

November 12, 2020 - No. 77

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November 6, 2020. Gatineau workers protest Quebec government's violation of their rights using Ministerial Decrees.

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**Workers Step Up the Fight to Curb COVID-19**  
**Workers' Demands Must Be Met!**

As the second wave of infection spreads across the country, workers in every sector and their organizations are putting forward demands and taking actions to curb the pandemic. The articles in this issue of *Workers' Forum* provide clear examples showing that the stands of the workers in Canada and Quebec are based on learning lessons from the first wave and are crucial to develop guidelines that must be implemented now to avert the ravages of the infection. Health care workers in long-term care homes and health care facilities across the country are fighting to make sure that there is not a repeat of the devastation of the first wave in long-term care homes.



**November 2, 2020. Rally for health care workers at McDougall Centre in Calgary.**

Conclusions of the SARS Commission of Inquiry in 2006, confirmed by the experience from the first wave of the pandemic, bring to the fore the necessity of implementing the precautionary principle which calls for the highest level of protection for health care workers. Based on science and their experience workers are demanding the proper personal protective equipment include N95 masks which must be provided to all workers who need them according to the determination of the workers themselves.

Instead of establishing guidelines at this crucial time, in collaboration with workers and meeting their needs for proper conditions to carry out their duties and protect the people, governments at all levels are dismissing workers' demands and instead invoking "emergency measures" as an excuse to violate collective agreements and pass legislation on behalf of private interests to attack the basic rights of the workers.

The workers are fighting back and we are seeing actions across the country including petitions, strikes, sit-ins, blocking bridges and many other forms of resistance by the workers who say that they have no choice but to alert the whole society that what is at stake is the future of a modern, public health care system which is capable of ensuring the well-being of the people.

*(Photo: WF)*



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## Health Care

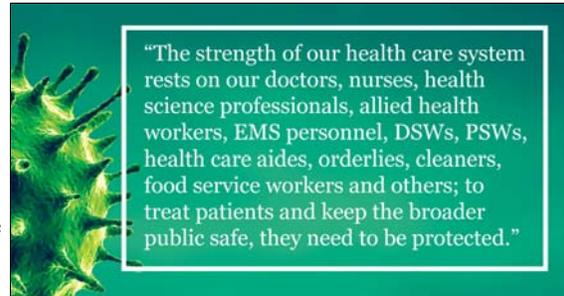
# Workers Demand Personal Protective Equipment They Deem Appropriate

Health care workers in long-term care, assisted living facilities and seniors' residences have been on the front lines of fighting for the conditions needed to protect the health and lives of patients, residents, and staff. Since the pandemic began, health care workers have taken the lead in fighting for what is needed in their workplaces, including screening of patients and staff, providing full-time work at one site, stopping movement of personnel between sites, provision of personal protective

equipment (PPE) and training in its use, and many other measures.

As COVID-19 cases soar across Canada in the second wave, an alarming number of outbreaks have already taken place. As of October 14, there were COVID-19 outbreaks in 120 long-term care homes and more than 100 retirement homes across Canada. The number of outbreaks and deaths in long-term care homes has significantly increased since then. Health care workers and their organizations are demanding further measures which need to be taken urgently to bring transmission in hospitals and long-term care homes under control.

The Canadian Federation of Nurses Unions (CFNU) posted an updated summary of the research on COVID-19 on its website on October 16. The federation is calling on the Canadian government to recognize the emerging science on COVID-19 transmission, and to change its guidance for health care professionals "to recognize that the virus is being spread both through the inhalation of aerosolized particles at close range (less than six feet) and through long-range airborne transmission." The CFNU has provided evidence that the existing guidelines which limits the need for N95 masks to health care workers carrying out only certain procedures must be replaced and that N95 masks should be standard for all staff working where there are suspected or confirmed COVID-19 cases. This would include not just nurses but those who provide direct care to residents in long-term care homes, as well as other workers in hospitals and other health care settings.



## Precautionary Principle

From the beginning of the pandemic, the CFNU and other unions representing health care workers have called on governments to implement the conclusions of the *Final Report of the Ontario SARS Commission Inquiry* (2006). A most important finding of that inquiry was the necessity of upholding the precautionary principle, which mandates the highest level of protection for health care workers.

