

#FrontlineFaces

THE NO-ZO STAND

A PUBLICATION OF THE N.S. GOVERNMENT & GENERAL EMPLOYEES UNION

SPRING/SUMMER 2020



CONNECT WITH US!

We want to hear from our members. If you have thoughts on this issue of The Stand, or ongoing union issues, send us your feedback! You can email us at inquiry@nsgeu.ca or connect with us:



Dear members,

The past five months have been some of the most challenging times we have faced collectively, at least in my lifetime. COVID-19 caused the world to come to a grinding halt – tossing all of us into the air along with it – and since mid-March, we've all been trying to figure out how to navigate our "new normal."

Fear and uncertainty were some of the most immediate emotions many of us experienced, as millions of us lost our jobs, childcare, and the ability to move freely throughout our own communities and further abroad. Perhaps the most difficult aspect of this experience has been that it has forced us apart, quite literally. Humans are social creatures, for the most part, and we haven't been able to freely embrace family and friends outside of our own households. It all feels very unnatural, still.

There was no harder time to be kept apart than after a gunman wreaked havoc on the communities of Portapique, Wentworth, Debert, Shubenacadie and Enfield in mid-April, killing 22 innocent people and terrorizing many more in the process. One of NSGEU's very own – a home care worker named Kristen Beaton – was murdered by this coward, and along with her, her unborn child. Kristen dedicated her life to caring for others, and was active in calling on government to protect frontline workers during the pandemic. This was a horrific, unimaginable act of violence that was inflicted upon the people of our province, and one that I am sure none of us will ever forget. The NSGEU has established an educational trust to support Kristen's surviving son, Dax, after I spoke with Kristen's husband, Nick. If you are willing to make a contribution to the trust, please do so. I ask that we all keep Kristen in our thoughts, and care and advocate for others in her memory.

Just weeks after this shooting, Nova Scotians were dealt two additional successive blows, as more of our own died in a tragic military helicopter and Snowbird crash. All told, seven more lives were lost.

The past few months have been traumatic for many of us, and have really hammered home how fragile life truly is. This period of time has also underscored the importance of having a strong government that is prepared to support and protect all Canadians during a time of crisis. The labour movement has long advocated for strengthening and expanding our public health system, and now we clearly see how vulnerable workers and clients within the long-term care sector really are. There is much work to be done on this front, and the NSGEU remains committed to advocating for improvements and support for frontline workers, so they, in turn, can better care for our most vulnerable citizens.

While Canadians have been grappling with the pandemic and its impacts on our economy, public health care system and our collective wellbeing, we are also bearing witness to what I believe to be a pivotal moment in history in the United States.

South of the border, there have been more than 5.4 million confirmed cases of COVID-19 (and counting), along with more than 170,500 deaths. Many Americans who have recovered from this terrible virus have now been saddled with enormous medical bills, which is even more problematic when you consider that between 30 to 40 million Americans lost their jobs since the pandemic reached America. It is with all of these things in mind – lack of access to health care during a global pandemic, economic uncertainty, and an unapologetic racist in the White House – that it should be of little surprise that the American people reached a tipping point when a Black man, George Floyd, was brutally murdered by police in Minnesota. Since his death, protests have spread across the globe, calling for the end to racism.

Of course, racism is not a problem that is isolated to the United States – we have our fair share of it right here in Canada, as any person of colour could likely tell you. But it is inspiring to see a nation that has – for the past three-and-a-half years, at least – been largely under the thumb of the bigot-in-chief, finally push back. It also warms my heart to see so many march across the world and here in our province. We aren't done yet, and racism certainly hasn't been solved, but this is the most action I've seen on the issue, and we need to follow it up with real, substantive systemic change within government, our workplaces and communities. I encourage everyone to consider what we should do next and to learn how you can participate. It is only through us all working together that we can overcome the plague of anti-Black policy that allows racist behaviour to thrive.

While fear was likely the first emotion people experienced when COVID-19 first arrived in Nova Scotia, a new emotion has started to bubble to the surface for many of us, and that is hope. Like it or not, COVID-19 has changed our world, and we all need to do our part to try and ensure that this transformation brings along some positive changes to our lives, as well.

In solidarity,

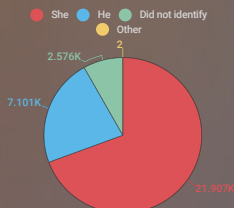
Jason MacLean

Meet your union!

The membership of the Nova Scotia Government & General Employees Union is incredibly diverse

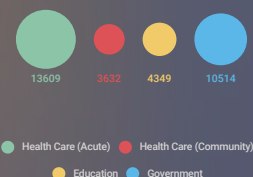
Gender

Almost 70 per cent of NSGEU's membership identify as female. Our union has a very strong & active Women's Issues Committee to represent these members' issues.



