resources. Budgets are not set according to the needs. We are also seeing more and more problems of psychological health. We try to get them recognized as an occupational disease, but it is not easy. In terms of mental health, there is a lot of prejudice on the part of employers, and there is also prejudice in the general population. Recently, at the level of the *Occupational Health and Safety Act*, those who work in the health care system have finally been recognized as a priority group because of musculoskeletal disorders and psychological health problems so we hope that from now on things are going to move quickly in order to sort out the problems. [*In the Act, priority groups are those that are considered the most hazardous, needing prevention mechanisms, such as the mining, forestry and chemical industries, etc. -- WF Note.*]

There is also the issue of safety for expectant mothers. Hospitals are trying to keep more workers who are pregnant in the workplace. But with the shortage of nurses, this is putting the nurses who are at work under a lot of pressure. Often we must intervene to enforce the limitations on what is expected of these workers. We have to protect our members on this issue.

Nurses are having to work faster and faster as there are fewer and fewer people. It's a complex situation. All the problems society is facing end up in the health care system. If we want to keep our people healthy, we have to take care of them. There has to be a focus on training. There must be health and safety committees including the union and the employer where problems can be raised and solved. We have to provide good service to patients and that needs to be done in a safe environment. That is the main issue.



Geneviève Royer, High School Remedial Teacher

The main problem is that none of the arrangements that are being made in education are based on the needs that teachers have identified. The main need in the short term is the decrease in the teacher-pupil ratio. This demand has been put forward at least since 1995, when teachers identified that in the social context in which we live classroom size must be reduced. They need this to provide quality education and to identify students in difficulty and also to be able to identify the help that students need. We cannot identify difficulties because we have 30 students in a class. When we do identify difficulties the resources are not there. This is the main problem that exists and this is creating the problem of burnout that is more and more common among teachers. To avoid solving the problem, there is the ideological offensive that says there is no money and so we have to manoeuvre in the absence of the necessary funding. The reforms that were instituted, which were imposed on the teachers, were that teachers should be able to function with 30 students, making six groups of five, and so on. This is a diversion because a decrease in the teacher-student ratio would mean investing in education, new teachers being hired, new classes opening up. It would be

something positive but in the *modus operandi* of the state this is not positive, it is an expense that must be avoided.

At the same time as we have this refusal to reduce the teacher-student ratio, we also have the phenomenon, which we saw in health care with deinstitutionalization in the 1990s, of standardization of students. Standardization means that the student has to be in a regular class. When I started teaching there were a lot of specialized classes. The pretext for standardization was to say that students were marginalized in specialized classes so they needed to be introduced into regular classes. It was a pretext to close the specialized classes year after year and integrate these students, but without the associated services required to meet their needs.



In addition, the anti-social offensive has an effect on families, on children. There may be a group of 30 with 10 to 15 students who have special needs that are not being addressed. When the needs are not met, it becomes an issue of behaviour, it becomes the problem of the teacher who must "learn to manage" their classes, etc. The overload, which is the result of the destruction of educational arrangements, is presented as a personal problem of the teacher. With the anti-social offensive we get a lot of students who do not eat breakfast in the morning, we have parents who are themselves in crisis, without jobs, needing help to sort out their lives. In this context, collectives are targeted. It is the parents who must supposedly learn to raise their children, etc. Enemies are created and targeted while the organization of the education system is unscientific and irrational. This puts tremendous pressure on teachers. There has been a huge increase of long-term absences among teachers. It is not uncommon for a teachers to be absent from class for a year or two. It is exhausting for teachers to have young people in front of them and to know that they are not meeting their needs. There is a form of violence that sets in; the group becomes restless, the teachers go into survival mode, they start expelling students. This is in contradiction with the pedagogical professionalism inherent in teaching. With this destruction, many parents choose to go to the private system because there is more stability. There is an exodus from the public to the private sector. To cope with this exodus, teachers engage in many activities that go beyond their workload. There is the issue of lowering of standards in the educational system. For example, there is pressure from the authorities to give students a passing grade at any cost. Teachers object to this lowering of standards in education, which is an attack on their dignity as teachers.

