

2021 BUDGET CONSULTATION

Submission to the
Select Standing Committee
on Finance and Government Services



HOSPITAL EMPLOYEES' UNION

June 2020

Introduction

The Hospital Employees' Union (HEU) welcomes the opportunity to share our views and recommendations on Budget 2021 with the Select Standing Committee on Finance and Government Services.

HEU is the oldest and largest health care union in British Columbia, representing more than 50,000 members working for public, non-profit and private employers.

Since 1944, HEU has been a strong and vocal advocate for better working conditions for our members and improved caring conditions for British Columbians who access health care services.

HEU members work in all areas of the health care system – acute care hospitals, residential care facilities, community group homes, outpatient clinics and medical labs, community social services agencies, and First Nations health agencies – providing both direct and non-direct care services.

Our members have risen to the challenge of this recent pandemic with a level of dedication, reliability, and care that our union is proud of.

Health care workers have made significant sacrifices working on the front lines of the fight against COVID-19, for example, isolating themselves from their own families to spare loved ones from the risk of contracting COVID-19. And as you are aware, more than 200 health care workers have been infected with the virus.

Our members grieve each long-term care resident or patient that has been taken from us by this novel coronavirus.

Our members are grateful for the able leadership and support of Provincial Health Officer Dr. Bonnie Henry and Health Minister Adrian Dix through this pandemic crisis. Their clear-headed approach has provided health care workers with confidence that the health care system is being well managed, and that their work on the front line is valued.

In addition, the PHO and the B.C. government have issued a number of orders under the *Public Health Act* and the *Emergency Program Act* to protect long-term care and assisted living residents while supporting workers through wage levelling and other measures.

The crisis has afforded government, health authorities, employers and unions with a rare opportunity to rapidly coordinate necessary measures together in health care. The implementation of the single-site order, for example, has been a massive undertaking involving all stakeholders.

We believe that B.C.'s relative success in containing COVID-19 is due in part to the unprecedented coordination and consultation undertaken by this government.

In this submission we focus our recommendations on four areas:

1. Stabilize long-term care (LTC) by re-establishing a common labour standard in the sector including working and caring conditions, wages and benefits.
2. Bring contracted hospital support services back under the control of health authorities.
3. Build publicly owned and operated seniors care facilities and improve accountability in the sector.
4. Invest in health care and emergency preparedness for possible future waves of COVID-19.

[Establish a common labour standard for long-term care workers](#)

We would like to acknowledge and thank the Standing Committee for their Budget 2020 recommendation to “equalize compensation” in the long-term care sector.

Indeed, that recommendation now seems prescient long-term care as the pandemic has exposed serious public health risks stemming from the lack of standard compensation across the sector.

These risks resulted in action by government to temporarily order a levelling up of wage rates to the provincial standard for workers in long-term care and assisted living – part and parcel of the PHO directive to limit all workers in this sector to working at one site only (the “single-site order”).

What had become evident to public health officials as COVID-19 took hold in long-term care is that many workers in the sector held jobs at two or more care homes in order to piece together enough hours and income to support themselves and their families.

In the course of collecting employee information for the implementation of the single site order, health officials learned that nearly 9,000 workers in long-term care and assisted living – one out of every five in this sector – worked at two or more sites.

Workers in this sector often lack access to regular full-time jobs, and using the example of a care aide, the pay could vary from as little as \$17.84 an hour to as much as of \$25.33 an hour for positions covered by the provincial standard collective agreement.

Even greater disparities exist when benefits are considered. Staff working at sites covered by the provincial master agreement – mostly health authority or non-profit operated -- have access to a pension plan for their retirement. For many others, outside this agreement, lower wages are accompanied with weaker job security, no retirement security and fewer benefits.

Another major difference is paid sick leave. Many care home operators outside the provincial master agreement provide grossly inadequate sick leave provisions – only 5-9 days of sick leave a year. This often leaves workers with difficult choices when staying home will mean the loss of income for their family.