In its position statement on COVID-19 published March 23, the CFNU quoted the statement of Justice Campbell, Chair of the SARS Commission, in the final report in which he stressed that the question is not of who is right and who is wrong about airborne transmission, and that when it comes to worker safety, policy should be driven by "the precautionary principle that reasonable steps to reduce risk should not await scientific certainty."

The CFNU argues that there is now substantial evidence that aerosol transmission is not rare, but a significant source of transmission of COVID-19. Research shows that the risk is highest in poorly ventilated and crowded indoor spaces, such as the older long-term care facilities, where these precautions are even more urgent given their vulnerable population.

The CFNU concludes that, "Therefore, Canada must change its guidance for health care professionals to recognize that the virus is being spread both through the inhalation of aerosolized particles at close range (less than 6 feet) and through long-range airborne transmission."

The Public Health Agency of Canada (PHAC) finally updated its guidance on the transmission of COVID-19 on November 4, stating, "SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory droplets and aerosols created when an infected person coughs, sneezes, sings, shouts, or talks.

"The droplets vary in size from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air under some circumstances."

Despite recognizing aerosol transmission, PHAC only recommended that three-layer masks should be used by Canadians, but remained silent on the need to increase the level of PPE for health care workers including N95 masks, as well as the urgency of improving ventilation.

Every preventable death is one too many. Every preventable infection and illness is one too many. For governments to ignore both science and the solutions put forward by health care workers who know what is required is not just an abdication of their social responsibility but gross negligence. *Workers' Forum* calls on all workers and people of Canada and Quebec to fully support the demands of health care workers for N95 masks and other essential measures which they deem necessary based on their experience and expertise.

(Photo: Cdn Nurses Assn)



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## Fight for a Modern Humane Health Care System

- Pierre Soublière -



**November 6, 2020. Workers protest in front of Gatineau hospital.**

Hundreds of nurses and orderlies demonstrated in front of the Hull and Gatineau hospitals on Friday, November 6 to denounce the recent measures taken by the Integrated Health and Social Services Centre of the Outaouais (CISSSO) to force part-time workers to work full time. These measures are made possible by the March ministerial order according to which the collective agreement in health care can be modified. This allows CISSS employers to, among other things, cancel employees' holidays and force them to work full time, even those who want to stay part-time. The order even allows for fines of \$1,000 to \$6,000.

The CISSSO says that it must meet "the growing needs of Hull and Gatineau hospitals especially due to COVID-19." It also points to staff shortages which are very high in the Outaouais, as they are in other regions. The unions, long before the pandemic, and now at the bargaining tables, have put forward a series of measures which must be implemented to solve this problem, measures which have everything to do with improving their working conditions. The latest measures imposed by the CISSSO are precisely why people leave, either because they have fallen ill or are at the end of their rope and quit. For example, 41 CISSSO workers are presently infected with COVID-19.



Faced with the same situation, last week health workers from Trois-Rivières demonstrated on the Lejeune bridge to alert the public to the situation, including the number of resignations and the government's refusal to remedy the situation. These workers, like others, are told by their employer that if they are not happy they can go work elsewhere. They pointed out that what they are fighting for is the future of the health care system, and that they fear that the system will collapse if things don't change.

As an example of the extent to which health care employers refuse to collaborate with the workers, even with regards to the safety of employees, patients and residents, the Interprofessional Health Care Federation of Quebec (FIQ) announced on October 28 that it had to go to the Superior Court so that unions could have access to workplaces to inspect the ventilation systems and analyze air quality. The action was taken with regards to the Lionel-Emond long-term care facility in the Outaouais and the long-term care facility Vigi Mont-Royal in Montreal. In the latter, during the first wave, all 223 residents were infected and 68 people died, and many health workers tested positive for COVID-19. The outcome of the union's action was that the Administrative Labour Tribunal ordered CISSSO and Vigi Santé Ltée to allow the union to have access to the workplaces to inspect the ventilation systems and analyze the air quality. The tribunal reasserted the importance of a partnership between the unions and employers to eliminate the dangers at the source, as stipulated in the *Act Respecting Occupational Health and Safety* (AOHS).

Today's society, with its highly socialized economy, depends on collaboration of workers in one sector and among sectors. This collaboration is even more important in these times of pandemic in which the focus is on ensuring the health and security of people in their workplaces and that of the people they are caring for.

Why does the Legault government, with its calls to "stand shoulder to shoulder" in order to overcome the pandemic, refuse to collaborate for the well-being of all and the greater good?