What keeps us going is the collective. Teachers rely on one another, they help each other to deal with different situations. What I see in this situation is that our tasks have increased so much and our work has become so complex in the context of the anti-social offensive that we would be able to run the schools. We manage the money. We manage the activities of the students. We manage relations with the parents. We learn to look for the strengths that each teacher has to solve the problems we face. Also, in times of negotiations, teachers engage in organized trade union struggle in order to improve their working conditions which are the learning conditions of the students.



Denis St. Jean, National Health and Safety Officer, Public Service Alliance of Canada

Each year we adopt a special theme to focus on a health and safety issue that is important for our workers. This year, we selected one that is very important in the federal public service: harassment and violence in the workplace. We are asking that the law require that the workplace be safe and healthy. For instance, we want legislation that will support women workers who report incidents of violence and harassment. We are carefully examining Bill C-65 on sexual harassment and violence that is now before the House of Commons and the outcome of the public consultations currently being conducted by the Ministry of Labour across Canada.

Over the years we have been surveying our members at our national and regional health and safety conferences. The response of our members is number one, violence and harassment. The second is the issue of mental health in the workplace and the third is the lack of training on these topics.

Harassment and violence come in all forms. We are obviously talking about physical violence, but we are also talking about psychological violence. We are talking about intimidation, threats of reprisal, unacceptable behaviour, incivility. This is happening mainly as an issue of power at the workplace, where people in support positions are primarily targeted by those who have more power than them. Most cases of intimidation at the workplace are cases of a person who is in position of power, like people who are part of management, versus a person who has less power. It is an abuse of power, a demonstration of the kind of balance of power that we see at the workplace. In the federal public service, surveys are conducted once every two years and the results are consistent, with almost one in five people in the public service reporting being harassed in the workplace and 25 per cent reporting they did not take any action to try to solve the problem of harassment. This indicates a lack of trust in existing processes and a culture where harassment is tolerated as a normal condition of work.

The only way to counteract this lack of power is obviously to be part of a union, to be able to find solutions, whether through collective agreements, the legislative changes we are demanding and the legal remedies.



Lui Queano, Organizer for Migrante Ontario

For migrant workers, a main problem is that they are not given proper safety equipment. Many are working on farms and are being exposed to fertilizers without being given the proper protective equipment. This is a very basic thing, but it is not being provided in an adequate manner. They are using all these fertilizers but they are not provided with personal protective equipment, and if they are it is often used and worn out equipment, not new. They cannot ask for new ones. These workers are seasonal and the government is not paying proper attention to their safety. They are amongst the most vulnerable workers.

Migrante right now is doing a lot of community safety education with these workers. We are also educating them on their rights in the work places. We are encouraging them to inform us when there are issues. Migrante is very much willing to help them, including on the legal front. We have seminars for them, in cooperation with Migrant Resources Centre Canada. We invite workers to drop in there to learn, to educate themselves about the importance of protection, so that they know

what they need to know about their jobs, so that they are not afraid to talk about their conditions at work. Migrante Canada visits migrant workers. For example we found out in Prince Edward Island that migrant workers were working in the fishing industry and had no organization. These were mostly Filipino workers. Migrante is helping them to organize themselves.



Demonstration in Toronto, September 15, 2017.

We are also coordinating with the Caregivers Action Centre to demand that the federal government immediately repeal a section of the law that denies permanent residency to immigrants with disabilities. This is a section of the *Immigration and Refugee Protection Act*, which denies permanent residency to an entire family if one member is sick or has a disability that would pose an "excessive demand" on Canada's health care system. The caregivers spend their money to come to Canada, perform a very valuable and needed service, only to find out that they are not accepted.