Paid sick leave is a public health issue, and we hope that one result of the pandemic is that government and employers recognize that adequate paid sick leave is an important tool in our public health tool box.

Prior to 2002, almost the entire funded long-term care sector in B.C. was covered by a single collective agreement. Contracting out and an increasing reliance on for-profit employers promoted through

legislative and policy changes under the former provincial government drove down wages, undermined employment security and fragmented service delivery.

The result is a serious recruitment and retention crisis, and continuing disruptions in care relationships. This government has taken some important steps to improve this situation, chiefly through stronger successor rights for workers impacted by contract flipping and improving staffing levels.

But over the long-term, moving back to a standard compensation regime with a level-playing field for working and caring conditions – will stabilize the sector and benefit residents and workers.

The HEU is deeply encouraged by the current government’s interventions to stabilize the sector during the pandemic. The levelling of wages to support the single-site order will raise the wages of workers at roughly 60 per cent of the province’s care homes.

The levelling of wages and access to adequate hours will have a huge and positive impact for many of our members, the seniors they care for, and the sector on a whole. They must become “the norm going forward” as Premier John Horgan has declared.¹

We also thank your Committee for recommending the development of “a sector-wide injury prevention strategy to address violence toward health care workers”.

With an injury rate that continues to be four times as high as the provincial average, addressing high rates of musculoskeletal injuries, violence and other health and safety issues is critical to supporting and retaining our long-term care workforce.

We’re encouraged by government’s agreement with health unions and employers in the last round of public sector collective bargaining to support the formation of a health and safety agency focused on the health care workforce.

Recommendation:

- Stabilize long-term care by re-establishing a common labour standard in the sector including working and caring conditions, wages and benefits.

[Bring contracted support workers back under the direct control of health authorities](#)

The HEU commends the current provincial government for making legislative changes including the repeal of anti-labour legislation—the *Health and Social Service Delivery Improvement Act* and the *Health Sector Partnerships Agreement Act* as well as the expansion of the definition of successorship under the *Labour Relations Code*.

Further steps remain to be taken to fully eliminate the option for sub-contracting for care home operators. And workers employed by contractors providing services for health authorities need to become direct employees of the facilities they work in.

¹ BC Premier Horgan on CBC’s Early Edition re. LTC (May 12, 2020)

The levelling of wages in long-term care and assisted living and the federal-provincial pandemic pay program have helped to establish fairness and stabilize the health care workforce during this crisis.

These actions, however, do not address the injustice in a health care system that relies on privatized hospital support workers – with low wages, poor benefits, and no retirement security -- to deliver critical support services.

This workforce is predominantly female and highly racialized. These workers are performing the same essential, skilled labour which is critical to the safety of all who enter health care facilities, but are paid more than four dollars less an hour than a direct employee.²

The compensation differential is exacerbated when benefits are considered including substandard sick leave provisions and a lack of pension or retirement savings plans.

Additional cleaning staff are fundamental to supporting B.C.'s Surgical Renewal Plan. The vital role that housekeepers play in preventing transmission of infections generally, and the COVID-19 virus, cannot be overstated. Enhanced cleaning measures are a necessary feature of the health care system going forward.

In our largest populations centres, hospital cleaners and food service workers are earning hourly wages during this pandemic that are lower than what they earned during the SARS pandemic 17 years ago.

This injustice, the result of privatization and contracting out, should not survive this pandemic.

Bringing support service jobs back into the health authority's employ ensures the type of stability and working conditions that can attract and retain staff.

The recent announcement that privatized housekeeping and waste management services would come back under the control of the health authority at the North Island Hospital sites was met with enthusiasm and tears by our members who deliver these services.

We are certain that this will result in improved services and better value for money for the health authority. This is hopefully just the beginning of greater efforts to bring support services back 'in house.'

Our union has negotiated provisions in the last province-wide Facilities collective agreement to find ways of bringing the work of contracted out hospital support services back under the control of health authorities, and this work should continue without delay.

Recommendation:

- Bring hospital support workers under the direct control of health authorities.