(Photos: FIQ)



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## The Right to Work Safely Is Essential to Keep COVID-19 Under Control

- Interview, Jason MacLean -

*Jason Maclean is the President of the Nova Scotia Government and General Employees' Union.*

**Workers' Forum:** There are virulent outbreaks of COVID-19 across the country. Can you tell us what the situation is in Nova Scotia?

**Jason MacLean:** We have here the Atlantic bubble that makes our area a little bit more unique than other areas of Canada. The Atlantic bubble includes people that live in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador who can move freely within the four provinces without having to self-isolate. They can move freely as if they were moving around in

their own province. But if a Nova Scotian, for example, goes to Quebec or BC or Ontario or any other province outside of the bubble, or to any other country, then they have to self-isolate [for two weeks] when they come back. What is happening now is that we have outbreaks in all the Atlantic provinces.

For example, right now in Nova Scotia, we have a couple of different outbreaks in the central zone, which is the Halifax area, and in the northern zone. Just yesterday [November 9], the Nova Scotia Premier and the Chief Medical Officer of Health provided an update on YouTube about two different clusters that we have right now in Nova Scotia. There is concern that there may be community spread. As of yesterday, we had 16 active cases that were accounted for in these clusters. They identified several areas that could be contact exposure areas. There is a cluster in the area called Clayton Park in Halifax. Throughout downtown Halifax and in a couple of other places they are telling people that if you were in certain areas during such and such hours on such and such date, you need to go get tested. They are doing their contact tracing and everything else.

Not only that but Nova Scotia Health sent out a message to all their staff that if they were in that area, they should not go to work and should get tested. There is another cluster as well in the northern region of the province. The entire province is awaiting updates because I believe there are going to be new ones in the coming days as those who were in these areas get tested. At this time, the data seem to indicate that these cases are caused by workers coming from other provinces or workers from the Atlantic provinces who traveled outside and came back without self-isolating, mainly because the province did not enforce the self-isolation procedures.



**November 2020. NSGEU President Jason MacLean addresses press conference on dealing with second wave of COVID-19.**

**WF:** How does the union respond to these outbreaks that are happening so as to curb the spread of COVID-19?



**JM:** We need to be prepared for the second wave of the pandemic. We just put in a request to Nova Scotia Health for their personal protective equipment (PPE) levels, like the N95 mask and other equipment. We are having a meeting with them to see what their levels are to make sure that the needed PPE is available. We are reiterating to our members that this is not over and we need to be vigilant.

There are new studies that talk about aerosol spread. We want to sit down with the employers and have the conversation. Are we going to be utilizing N95 masks more? What else can be done to reduce the risk of people contracting the virus and spreading it? When push comes to shove, when our members need that equipment, we demand that they have it. We are informing our members about the right to refuse dangerous

work. We have been doing that throughout this pandemic and we are doing it now during the second

wave. We are working through the occupational health and safety committees. They are key in getting things accomplished in workplaces that may want to skirt safety mechanisms. Occupational health and safety committees are what we have to rely on if we feel an employer is neglecting health and safety. People need to go to work, and they need to be safe in doing the work and the employer needs to do everything possible to keep them safe -- visors, adequate masks, gowns and so on. People need to have all of it. We continue to push the issues as they surface.

At the moment, we are seeing entities such as Nova Scotia Health telling their employees not to show up to work if they work in these areas, but again we are not hearing anything from the long-term care sector or the home care sector which we believe would be key to stop the spread. We only heard that from one organization in this province. That was good of Nova Scotia Health but how about the employers giving similar messages and showing care for the workers in long-term care or home care or other type of health care?

What we need to do is to convey the message to the people that COVID-19 is not going away any time soon so we have to remain vigilant.

In Nova Scotia we are trying as hard as we can to stay on top of the situation.

*(Photos: WF, NSGEU)*



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## Montreal Transit Workers Keeping Workers Informed and Mobilized to Ensure that Health Standards are Enforced

*- Interview, Gleason Frenette -*



**September 13, 2018. Montreal transit maintenance workers' rally during negotiations for new collective agreement in which they repelled employers' demands for concessions.**

*Gleason Frenette is the President of the Montreal Transit Union (STM-CSN).*

**Workers' Forum:** What is the situation at the Montreal Transit Corporation (STM) in terms of cases

of COVID-19 infection?