Migrante organizes so that migrant workers can speak out, organize, be more confident, have a voice.



Mike Cartwright, Occupational Health and Safety Committees of the Hospital Employees' Union and the BC Federation of Labour

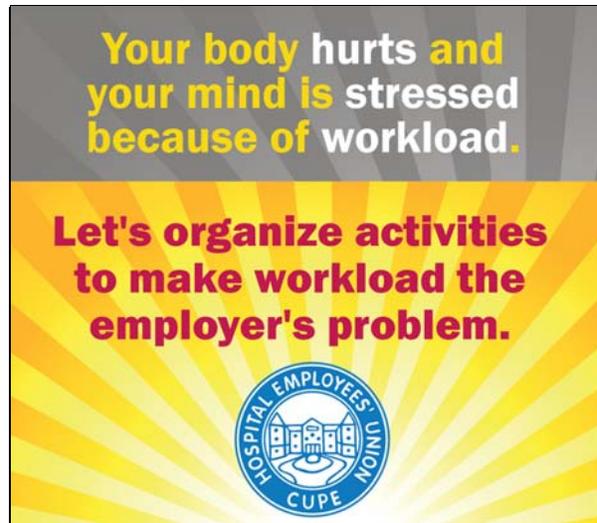
In health care the biggest challenge to health and safety is the lack of staff. A significant number of our injuries are due to being short-staffed, understaffed. This is happening to care aides, recreation workers, housekeepers and kitchen staff, as well as others. Most are musculoskeletal injuries (MSIs), some cuts and scrapes and abrasions but the majority are MSIs. There is also a significant increase in work-related stress. There are a lot more injuries in complex care settings, in seniors' residences, than in hospitals. A lot of the "complex care homes" are not set up to be complex care. Buildings are not proper for dementia care. Staff aren't trained properly. There is not enough staff. You often have one person doing a two-person lift. Many of the residential care homes were built back in the '60s and '70s and '80s. In the private, for-profit residential homes, the owners are in business to make money not to spend it so they often don't provide the lifts or other equipment that workers need to do

their jobs safely.

The BC Federation of Labour Occupational Health and Safety Committee is lobbying the government to change the Worksafe BC Board and Worksafe regulations with respect to safe staffing levels, to fatigue levels. We have put in recommendations for length-of-day language because right now there is no restriction on how long someone can be at work.

The mandate of these two bodies is to raise awareness so workers know their rights and how to enforce them and to advocate with government. The HEU Occupational Health and Safety Committee assisted in creating the curriculum for our "Know and Enforce Your Rights" course for members in member to member education sessions.

We're also reaching out all across the province to all locals to make sure that their Joint Occupational Health and Safety Committees are functioning. We want to educate our members to be able to combat the attacks by management or the intimidation by management saying "Just do this" even if it's unsafe. We want to give our members the tools to say "No, I have the right to refuse unsafe work. I have the right to know about hazards in my workplace."



Bill McMullan, Care Aide, Vancouver Island

I work in a group home which is the home of several individuals. The people that I care for are adults with severe and profound disabilities, both cognitive and physical. They require full personal support, with attending medical appointments, meal preparation and feeding, dressing, bathing, social activities, basically to interpret their needs and to see that they get the care that they require.

With regards to our working conditions, the biggest difficulty that we face is being short-staffed. There is an erosion of full-time positions. Every year there are more full-time positions being reconstructed into part-time positions. The wages for care aides in the community are lower than the wages in hospitals so there is a problem of retention. When they start people often work at multiple worksites and then to grab some security they will take a part-time job here and there and everywhere which prevents them from being accessible and available for full-time jobs and employers take full advantage of that and collapse full-time jobs. In my sector workers are often isolated from one another and some of the newest workers are not aware of their rights and that is also taken advantage of. There are a lot of things that contribute to diminished health and wellness for workers in my sector. We have aging equipment -- lifts, slings, modified beds, electric tubs -- and at the same time you have an aging workforce that is doing repetitive work so you need the equipment working.