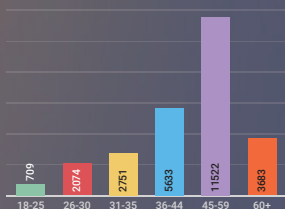
Sectors

Our members work in a wide range of occupations, which fall under four main categories: Health Care (Acute), Health Care (Community), Government & Education.



Ages

Our data shows that NSGEU members range in age from 18 to 60+ (some people did not disclose their age to us).

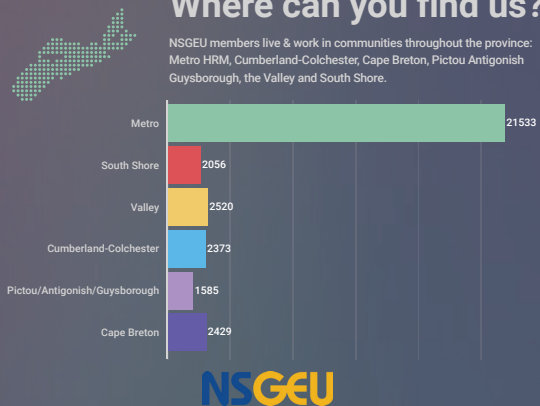


Contracts

More than 60 full-time staff at the NSGEU help negotiate and service 87 separate collective agreements on behalf of our members.

Where can you find us?

NSGEU members live & work in communities throughout the province: Metro HRM, Cumberland-Colchester, Cape Breton, Pictou/Antigonish/Guysborough, the Valley and South Shore.



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THE STAND

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The NSGEU is affiliated with the Canadian Labour Congress, the Nova Scotia Federation of Labour, and the National Union of Public and General Employees.
unionsyeah.ca



The Union Stand is proudly produced by NSGEU with the help of members of IAMAW Local 2797.

NSGEU TWEETS

Our Times (@OurTimesMag)

Jun 5 BEYOND THOUGHTS AND PRAYERS: Read what the @NSGEU's Jason MacLean has to say in @OurTimesMag about anti-Black racism. It's time to cure the disease. Black lives matter. [@HalifaxLabour @torontolabour @vancouverdlc @CBTU_Canada @solidarityme #canlab](https://bit.ly/3dwSX2)

Hola (@HolaHFX)

Jun 2 I resent @StrangRobert for accusing the @NSGEU of fear mongering. Has he had to beg for Purrell from the Health Authority? He undermined our rights to safety at work & firmly shifted the power balance. He made my workplace & life less safe #COVID19NS #Northwood

Trevor Parsons (@DartmouthCommon)

May 28 Excellent piece. Part of the "Frontline workers" series by @Suzanne_Rent I have a feeling that grocery store workers may get serious about union organizing post #COVID19NS I also believe there will be more public support for their efforts. & more support for unions like @NSGEU



COVID-19 Frontline Stories



As soon as COVID-19 arrived in Nova Scotia, we began hearing from members who were working on the front line of our health care system. Many of these members were being asked to do very different work than they had done previously, to work in new places, and do all of this without being given access to all of the Personal Protective Equipment they felt was required to do their jobs safely.

While NSGEU staff and management was busy fighting with government and their employer to get them the equipment they needed, and to make sure their rights and benefits were being protected at this stressful time, we also wanted to know exactly what conditions were like in these workplaces. So, we reached out and asked our members to tell us their stories.

We were inundated with replies. Thank you to everyone who sent us their story.

Here are just a few of the submissions we received (we have removed identifying information to protect our members' identities):

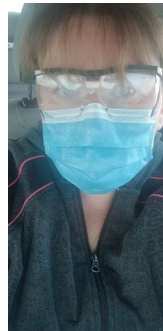
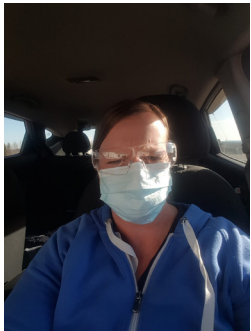
ACUTE CARE:

I have been a registered nurse for three years and I am already the charge nurse on my floor. I am 26 years old. This is a very stressful job. Now there is a pandemic and the stress is beyond what I can handle. The nurses on my unit are terrified. There is nothing I can do to help them. I show up to every shift and I don't know anything. Management and nursing educators don't know anything. My nurses, myself included, are burning out from the stress. I foresee at least a few becoming ill or having to take stress leave. What do we do then? Our already short staffed nurses are going to struggle even more. The inpatients on my unit are very sick and we can't afford to lose any nurses.

We have already had a scare because one patient had come into contact with someone that is COVID positive.

What a panic. I have never seen the staff of my unit (nurses, physicians, housekeeping, physiotherapy, unit clerk and unit aide) in such an anxious state. Why aren't we being tested but the patient is? If this was an employee of the hospital they would have been working with the chart in the nursing station. How come no staff on the floor was notified of being in contact?