**Gleason Frenette:** At the STM, we are at about 221 cases of infection since the beginning of the pandemic. During the first wave, we had about 130 cases. There have been close to 100 since the beginning of the second wave. Approximately 60 per cent of the cases are drivers, 30 per cent are maintenance employees and the other 10 per cent are distributed among other sectors including managers. There are about 10,500 employees at the STM, and more than 3,000 of them are teleworking.

**WF:** What work is the union doing to mobilize workers in the fight to curb COVID-19?

**GF:** We have had to cancel our normal proceedings. Normally we hold a union council or a general membership meeting every three weeks in person, but we can't do that anymore. Now we hold our meetings on the Zoom platform, virtually. We held a union council meeting in October and we are holding a general membership meeting on November 10.

We follow the usual processes, as if people were present. We present reports on the situation and members vote on resolutions.

We have adjusted our services accordingly. We have gone to telework. All the office workers are teleworking at home. We are very active from a communications point of view. We have encouraged our members to join our private Facebook group. This has grown from just over 1,000 participants at the beginning of the pandemic to over 1,900 participants now. Members sign up on the page and we check to make sure the person applying is a member. We accept retirees too. In particular, we inform them about the pension plan. Many ask questions about it, about how investments will behave during the pandemic. They are also concerned about whether the STM will maintain the pensions.

On our Facebook page, I provide regular updates. At the present time we have 76 updates posted. The updates inform workers on all issues in the life of the union. Pandemic information is important in these updates. We give regular reports on new cases that have been reported, which sector they are in, and, if it is one of our members, on which shift the infected worker was working. The goal is to make the members aware so that they can remain vigilant, especially when multiple cases are added.

Each time an update is published on the Facebook page, there may be a hundred comments and questions that we answer. We answer all the questions, on all aspects -- the pension plan, union life, the pandemic, all subjects.

**WF:** What is the situation in terms of the health standards you've been fighting for since the beginning?



**GF:** It's going rather well, but there's a snag. Normally, when there is an accident at work, we participate in the investigations, there are joint investigations. The STM, for workers who test positive for COVID-19, conducts an investigation into each case. It should be the National Public Health Institute of Quebec (INSPQ) that does the investigation, but they don't have the resources so they have delegated it to the STM. In our opinion, the STM is in a conflict of interest situation because when a COVID investigation is done, if an infected person has been in contact with others,

all of them have to be sent to quarantine. In our case, this is paid. We want the investigation to be joint, but the STM has never agreed, so we are in arbitration on this matter. Normally we would participate in the investigations because it affects the health and safety of workers, as if it were a workplace accident.

We have made agreements with the STM to add resources for disinfection. Initially, this was an agreement to hire students earlier than planned. Usually students are hired at the end of June, but we agreed to hire them in May because the students were not going to school. It was also agreed that workers in other union certifications, office workers, professionals, even engineers, would come in to help with disinfection. After the first wave, when the students were going back to school at the end of August, we made an agreement for a rapid and massive hiring of staff to do the disinfection. The agreement was voted on by the membership by email because it modified the collective agreement and required membership approval.

During the first wave, we focused on health and safety with our health and safety committee and the executive members receiving information daily from the union in all sectors. We had to put pressure on the employer because it wasn't working at the pace we wanted. We used collective and individual work refusals to push the employer to put the measures in place. We put a lot of pressure on the employer to ensure that safety measures were taken quickly. We made representations to the Labour Standards, Pay Equity and Workplace Health and Safety Board (CNESST) which agreed with us on several occasions, and to INSPQ which also put pressure on the employer when it was informed that the measures were not implemented quickly enough. We put pressure through the mainstream media and on social media, and we applied political pressure, particularly on the city of Montréal, to push the STM to adopt the health measures quickly.

We are continuing this work during the second wave. Our strength is keeping our workers informed. That's how we succeed in mobilizing them to take the necessary precautions and ensure that health standards are applied. We have to keep them informed of everything that is happening because we are having fewer meetings than we do usually. Regular updates are needed. Workers are aware of what is happening. They are not afraid to go to the employer to demand that measures be put in place because they feel supported and they know their rights, such as the right to refuse unsafe work. We inform them of the proper procedures to follow so that they are not subject to disciplinary measures. All of this is very much appreciated by the members. They find that they have even more information than usual and they actually participate more.

*(Photos: STM-CSN, CUPW)*



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