

November 19, 2020 - No. 79

Workers in Action Across Canada to Contain COVID-19

Firm Opposition to the Untenable Status Quo



September 9, 2020. Health care workers' rally for rights, Ottawa. (OCHU)

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Firm Opposition to the Untenable Status Quo

As infections from the second wave of COVID-19 continue to rise dramatically across Canada, more provinces are seeing record-breaking numbers of infections, hospitalizations and deaths.

Faced with a mounting health crisis that is reaching proportions far greater than what Canadians faced in the spring, governments at all levels are failing to take up their responsibility to protect the well-being of the people. Instead of using the lessons learned from the first wave of the pandemic, provincial governments are using emergency measures to attack workers' rights and impose pay-the-rich schemes which they claim are "building back the economy."



As far as implementing the measures necessary to fight the pandemic the status quo prevails with a refusal by provincial governments to follow the guidelines of public health experts and listen to the experience of frontline workers who know exactly what is needed in this crucial situation. The important and urgent actions needed now are being suppressed under the blackmail that if all health and safety measures are taken to protect everyone, this will amount to shutting down the economy. This is the untenable status quo that people are rejecting.

It is an excuse being given to justify doing nothing. Instead of using available resources to build up the capacity to do more testing and establishing an organized tracking and tracing system to identify sources of infection, the premiers of Alberta and Ontario, among others, continue to claim that the main issue is "individual responsibility" to follow the guidelines. Such attempts to blame the people cannot hide the fact that these governments are continuing to fail to meet the needs of the people at this crucial time. Instead of finding solutions they are actually a block to having the discussion needed to find solutions to the problems we face. And this is indeed how the system works -- it deliberately blocks the people from exercising their right to govern the society they depend on for their living and well-being and that of society itself.

It recently came to light that some public health officials who provided advice to the Premier of Ontario were even asked to sign a non-disclosure agreement to prevent them from speaking publicly about the discussion that took place.

In Alberta, more than 430 doctors together with the Alberta Union of Provincial Employees, the Health Sciences Association of Alberta and the United Nurses of Alberta have signed an open letter sent to Premier Kenney and the health minister urging immediate action. The letter states:

"We believe that the conversation should not be framed as a choice between 'lockdown' akin to the prolonged experience in April-June or no mandatory restrictions.

"Instead the province should consider a two-week short sharp lockdown to drop the effective reproductive number and allow contact tracing to catch up. We believe it is time we had a clear direction from our provincial government. We need rules not suggestions."

This is a critical moment in which urgent action must be taken.

What is crucial is the mobilization of the working class and people to raise the demand from coast to coast that what workers are demanding in terms of measures that must be taken to contain the disease must be implemented. The *Criminal Code* defines "criminal negligence" as conduct "that shows wanton or reckless disregard for the lives or safety of other persons." The alarming figures regarding new cases and deaths due to COVID-19 across the country and especially in the "hot spot"

zones, as well as the false report submitted by management on staffing levels at one long-term care home in Manitoba, leaves no doubt that it was the wanton disregard for the lives of others by those in "control" that allowed staffing levels to drop to "such a level of criminal negligence." Activating the human factor/social consciousness by raising the demand that what the workers are asking for must be implemented can protect the people at this time by hitting at the block to providing the serious problems facing us with solutions.

This issue of *Workers' Forum* reports on stands taken by workers, doctors and others across the country.

(Photo: Unifor)

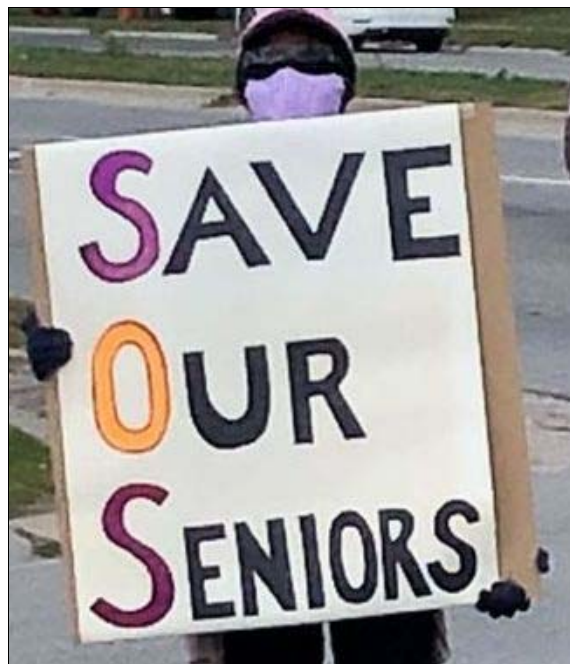


Single-Site Order in Alberta Must Be Enforced

COVID-19 cases in health and seniors' care are exploding in Alberta. As of November 18, there were outbreaks in 12 acute care hospitals and 102 continuing-care facilities and there are 1,254 residents and 465 staff with active cases. A total of 3,162 Alberta health-care workers have been infected since the pandemic began and 296 long-term care home residents have died.