In this sector there are both private, for-profit operators and non-profit societies, all funded by government through Community Living BC (CLBC). The problem is that as service needs change and an individual needs more care, CLBC won't fund those increased needs. They force the agency providing services to cope and the agency downloads that onto the staff who have to do more with less. We also have problems with inadequate training to deal with individuals that are aggressive.

Also, there are some agencies in Community Social Services, among those that are privately owned, which will deliberately bring in more aggressive individuals to live in a group home because the higher the aggression the higher the dollars that they get from CLBC. It's not uncommon to have a 20-year-old female care aide dealing with an aggressive male one on one, and often the protocol is "lock yourself in a room when they're out of control." That's the behaviour support plan. Without adequate staff and proper training workers' safety and the safety of the people we care for is compromised.



Samantha Cartwright, Care Aide, Prince George

I work in a residential complex care facility with 58 beds. Most of the people are seniors and about 85 per cent are in the throes of dementia by the time that they come into care, unfortunately, because the wait lists are so long. The other 15 per cent are cognitively well but physically extremely unwell, so some of them fight you on care -- "No, you're not using that ceiling lift on me. You can use the Golvo lift," when the Golvo lift has been deemed inappropriate. Staffing levels have not changed significantly in the last 20 years, but 20 years ago the physical needs of the residents were far less than they are now.

Our work is complicated, balancing the needs of the residents with safety. People with dementia have difficulty communicating. Water for some people with dementia is actually terrifying and they can become combative. Bath teams are still single people. Even when a care plan requires two or three people to deal with aggressive behaviour, the bath person still does the bath by herself. Part of it is that the workers on the bath team are really good at their job and know that if they have a partner that the resident is not familiar with it will create a more dangerous situation but if they are on their own they know how to deal with aggression because they know how to deal with the person, they have a relationship, they are trusted. Our work has risks and hazards by its nature.

Our biggest problem is being short-staffed. In our jobs we need to work as a team and when we are short-staffed, both chronically and when workers are not replaced when they are absent, we are expected to figure it out ourselves which creates two problems, unsafe working conditions and conflict between workers because it is not possible for two workers to do the work of four or more.



Quebec Truck Drivers to Commemorate Fellow Workers Who Died on the Job

- Normand Chouinard, Quebec Trucker -

An important event for Quebec truckers will be held on April 28, the Day of Mourning for Workers Killed or Injured on the Job, in the small municipality of Yamachiche, in Mauricie, a tribute to truck drivers who have died on the road. It is under the initiative and impetus of the non-profit organization "SSPT chez les camionneurs" (post-traumatic stress disorder (PTSD) among truckers) that such a gathering is taking place for the first time.



28 AVRIL
JOURNÉE NATIONALE DU
DEUIL DES PERSONNES
DÉCÉDÉES AU TRAVAIL

HOMMAGE AUX CAMIONNEURS DISPARUS

Chaque année, nous perdons des confrères et consoeurs camionneurs pendant qu'ils exercent leur métier.

SSPT chez les camionneurs, Rabais Routiers ainsi que plusieurs autres participants vous invitent le 28 avril prochain à un rassemblement en hommage à nos collègues au Irving 24 de Yamachiche de 13h à 17h afin de leur donner un dernier coup de flûte.

Pour plus d'information, contactez-nous
 Par courriel au : sspt.camionneurs@gmail.com
 ou par téléphone au : (819) 437-8536 et (418) 440-4514

SSPT chez les camionneurs was created in 2013 when driver Patrick Forgues was involved in an accident in which a man died. The man committed suicide by throwing himself in front of Forgues' truck. Mr. Forgues was diagnosed with PTSD one month later and his life was turned upside down. On the initiative of his wife, Kareen Lapointe, a Facebook page was created to help truckers and their families to demystify post-traumatic stress disorder. The organization's Facebook page states, "A year later, the demand for such a service was such that we started a non-profit organization called SSPT chez les camionneurs."