² HEU LTC wages database, 2020

Build public owned and operated seniors care facilities

Last year, HEU advocated in our Budget 2020 submission to this Committee that it is time for the government to re-balance the long-term care sector in terms of ownership.

Legislation and policies enacted by the previous provincial government increased for-profit ownership in the sector. This has been accompanied by the further sub-contracting of work and other provisions designed to allow these employers to 'opt out' of provincial standard agreements, and drive wages down in the sector.

The number of long-term care beds operated by health authorities and non-profits decreased by 11 per cent between 2001 and 2019, while the share operated by for-profits increased by 54 per cent.^{3 4}

This shift has put big for-profit chains like Retirement Concepts, Sienna and Park Place in charge of an increasingly larger share of the province's stock of long-term care beds.

Assisted living is increasingly important in providing care to seniors, and this part of the sector is dominated by for-profit operators.⁵ A care option that is under-regulated, understaffed, and unaffordable for too many seniors, assisted living needs more public and non-profit units.

The shift to an increasingly corporate, profit-driven seniors' care sector has been accompanied by a reduction in accountability to health authorities, staffing and care crises requiring direct public administration, and deteriorating working and caring conditions for workers and seniors.

During the planning and coordination of single-site orders, the weak relationship between private operators and the health authorities that fund them was on full display as public health authorities moved to implement the single-site orders.

The lack of information available to health authorities on pay rates, staffing numbers and schedules, and on sub-contracting and agency contracting, required a huge investment in resources to overcome. This is the price of a fragmented sector.

Our union is relieved that the provincial government intervened to level up wages for for-profit operators (and some non-profits) as part of the single-site implementation to stabilize staffing and ensure fairness for workers who were limited to working at one site. But it does represent a massive subsidy to operators who have profited from keeping wages below the provincial standard.

COVID has exposed the tragic and utter neglect that seniors have been subjected to, made public in the Canadian Armed Forces' recent reports of conditions in Ontario and Quebec nursing homes.⁶ Lawsuits

³ Andrew Longhurst. 2017 "Privatization and Declining Access to B.C. Seniors Care: An Urgent Call for Policy Change" (Vancouver, B.C. CCPA 2017), 5

⁴ Calculations based on data found in OSA B.C.'s Quick Facts Directory 2019

⁵ p 21

https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2020/02/ccpa-bc_AssistedLivingInBC_full_web.pdf

⁶ <https://www.bbc.com/news/world-us-canada-52814435>

against nursing home giants like Sienna⁷ are on the rise including one filed against a B.C. care home owned by Revera.⁸

B.C. was already immersed in its own crisis well before the pandemic. Two health authorities put four Retirement Concept homes under direct administration last year over concerns about serious gaps in the provision of care. At two of the sites, the health authority had to provide additional care staff to ensure seniors were cared for safely.

All these sites remain under administration to this day.

For-profit operators fail to deliver care and fail to deliver value. In her report released earlier this year, the Seniors Advocate of B.C. found that for-profit operators shorted the system of more than 200,000 funded hours of care a year while not-for-profits delivered 80,000 hours a year more.⁹

The Advocate recommended that measures be taken to “remove the financial incentive for operators to do anything other than provide as many care hours as possible with the public money they receive to deliver direct care.” She made the call to empower licensing to monitor and enforce direct care hours, and to require that the same data be collected and reported for *all* care homes across all health authorities.

Ownership matters in long-term care. We strongly believe that decisions about staffing and care should not be driven by profit.

Recommendations:

- Develop a comprehensive capital building plan for the seniors’ care sector that includes easier access to capital funding for the development of long-term care and assisted living sites by health authorities and non-profit organizations.
- Increase accountability measures to ensure that for-profit operators deliver the care hours for which they are funded.

Invest in health care and emergency preparedness against possible future waves of COVID-19

The pandemic has exposed certain weaknesses in our health care system including fragmented service delivery and limited coordination of health human resource planning.

