



# Fast

# FACTS

CANADIAN CENTRE FOR POLICY ALTERNATIVES – MANITOBA

**April 6, 2020**

## Canada's Long-Term Care Workers on the Front Lines of the COVID-19 Pandemic

**T**he COVID-19 pandemic has in less than four months spread throughout the globe and altered both the daily lives of citizens and the economy of many countries, including Canada.

Media reports through all platforms cover COVID-19 extensively, in fact there is not much else in the news these days. While there are many storylines and many workers bravely continuing to provide essential services on the frontlines, the epicenter here in Canada in these early weeks of the pandemic are two long-term care facilities.

The Lynn Valley Care Centre in North Vancouver, a 204 bed facility has seen 13 patient deaths and a further 42 patients and 19 staff infected as of April 1, 2020.

The 65 bed Pinecrest Nursing Home located in Bobcaygeon, Ontario, has seen 21 resident deaths and 34 staff displaying Covid-19 symptoms as of April 3, 2020.

While the numbers change daily, it is clear that long term care facilities right across Canada are critical locations for the pandemic. The issues emerging are numerous. Chronic levels of under-staffing, insufficient supply of safety clothing and equipment, enormous stress on patient families who are increasingly being denied access to care homes due to safety lockdowns. The above issues are justifiably receiving a lot of media coverage. Less attention is being devoted to the reality of the working life of support workers in these facilities and indeed other health care settings.

While front-line staff are receiving

expressions of appreciation from all quarters, most offering this well-deserved recognition have little idea what the reality of health care support work is in Canada.

In British Columbia, the Lynn Valley Care Centre workers (and thousands of other long-term care and hospital support workers in BC) are victims of some brutal labour relations realities foisted upon them by the former Liberal government in 2002.

Provincial legislation (Bill 29) removed application of the Labour Code's successorship provisions to health care workers. What this meant is if hospital work was contracted out, or if a private nursing home changed owners, workers collective agreements no longer formed part of the deal.

Thousands of workers were laid off and many were offered the option of applying for their old jobs at lower rates of pay, with lower benefits and no pension plan.

For support workers such as those employed at Lynn Valley, this meant reduction in pay from \$18 to \$11 an hour (2002 rates). Sick leave provisions went from a standard of 15 days a year to three.

Provincial legislation (Bill 94) also removed "no contracting out" provisions from collective agreements, the result was massive contracting out to foreign multi-nationals Sodexho,

there is an alternative.

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All told, these two legislative changes resulted in the layoffs of more than of over 10,000 health care workers.

Workers opted to reorganize with their former union, but they had to start over when it came to negotiating a collective agreement. Where agreements were achieved, these too vanished when for example a nursing home contract “flipped” and new management took over.

The BC government changed hands in 2017 and in 2018 the provincial government created an expert panel to review the Labour Code. It reported on one senior’s facility that changed contractors six times between 2002 and 2018! In each instance, the workers “re-organized” with their union, the Hospital Employees Union (CUPE’s BC Health Division), but on each occasion they had to start from square one.

The provincial BC government has since introduced new legislation but the damage done over the past two decades has been significant.

A Supreme Court challenge was also partially successful in its ruling that Bill 29 violated workers collective bargaining rights, but the remedy was lump sum payments as work that had been contracted out remained in private hands.

This has had a negative impact not only on workers’ wages and working conditions, but on quality of care as well. The quality of care that is so important day to day, and doubly important when a pandemic arises.

Late last year a new report commissioned by CUPE Local 5430 in Saskatchewan exposed a perilous situation in that province when it comes to long term care.

The report, titled, “Crumbling Away – Saskatchewan Long-Term Residential Care Policy and its Consequences”, was written by Dr. Susan Braedley, Tara McWinney, Asia Barclay, and Kiersten Jensen of Carleton University.

The report noted that Saskatchewan had seen a decline in long-term care beds from 9,240 in 2001 to 8,517 in 2018. This at the same time that the Conference Board of Canada was estimating that Saskatchewan would need an additional 4,648 long-term

care beds by 2035 just to address changing demographics in the province.

The report found that the twin effects of bed reduction and the removal of a regulatory requirement for staffing levels which provided for dedicated care hours per resident had left the sector in “... disrepair and literally crumbling away.”

The study found that the public long-term care infrastructure was being allowed to decline despite the fact that publicly owned long-term care correlates with the highest quality care when properly funded.

The report said, “There is significant high-quality evidence that ‘for-profit’ provision of long-term care leads to lower quality care, lower staffing ratios, higher rates of hospitalization and mortality, escalating costs and lower accountability, and financial transparency.”

Long-term care in Canada is a mix of public and private. While originally envisioned as a future part of universal Medicare (along with things like Pharmacare, dental and vision care) long-term care has never made it to the level of a universal guarantee, such as exists for hospital care.

In 2015, for the first time in Canada, there were more citizens over age 65 than those under age 15. We are an aging population and demand for quality long-term care will only increase in the years ahead.

The downward pressure on wages and benefits of support workers in long-term care is an attack on women’s wages. In the case of BC it was an attack on the wages of a largely racialized female workforce.

Across Canada much of the long-term care workforce when it comes to support workers is made up of racialized women. Much of the work is part-time because that is what employers choose to offer. Many work in multiple facilities because this is the only way they can cobble together enough hours to survive.

When it comes to this growing segment of Canada’s labour force the importance of their work is not in question, certainly not today in the presence of the COVID-19 pandemic. The value attached to this work

is an entirely another matter.

When BC's Medical Health Officer (for good reason) ruled that for the duration of the current pandemic health care workers could not work in multiple facilities, this hit support workers hard. In response to this issue amidst the COVID crisis, the BC Provincial health officer Dr. Bonnie Henry announced every worker will be hired full-time and paid standardized wages commiserate with collective agreements of publicly-run health facilities for the next six months. The BC labour movement is calling on these changes to be permanent.

Precarious or casual / part-time employment should be reduced permanently in critical health care support work across the country in both hospital and long-term care settings. The creation of meaningful full-time jobs, for full-time long term care requirements must be a priority in all jurisdictions.

Wages and benefits need to be increased for all health care support workers. A living wage and decent benefits will contribute to a stable workforce, will reduce turnover, and will contribute directly to quality care for patients. All health care support workers, who choose careers in the hospital or long-term care sectors deserve to be covered by decent pension plans.

In Ontario, prior to 2007, part-time health care workers could not enroll in the Health Care Workers of Ontario Pension Plan (HOOPP). CUPE pushed this issue and demanded a pension option for part-time workers.

Commencing that year, an enrollment option was agreed to. Part-time workers would not be automatically enrolled (like other workers) but they could sign up and apply for enrollment. In the first decade of this option just over 60,000 part-time health care workers enrolled in HOOPP!

The long touted myth that part-time workers can't afford pensions or aren't interested in pensions is just that, a myth.

The provision of decent pensions will further stabilize employment within health care with the twin benefit of increases in quality care and retirement dignity for all health care workers.

The mantra during this current pandemic from all quarters is, "we're all in this together". This rallying cry is providing space to socialize private payrolls, to provide direct government income support, and to prop up businesses and banks.

The hard truth is that we really are all in this together when it comes to this pandemic and when it comes to issues such as climate change, global peace and the need for human rights and social justice for all workers and their families, indeed for all citizens.

Recognizing brave health care workers at this moment of the global COVID-19 pandemic is appropriate. So too is support for fair remuneration and work conditions for these workers and indeed all workers, both during and beyond this pandemic.

**Paul Moist** is a research associate with CCPA-Manitoba.

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