April 28th
National Day of Mourning

Every year, we lose fellows while they work as truck drivers. April 28th, is the National Day of Mourning, so why not get together to pay a tribute to the memory and never forget them.

All those truckers, who lost their lives in the line of duty, deserve a last honk from us. Join us so they are never forgotten.

People from the trucking industry across Quebec and elsewhere will finally be able to commemorate those who died on the road. There will also be testimonials from injured truck drivers, and support services are going to be offered at the event site. It will also be an opportunity to smash the silence on the daily working conditions of truck drivers and the constant dangers they face. Truck driving is one of the most dangerous jobs, which still has one of the highest rates of work-related injuries and fatalities. Recognition of post-traumatic stress disorder as an occupational disease in trucking is an important issue as the number of road accidents on North American roads is increasing, with huge consequences for the well-being of drivers and the public.

For Your Information

**Fatalities and Injuries at Work in Canada
 and Internationally**

The most recent available statistics on fatalities and injuries at work in Canada are from the

Association of Workers' Compensation Boards of Canada (AWCBC) from 2016.

The statistics show that in 2016 the number of fatalities at work was 905, up from 852 in 2015 and slightly down from 919 in 2014. This means 2.47 deaths every day. The sectors where the number of fatalities were the highest are construction (203), government services (158), manufacturing (144) and transportation and storage (82). Of these fatalities, 320 were due to traumatic injuries and disorders and 567 to diseases, the greatest number being 427 cases of malignant neoplasms, tumors and cancers.

Among the 905 dead, six were young workers aged 15 to 19, twenty aged 20 to 24 and thirty aged 25 to 29.

In addition to these fatalities, there were 241,508 claims accepted for lost time due to a work-related injury or disease, up from 232,629 in 2015 and 239,643 in 2014. These included 7,583 claims from young workers aged 15 to 19, 22,005 from workers aged 20 to 24 and 24,927 from workers aged 25 to 29. The sectors where the number of claims accepted for lost time was the highest were health and social services (43,836), manufacturing (33,084), retail trade (26,924) and construction (25,645).

The AWCBC defines a time-loss injury as "an injury for which a worker is compensated for a loss of wages following a work-related accident (or exposure to a noxious chemical) or receives compensation for a permanent disability with or without time lost in his or her employment." To be included in the statistical report, the injury must have been accepted by a workers' compensation board or commission (cases not accepted by a workers' compensation agency are not included in the reports).

The AWCBC says the number of lost time claims that are being accepted has been steadily decreasing since 1995 (from 410,464 in 1995 to 241,508 in 2015) while the number of fatalities has remained 915 a year on average. This likely indicates a high number of unreported injuries even amongst unionized workers, of challenged and rejected claims, and the massive shift of the workforce towards precarious employment of all kinds. This precariousness of employment is increasing even amongst the workforce that works for the monopolies as they are subcontracting more of the work so as to lower the claims of the workers on the value they produce. These workers are considered as disposable and they are swiftly replaced when they hurt themselves, the injury often remaining unreported under the pressure that the subcontractor may lose its contract with the monopoly if it "causes trouble" by allowing workers' reports of injuries. In provinces such as Ontario, employers get "rebates" from the government if they reduce the number of injuries reported.

According to Worksafe BC, health care assistants or care aides continue to have the highest rate of injury of any occupational group. Care aides provide personal care -- bathing, dressing, feeding, toileting to people with disabilities and seniors in private homes, group homes, hospitals and seniors' homes. The rate of injury in this sector was 8.7 per 100 workers, four times the BC average of 2.1 per hundred. In a series of meetings through the province in March in preparation for provincial bargaining which will begin this year, members of the Hospital Employees Union, which represents 49,000 health care workers in the province, identified overwork and understaffing as their biggest concern and demanded increased investment in publicly funded and publicly delivered health care.