Health care unions and workers have called for the government and Alberta Health Services to take control of the privately owned and operated seniors' homes. Full-time positions at one site, additional pay for all long-term care workers, adequate personal protective equipment, increased staffing, and no staff reductions or layoffs have been urgently needed since the pandemic began.

The single site order for long-term care was created to prevent the spread of COVID-19 in continuing-care facilities. It limited health care workers to work at only one long-term or continuing-care site. The order is now on the verge of collapse in the midst of a staffing crisis, the Alberta Union of Provincial Employees (AUPE) said in a November 12 news release. In only one week, Alberta Health gave nine continuing-care sites exemptions to the single-site rule, including six private for profit sites (three owned by Revera), and three run by "not-for-profit" operators.



"The government introduced the rule in April because it was seen as a vital tool to save lives and prevent the spread of COVID-19 between continuing-care facilities," says Susan Slade, Vice-President of AUPE. "Continuing-care operators are abandoning this rule because they cannot find enough workers to care for the residents.

Employers are begging our members to work at second sites to relieve the staffing crisis created by so many workers getting infected or having to isolate. They are being told they can move between sites with outbreaks and without outbreaks if they are not symptomatic, even though we know that the virus can be spread by people without symptoms."

"Workers are receiving desperate pleas from employers to volunteer to work at multiple sites. They are being asked to go into facilities where the virus is rampant and then to return to their original site, with no period of isolation, and risk spreading the virus further," she says.

Slade says: "Dr. Hinshaw and the Alberta government must answer this question: If the single-site rule was saving lives before, how many Albertans in continuing care will die with it being abandoned? We have nine exemptions in one week. How many will it be next week?"

"Our members are scared and exhausted, but they are doing everything they can to care for residents, but putting this burden entirely on their shoulders will not work," says Slade. "This is not sustainable, and yet we see no leadership from the government on how to tackle this staffing and care crisis."

(Photo: Unifor)



Measures Put Forward by Saskatchewan Health Care Workers

Western Canada is now experiencing a COVID-19 surge which is much more serious than the first wave. Saskatchewan now has the fourth highest active COVID-19 case rate per 100,000 people in the country, with Manitoba the highest, followed by Alberta second and Quebec third. Saskatchewan is now averaging more than 150 cases per day. There are 1,928 active cases of COVID-19 in the province and 68 people are in hospital province-wide, including 16 in ICUs.

Thirty-one people have died of COVID-19 in Saskatchewan since the pandemic began. The low number of deaths compared to other provinces is attributed to the relative success in keeping COVID-19 out of long-term care facilities, personal care homes and seniors' residences. But 10 seniors' facilities have reported outbreaks in the past 10 days, and health care unions are calling on the province to act now.



The Canadian Union of Public Employees (CUPE) Saskatchewan on November 13 called for immediate action to protect workers and families from the spread of COVID-19. Pointing to the outbreak in a long-term care facility in Indian Head, CUPE called for mandatory masking for small towns as well as cities, where it is already in place.

"We all need to be taking extraordinary steps to protect each other from the spread of this virus -- and to protect the frontline workers who are sacrificing so much to be there when we need them," said Judy Henley, President of CUPE Saskatchewan. "That is why this government should implement a province-wide mandatory masking policy in indoor public places immediately."

Organizations representing registered nurses, pharmacists and physicians also issued a joint statement calling for:

- mandatory masks in indoor public spaces extended throughout Saskatchewan;
- targeted closing of bars and nightclubs until the surge is blunted;
- redoubling of efforts to test and trace.

As a result of the active intervention of doctors and health care workers, on November 17 the government of Saskatchewan amended its orders and made masks mandatory province wide.

"We believe three measures are essential to drive the numbers down again and allow the fullest possible resumption of normal activities. Importantly, they are all essential -- think of them as the three pillars that support the entire containment structure," the statement said.

