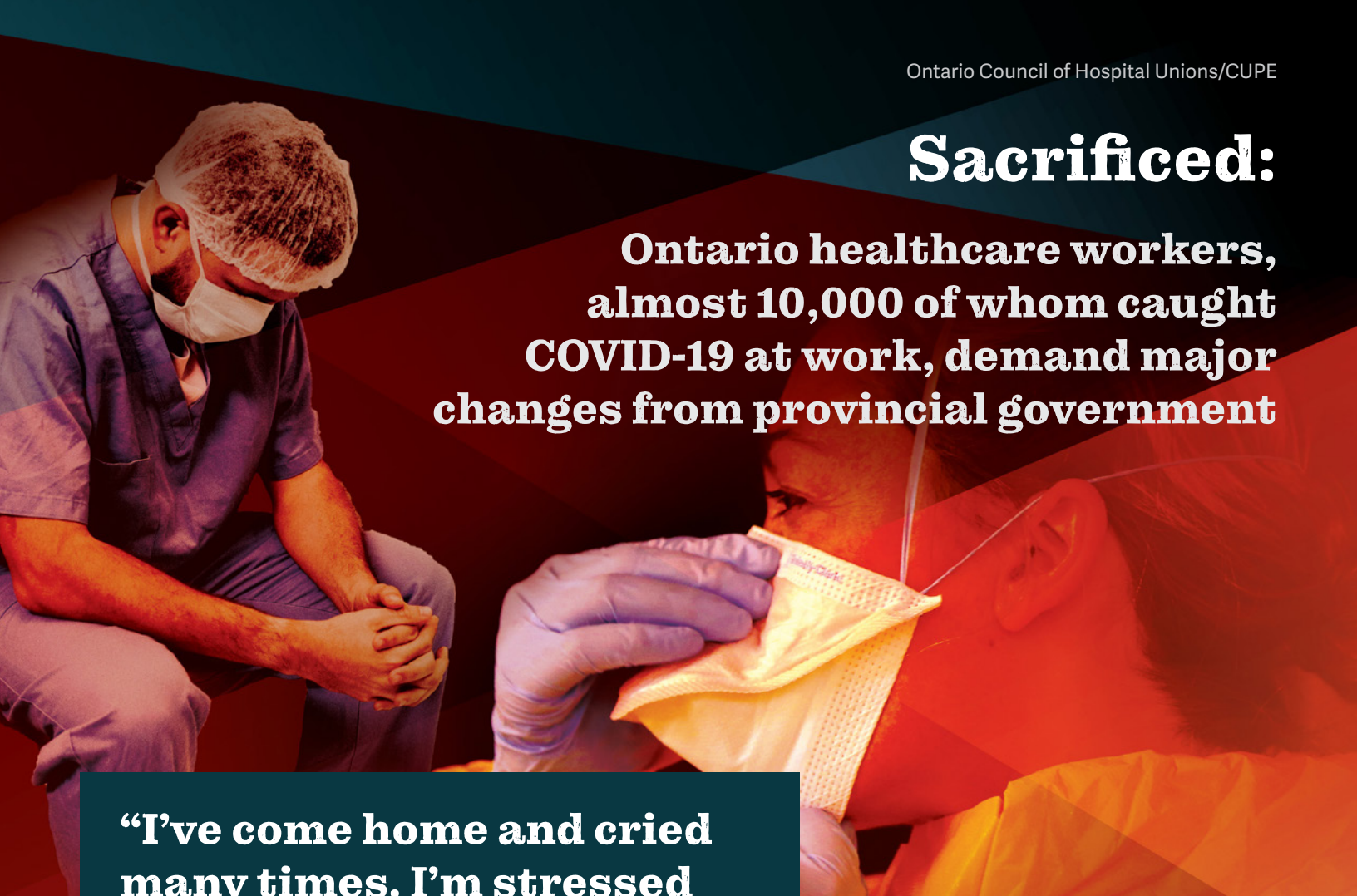


Sacrificed:

Ontario healthcare workers, almost 10,000 of whom caught COVID-19 at work, demand major changes from provincial government



“I’ve come home and cried many times. I’m stressed out. I can’t sleep at night.”

Healthcare workers in Ontario are facing extraordinary risks during the COVID-19 pandemic. They have been infected at a considerably elevated rate than the general public. They have argued for better protections with minimal success. A worldwide shortage of N95s and comparable respirators appears to have influenced guidelines for their protection, against scientific evidence.

OCHU-CUPE partnered with academic researchers to study day-to-day experiences of healthcare workers. Ten front line staff—RPNs, PSWs, clericals, and cleaners—from hospitals and long-term care (LTC) facilities across the province were interviewed. They reported the risk of contracting COVID-19 and infecting family members caused intense emotional distress.

“They’re afraid to go home; their families are scared of them. It is just horrendous. And the morale is as low as it can be.”

The increased workload brought on by the pandemic, with an already underfunded and understaffed healthcare system, has resulted in exhaustion and burnout.

“There’s definitely extra stress and some days, you just break down and start crying ... Our workload is crazy ... now we have more and more people going off work because they’re afraid. A lot of the staff are working double shifts.”

Government's and employers' failings have put HCWs in harm's way.

“It seems like both the government and the hospitals haven't really been prepared.”

“I'm pretty disheartened by the Ministry of Labour during this pandemic ... They've totally taken the employers' side and not the workers. There is no consultation with any frontline worker. No consultation with the nurses, the nurses' unions, or the lab techs. The Ministry is not showing up to calls.”

Healthcare workers are frustrated they are forbidden to speak publicly about their working conditions.

“We are told, ‘You can't talk to the media. You have to send your manager to talk to them.’... It's just such a travesty and these issues need to be said and people need to know what's really going on.”

HCWs demands are clear, emphasizing their physical and mental health must be protected. If heralded as heroes, they should be treated as such.

“All we are asking is, please protect us! Give us what we need... That's not too much to ask.”

There is very little trust in the decisions and policies for HCWs protection.

“I think post-pandemic we need to really advocate for being prepared ... ensuring that there's some regulatory body that's managing and keeping an eye on things.”

Achieving necessary changes, from broad systemic reform to practical solutions including higher levels of PPE, are hindered by discriminatory social structures. In Canada, the majority of healthcare workers are women, and many are recent immigrants or racialized.

“I honestly think that if these were male-dominated jobs, they would be looked after differently.”

Many HCWS are optimistic some good will come of it all.

“I really hope from out of this awful situation there comes a positive outcome—that the government and the employers start to really truly appreciate and respect us.”

The inadequacies of the healthcare system are being plainly exposed.

“At the end of the day, the silver lining of this pandemic is that it has brought to light the dismal condition that healthcare is actually in ... Hopefully after this pandemic is over, the government, along with the employers, will fix what is broken, and move forward and build on that so the next time—because there will be a next time—we're ready for it.”

The full study is available for download from Sage Publishing.

Visit <http://bit.ly/NS-sacrificed>