The compensation system itself has become "a very litigious, difficult, cumbersome system" representatives of injured workers point out. The system is also not funded properly, they add.

Workers report that their claims, when they are legally allowed to make a claim, are systematically being challenged.

Internationally, the latest global figures date from the XXI World Congress on Safety and Health which took place in Singapore in 2017. These figures are based on data collected in 2014-2015 and are included in the report *Global Estimates of Occupational Accidents and Work-related Illnesses 2017* presented to the Congress.

They indicate that an estimated 2.78 million work-related fatalities occur annually compared to 2.33 million estimated in the previous study completed in 2014 which was based on data from 2010/2011. The estimated global total of fatal occupational accidents and work-related illness in the 2017 report reflects the inclusion of respiratory cases caused by chronic obstructive pulmonary disease and work-related asthma which were not included in the 2014 report. For fatal occupational accidents, there are an estimated 380,500 deaths a year, an increase of 8 per cent since the previous study. Fatal work-related diseases were at least five times higher than fatalities due to occupational accidents. In 2015, there were 2.4 million deaths due to fatal work-related diseases, an increase of 0.4 million compared to 2011. Taken together, circulatory diseases (31 per cent), malignant neoplasms (26 per cent) and respiratory diseases (17 per cent) contributed more than three-quarters of work-related deaths, followed by occupational injuries (14 per cent) and communicable diseases (9 per cent). The number of non-fatal occupational accidents was estimated to be 374 million, increasing significantly from 2010.

According to the figures, while the total employment in 2014 for all countries increased by four per cent compared to 2010, the number of estimated fatal occupational accidents increased by about eight per cent to 380,500. In total, it is estimated that more than 7,500 people die every day; 1,000 from occupational accidents and 6,500 from work-related diseases. The rate of fatal occupational accidents increased slightly between 2010 and 2014.

Asia constituted about two-thirds of the global work-related mortality, followed by Africa at 11.8 per cent and Europe at 11.7 per cent. The Americas and Caribbean stood at 10.9 per cent and Oceania at 0.6 per cent.

Neo-liberal free trade agreements and the anti-social offensive are a major factor in the continued deterioration of living and working conditions, including health and safety at work, in all countries. They concentrate decision-making power in the hands of global oligopolies on a supranational basis. The oligopolies consider health and safety regulations as impediments to their drive for profit and domination. Deaths and injuries take a particularly heavy toll on workers in the countries of Asia, Africa, Latin America and the Caribbean due to their super-exploitation.

The International Trade Union Confederation reported two years ago that global oligopolies such as Samsung, Apple, Walmart and others directly employ barely six per cent of the workers who create the value of their global empires. The other 94 per cent work for smaller companies who subcontract to the monopolies. These workers face even worse conditions, without any support when it comes to health and safety.

The situation is very similar in Canada where the working class has been divided into arbitrary categories such as "independent contractor," "temporary foreign worker," "undocumented worker," among others. Employers use these designations, along with the increase in short-term and casual jobs and other forms of precarious employment, to impose increasingly unsafe conditions.