Saskatchewan Union of Nurses (SUN) President Tracy Zambory called on the provincial government to listen to health care workers, noting that Saskatchewan is surrounded on all sides by soaring COVID-19 case both in Canada and in the U.S. border states.

Service Employees International Union (SEIU)-West President Barbara Cape said that all staff, including members working in long-term care, diagnostic testing and as care aides are affected. Workers are already at the point of exhaustion, she said, with a worker reporting she had worked 20 shifts without a day off. SEIU-West and SUN are calling on the province to enact necessary measures now to ensure staff are not overwhelmed and there are enough staff to care for patients, do contact tracing and other essential work.

(Photo: Unifor)



Manitoba Health Care Workers Demand Adequate Protective Equipment

Health care support staff across Manitoba are calling on the provincial health organization Shared Health to update personal protective equipment (PPE) guidelines to reflect the Public Health Agency of Canada's (PHAC) recognition that COVID-19 can be transmitted through both respiratory droplets and aerosols. Since the pandemic began, 476 health care workers in Manitoba have contracted COVID-19 and two workers have tragically died.

"Shared Health's PPE guidelines related to N95 masks have not been changed since July," said Debbie Boissonneault, President of CUPE Local 204 representing health care support workers within the Winnipeg Regional Health Authority (WRHA) and Shared Health. "Health care support staff are catching COVID-19 at work in unacceptable numbers, so something is not working, and it needs to be changed."

Despite the new knowledge about COVID-19 transmission and PHAC's guidelines, N95 masks are not provided to health care support staff unless there is an "aerosol generating medical procedure taking place."

"CUPE has been calling for N95 masks to be immediately provided to support workers who are working with COVID positive patients, residents, or clients, and this has not been happening," said Abe Araya, President of CUPE Manitoba. "Our members are being denied N95s based on outdated protocols, and this needs to be changed now."

CUPE has also filed grievances across the WRHA, Shared Health, Southern Health-Santé Sud, and



at Parkview Place calling for stronger PPE. "Frontline support staff are telling us they are not being protected," said Boissonneault. "What we are hearing back from management is 'grievance denied.'"

It is unconscionable that despite new evidence of how COVID-19 is transmitted, and all the proclamations that thousands of preventable deaths of seniors in care must not be repeated, the authorities are still refusing such reasonable demands. Health care workers must be provided all protection in line with science and their actual experience of what is needed.

(Photo: CUPE)



Unconscionable Situation in Manitoba Long-Term Care Homes

Manitoba is experiencing uncontrolled spread of COVID-19, and both health officials and health care workers say the health system is being overwhelmed. There are now 7,011 active cases, with record breaking numbers of new cases and deaths being reported day after day. Manitoba has 172 reported COVID-19 deaths, with most deaths occurring during the second wave which began in October.

There are COVID-19 outbreaks at more than three dozen long-term care homes and assisted living centres, with at least 642 cases.

Sixty-four deaths have occurred in just two Winnipeg long-term care homes, both with ongoing outbreaks, Maples and Parkview Place. The homes are owned by Revera, a wholly-owned subsidiary of the Public Sector Pension Investment Board (PSP), a federal Crown corporation, and operated on a for-profit basis. The extent of the outbreak and gross neglect of patients at the Maples home became public only after staff called 911 on November 7. Paramedics who responded found residents who had died and residents who were critically ill and were severely malnourished and dehydrated. Maples had 121 residents and 55 staff members infected with the coronavirus at the time.



Revera claimed that it had adequate staffing at the Maples home, reporting the "normal" staffing levels for the November 7 afternoon shift -- 19 personal care attendants and seven nurses -- and the health authority repeated this claim publicly. The

Canadian Union of Public Employees (CUPE) which represents the health care aides issued a statement on November 8 exposing this misleading information, and clarifying that there were actually only seven personal care attendants to care for 200 residents. Revera claimed this "mistake" was due to reporting scheduled workers, not workers actually providing care. Maples also failed to report deaths from COVID-19 as required. Revera stated this was because the nursing staff were involved in direct care as opposed to "paperwork."