In implementing the single site orders in seniors care, health authorities and government lacked basic information about staffing levels and compensation, and even the identity of subcontractors for care and support services.

The pandemic has demonstrated that strong central coordination is required within our long-term care and assisted living sector to redeploy the workforce and keep residents and workers safe. Future health human resource planning in this sector must continue to be government-led in consultation with key stakeholders.

⁷ <https://www.cp24.com/news/20m-class-action-lawsuit-filed-against-scarborough-long-term-care-home-that-was-part-of-military-report-1.4964609>

⁸ <https://vancouversun.com/news/family-sues-care-home-for-2-2-million-after-mom-dies-following-alleged-mistreatment>

⁹ P 6 <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/02/ABillionReasonsToCare.pdf>

And as we ramp up our surgical capacity in the short term, and prepare for a possible second wave in this pandemic, it's critical that health human resource planning, including recruitment and retention, is well coordinated and led by government and health authorities.

The provincial government has also taken on the responsibility of ensuring that a safe and adequate supply of Personal Protective Equipment (PPE) is coordinated through the Provincial Health Services Authority.

That supply is quality-controlled and available to all health care providers including contracted long-term care operators.

We strongly support this mechanism for PPE provision over the long-term, in anticipation of a second pandemic wave and beyond. When it comes to the safety of health care workers, there should be no confusion about the quality or availability of PPE.

Recommendations:

- Provide resources for government-led coordination of recruitment and retention and Health Human Resource planning.
- Continue to support an adequate and safe supply of PPE to health care workers including those employed by contracted service providers through a central, government-managed supply chain.

Conclusion

The Hospital Employees Union appreciates the opportunity to share our recommendations and to offer the perspectives of health care staff who are tasked daily with delivering quality care in acute, residential and community services.

We are all deeply committed to broader efforts to restart our economy as we grapple with the pandemic. We support the BC Federation of Labour's plan for restarting our economy in the wake of COVID-19

The blueprint they have developed centred on good jobs, recognition of undervalued work, climate justice, implementation of UNDRIP principles, and an investment in public services and in our communities is the way forward.

We also join the BC Federation of Labour in advocacy for adequate paid sick leave.

Access to adequate paid sick leave across B.C.'s entire workforce must become part of the *Employment Standards Act*. The majority of HEU care aides working in private care facilities lack the number of paid sick days required to self-isolate properly as per our PHO's advice and employers' policies.

A much greater number of workers essential to our well-being including those in food service, agriculture and transportation are at an even greater disadvantage. All employees regardless of employment status and length of service should receive 21 days of paid leave in response to the current emergency entitlement under the *Act*.

We agree with economists, unions, community organizations and others who say that there can be no recovery without a "she-covey." The investment in public services advocated by the BC Federation of Labour is critical to supporting decent work for women including in the health care sector.

This includes further investments in childcare which are key to supporting women's participation in the post-pandemic economy.

Our members are the backbone in a health care system that British Columbians value – now more than ever – but one which has been undermined by inequity and fragmentation.

We are on the right track, and our experiences through this pandemic have shown us where we are strong and where we are weak. And we have taken some tentative steps to address some of the problems that the pandemic has brought into sharp focus. That work must continue.

Thank you for considering our recommendations for your report on Budget 2021.

Summary of Recommendations

Stabilize the long-term care sector

- Stabilize long-term care (LTC) by re-establishing a common labour standard in the sector including working and caring conditions, wages and benefits.

Bring support services back in-house

- Bring hospital support workers under the direct control of health authorities.

Build publicly owned and operated facilities and increase operator accountability

- Develop a comprehensive capital building plan for the seniors' care sector that includes easier access to capital funding for the development of long-term care, and assisted living sites by health authorities and non-profit organizations.
- Increase accountability measures to ensure that for-profit operators deliver the care hours for which they are funded.

Invest in health care and emergency preparedness against possible future waves of COVID-19

- Provide resources for government-led coordination of recruitment and retention and Health Human Resource planning.
- Continue to support an adequate and safe supply of PPE through a central, government-managed supply chain.