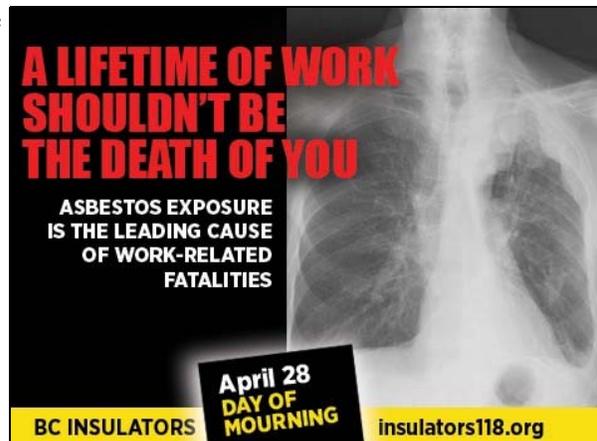


Asbestos-Related Deaths

- Peggy Askin, Past President, Calgary and District Labour Council -

One hundred and sixty-six workers were killed on the job or died from work-related illnesses in Alberta in 2017. Eighty-three died from work-related disease, with 67 deaths related to asbestos exposure, six deaths from respiratory diseases not related to asbestos, and 10 firefighters, nine of whom died of cancer. Firefighters waged a protracted fight to have certain cancers recognized as arising from their work and exposure to carcinogens. Workers employed in construction had the highest rate of death from accidents or work-related disease.

"It has been estimated that asbestos was responsible for approximately 1,900 lung cancer cases and 430 mesothelioma cases in Canada in 2011," the Canadian government's Regulatory Impact Statement states. At this time, workers from several generations, from those in their fifties to those in their eighties are dying from respiratory diseases directly related to workplace exposure to asbestos. This disease is latent, the fibres remain in the lungs for decades, and then start to ravage the lungs and the lining of the lung.



Affected workers include those in construction who built and renovated every industrial, commercial and residential building and were exposed to asbestos in the course of their work. Workers in the petroleum and mining sectors were also exposed to asbestos. Workers in BC and the western provinces worked in the asbestos mines in Cassiar, BC from the early 1950s until the mining operation closed in 1992.

These are generations of workers who should not have been exposed to asbestos as it is a known fact that studies conducted in the 1920s and 1930s revealed the danger of exposure to asbestos.[1]

The callousness of governments in the service of the monopolies when it comes to workers' lives is starkly revealed in the "cost-benefit statement" with regard to banning asbestos. It says, "The government administrative costs are estimated to be about \$4 million, and the administrative and compliance costs for the construction and automotive sectors are estimated to be about \$30 million. It is also estimated that preventing a single case of lung cancer or mesothelioma provides a social welfare benefit valued at over \$1 million today. Given the latency effects of asbestos exposure, benefits would not be expected to occur until 10 to 40 years after the coming into force of the proposed regulations in 2019; therefore, the present value of future benefits per case would be lower than the value of current cases. For example, \$1 million per case in 2050 would be valued at about \$380,000 per case today (discounted at 3 per cent per year). Therefore, if the proposed regulations can prevent at least five cases of lung cancer or mesothelioma each year (5.3 cases on average), for a period of at least 17 years, then the health benefits for these sectors (\$34 million) would be expected to justify the associated administrative and compliance costs (\$34 million)."

Quebec workers in the asbestos mines waged a militant and courageous five-month long illegal strike in 1949, against the dangerous working conditions they faced. The organized workers' movement has fought and is still fighting that employers be held to account for the death toll these lung diseases are causing. Workers continue to fight to put an end to dangerous working conditions

and empower ourselves to hold corporations and governments to account.

Asbestos use will finally be banned in Canada in 2018, almost a century after the deadly consequences of exposure first became known.

The following are key dates in the history of asbestos use in Canada.

1920s : The Metropolitan Life Insurance Co. sets up the Department of Industrial Hygiene at McGill University. Asbestos is believed to be making workers ill and causing a "dust disease" of the lungs.

1984: An Ontario Royal Commission suggests a ban on crocidolite and amosite asbestos fibre, but suggests that chrysotile can be used if there are controls on dust.

1987: The International Agency for Research on Cancer declares asbestos a human carcinogen.

1998: The Rotterdam Convention, a treaty on certain hazardous chemicals and pesticides in international trade, is adopted and opened for signatures.

2004: The Rotterdam Convention comes into force.

2005: A European Union-wide ban on chrysotile asbestos takes effect.

2018: Canada finally bans asbestos, with regulations to come into effect in 2019.

Note

1. "A look at Canada's 140 year history with asbestos," Canadian Press, December 15, 2016.



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