The Winnipeg police homicide unit is investigating the deaths, and the Winnipeg Regional Health Authority (WRHA) is conducting a safety review. There are widespread calls for the WRHA to take

over the long-term care homes, which have shown they cannot be trusted with the care of our seniors. It is apparent that the drive for profit has trumped everything. Even "normal" staffing would have been totally unacceptable with the greatly increased care needs, and when everyone knows this old "normal" was never adequate. Under conditions of an active outbreak, to allow staff levels to drop below established requirements in the opinion of *Workers' Forum* shows that continued control by those motivated by maximizing profits is to be outlawed. Both those directly profiting from the understaffing and refusal to care for residents/patients and staff, as well as those in government permitting this to happen and claiming ignorance should be held to account. Workers must identify and hit at the mechanism which permits this state of affairs to continue.

Once more, the failure to implement the recommendations of the health care workers is leading to more tragedy and preventable deaths. The mechanism that perpetuates this state of affairs must be identified and dismantled. CUPE's call for an investigation into long-term care homes in October went unheeded by the government, as have the recommendations for staff/resident ratios that permit staff to provide humane care.[1] Manitoba requires 3.6 hours of total care per day for each resident. The Manitoba Nurses Union (MNU), which has for years called for an improved staff to patient ratio, has pointed out that the standard does not reflect actual hours of care, but only scheduled hours. The scheduled hours of workers who are off sick, on break, or carrying out administrative or other duties, not direct care of residents are all counted.[2] The MNU calls for at least 4.1 hours of direct personal care per day.

Notes

1. A report prepared by the Manitoba Nurses Union in 2018 entitled "The Future of Long-Term Care Is Now: Addressing Nursing Care Needs in Manitoba's Personal Care Homes" can be found [here](#).

2. On October 27, CUPE issued a letter to public health officials stating, "We need to be proactive and have public officials inspect these privately-operated homes," says Shannon McAteer, CUPE Health Care Coordinator. "The results of the inspection during the Parkview Place outbreak yielded important findings and recommendations, including staffing and personal protective equipment (PPE) that can help that facility fight the spread of COVID-19, but we cannot let other facilities get to that point."

"Government and private operators dragged their feet before, and we cannot have a repeat of what happened at Parkview Place," said McAteer. "We are asking for public health inspectors to immediately conduct in-person reviews at all private care homes with current outbreaks, and automatically launch inspections at future outbreaks to ensure each home is prepared for, and can prevent an outbreak."

(Photo: OHC)



Demands of Ontario Long-Term Care Home Workers

On November 4, the Ontario Public Service Employees Union (OPSEU) submitted its recommendations to the province's Long-Term Care COVID-19 Commission. The Commission was established by the provincial government in July to study the situation in long-term care homes in the province in light of the number of outbreaks and deaths from COVID-19 in the first wave of the pandemic. The three-person Commission's report is to be delivered to the Minister of Long-Term Care no later than April 30, 2021 but in light of the seriousness of the situation the Commission decided to make an interim report to government on October 23. The Commissioners reported that they had already heard from about 200 people from almost 50 different organizations in the long-term care (LTC) sector, and, based on what they had heard, "felt compelled to submit these early recommendations in the short-term to help protect the lives of long-term care residents and staff in light of the current rising COVID-19 case numbers in long-term care homes." Among their

recommendations was that immediate action be taken to address the shortage of 6,000 workers in LTC and to ensure four hours a day of direct care for each resident. The government's response was the same as it has been since the spring. The Minister of Health told the press, in response to the report, that the government is "working on a plan."



As of November 18, the Ontario government website reports that there are 100 LTC homes in the province with outbreaks (up from 77 on October 23). Since January 15, there have been 2,109 residents and eight staff who have died. On November 17 there were 678 residents and 541 staff infected.

OPSEU represents 2,400 workers in long-term care homes. In its submission to the Commission, OPSEU put forward several concrete demands for the government to increase investment in long-term care, chiefly by investing in workers. This is essential to stop the spread of the coronavirus, enhance protection of workers and residents, and address the longstanding problems of understaffing, precarious work and low wages that greatly contributed to the tragedies of the first wave and have still not been addressed. Among the recommendations, which echo those of organizations representing health care workers

throughout the LTC sector are:

- increased access and waived tuition fees in community colleges to assist students interested in becoming personal support workers;
- standardization of training;
- mandated staff-to-patient ratios, guaranteed hours of work, more full time positions and increased wages, pensions and benefits to recruit and retain staff and eliminate the need for workers to work at multiple sites;
- guaranteed four hours of direct care for each resident every day;
- sufficient and appropriate personal protective equipment (PPE) and training in its proper usage;
- that the Ministry of Long-Term Care develop a province-wide pandemic protocol which includes a clear chain of command, PPE available at all times and timely provision of information to workers; and
- measures to be taken to increase access to homes for family members and, in situations in which family members have limited physical access, that staff are given extra time to tend to the social and emotional needs of residents, including helping residents connect with families on social media.

OPSEU also called for an end to privatization: "Media analysis of COVID-19 in Ontario has drawn clear lines between the private sector and dangerously inadequate care. Private sector homes with lower wages and fewer staff have suffered much more frequent outbreaks and higher death-tolls than homes owned and managed by municipalities and other non-profit organizations. It's all too clear that corporations have boosted their profits by reducing their labour costs. And it's all too clear that those decisions have had tragic consequences. Ontarians understand that there should be no place for profiteering in our health care system. It is no different in long-term care -- the entire system must be

brought back under public ownership and control immediately."

(Photos: OHC, SEIU)



Health Care Workers Are Entitled to the Highest Level of Protection Possible

- Interview, Marjolaine Aubé -



Marjolaine Aubé is President of the Union of Workers at the Integrated Health and Social Services Centre of Laval (CISSS de Laval-CSN).

Workers' Forum: What is the situation at the CISSS in Laval regarding the outbreaks of COVID-19?

Marjolaine Aubé: We are recovering from an outbreak at the Idola-Saint-Jean residential and long-term care centre (CHSLD) during which 31 patients and 35 workers were infected, including orderlies and housekeeping staff. Sixteen patients died and the others recovered. There were no deaths among the employees. All of them recovered, but some have after-effects such as headaches, shortness of breath and chronic fatigue. Employees and patients in Idola-Saint-Jean are being tested three times a week. So far, the outbreak has subsided.

At the CHSLD Fernand-Larocque, we have had two workers infected.

For the moment, we have no other cases of infection. However, we fear a resumption of outbreaks after the holiday season if public health rules are not respected.

WF: What are your main demands right now to curb COVID-19?

MA: Our main demand is that adequate personal protective equipment be provided to health care workers. We have in mind mainly N95 masks to counter the aerosol transmission of the virus, the airborne transmission. More and more researchers and organizations are saying that COVID-19 is also transmitted by aerosols, especially in closed, overcrowded rooms without adequate ventilation. The World Health Organization, the Public Health Agency of Canada and other organizations have reported the risk of aerosol transmission. In our CISSS, many ventilation systems are outdated, especially in our CHSLDs and even more so in our Youth Centre. We want the N95 mask to be accessible to all health care personnel. For now, the National Institute of Public Health of Quebec

(INSPQ) still denies that this needs to be done.

We have received confirmation that in Laval, in a warehouse, there is currently an inventory of 415,000 N95 masks. The inventory is controlled by the government. We are only allowed to have N95 masks in certain cases; for example, in Intensive Care if the patient is intubated. We made an offer to the CEO to do a pilot project in Laval. We want to provide all staff in the red zones with N95 masks to see if it will make a difference. We hope the pilot project will go ahead. We are also asking for ventilation reports everywhere, an air quality assessment. We filed a complaint with Labour Standards, Pay Equity and Workplace Health and Safety Board (CNESST) about the red zone at Fernand-Larocque and they had to improve the air quality.

With respect to the CNESST, the Confederation of National Trade Unions (CSN) filed a motion in court requesting a ruling that the CNESST inspectors must do their job according to the law and not just on the basis of INSPQ recommendations. The complaint is not directed against CNESST *per se*, but to reinforce its adherence to the *Occupational Health and Safety Act* (OHSA). CNESST inspectors tell us that it is no longer the law that takes precedence in their work but the recommendations of the INSPQ, which change regularly. However, the health and safety legislation requires that employers provide all necessary protections to ensure the health and safety of workers and CNESST is bound to enforce the law.

We are also advocating the creation of a public enterprise in Quebec for the production of PPE, laboratory equipment and respirators. It is not right that we should be dependent on anyone, multinational corporations or countries, when it comes to having the necessary equipment. We must be self-sufficient in this area. This proposal was put forward by a CSN union advisor and the executive of the CSN union at the McGill University Health Centre and we fully support it.

WF: Do you want to say something in conclusion?

MA: Our slogan is "We're not giving up on anything!" We're fighting for N95 masks and we're fighting for everything that concerns the health and safety of workers and the public.



(Translated from original French by Workers' Forum. Photos: FSSS-CSN.)

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