Whether the staff are directly coming in contact with COVID or not, this is affecting them. More needs to be done. I have five to six nurses coming to me with their concerns. PPE is being rationed. One mask per day is completely ridiculous and not sanitary. Our province needs to start doing more for all members of the NSHA and other health care workers.



I have been reassigned to one of COVID assessment clinics. My primary concern is our safety.

I am one of six Registered Nurses who swab multiple patients during our 12-hour shift. Depending on which swab is available we can cause sneezing coughing or retching. Most of our patients try very hard not to expose us to their "droplets," however that is not always possible. We are provided one level-one mask for our shift. We are told this can be changed if it becomes moist or contaminated ... Our gowns are lowest level isolation gowns single use. We provide our own uniforms, which we have been told to change out of before travel home. No hair cover is provided.

My concern is how contaminated we are by the end of shift. We remove our uniforms carefully return home shower immediately. We have been instructed to wash uniforms immediately. I do not like bringing a contaminated uniform home never mind handling it repeatedly. Hair covers are not mentioned in PPE guidelines. However in other centres in Canada they are provided for assessment staff. During SARS outbreak in Toronto staff caring for SARS patients were told to cover their hair. I believe we are exposed to droplets through out the day. We have been told to stand to the side when we swab patients. This is impossible, to insert nasopharyngeal swab you measure the patient's nose fold to their ear then insert swab gently along septum. We have been told to lower the patient's mask to their chin to decrease exposure and to pull the patients mask up quickly. This isn't always possible. The oral

pharyngeal swabs cause the most droplet exposure. We swab the back of the throat most patients gag and cough. Once again we have been told to stand to the side as we swab.

I have asked for hair covers repeatedly: they will not be provided. Our manager has said she will ask about scrubs being made available. We have been given self-assessment work sheets to monitor our temperatures and signs symptoms of COVID-19. I feel that providing proper PPE is imperative in keeping nurses healthy and available to work ."

I work at the East Coast Forensic Hospital as an Allied Healthcare member. We are not being supported to work from home and are unable to practice appropriate social distancing in this space. We are not permitted to go into the community to see patients and are being told to use virtual means to communicate with them but we don't have the equipment here in order to do so. I have the tech at home and could easily see patients that way but instead I'm at work, not able to do my work. It's baffling to me, managers aren't willing to consider rotating groups of staff in and out which means that if one of us gets sick, it'll likely spread through the staff group here and none of us will be able to work. We can call patients but it doesn't offer the same type of information as laying eyes on the patient would.

It is as though they think we are trying to take



advantage of this situation to get time off. We just want to be safe and be able to do our jobs.

...NSHA advised staff to don masks & to wear them throughout the day. However, hand sanitizer is not being replenished in the area where 100 interdisciplinary front line staff work in close proximity and share office space, two bathrooms, a kitchen and a key pad entry.

Distributing masks without sanitizer completely undermines the stated goal of protecting staff. Not only is this putting staff at a high risk of undue harm, it is setting the stage for staff to get sick as once one staff member contracts it, it will spread like wildfire when the space is contaminated and the tools required to protect ourselves have been withheld.

We were under the impression that any patient that was swabbed for COVID would be put in the holding area emerg has, or sent to the COVID unit. This week we had two admissions that were pending swabs: they both were negative, but if they had been positive we were putting our geriatric population at risk. Those two patients should have been kept in emerg until the swab results came back. Now we have been told we get one mask for a 12-hour shift to wear at all times except for breaks, after years of having it drilled into our heads that we **MUST** change between patients and after 20 minutes or so they need to be changed because our breath causes dampness inside the mask. I was not surprised by this as I saw what others in the world were

doing, but I thought we would be better prepared. This is a huge risk to the health and safety to health care workers and especially to bedside nurses. God help us all.

I am not comfortable being asked to visit multiple units on the same day.

I am not comfortable feeling like I am being used in a way that looks good for upper management, but does not appear safe on the front line.

I am not comfortable feeling like my manager does nothing with my concerns and does not express them back up the management tree.

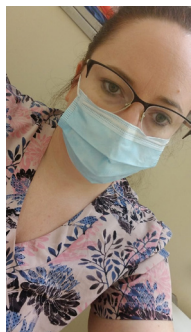
I am not comfortable with the lack of child support during this pandemic.

I am not comfortable with the lack of social distancing in the hospital.

We have been told that we will be told where and when we need to work at other locations. We are orienting to inpatient units to familiarize ourselves, as we were told we could receive a call at any time to fill a need when it arises.

We've been told they'll ask for volunteers, but if there are no volunteers that we will be told where to based on lowest level of seniority.

Also, that we may be expected to work evenings, overnight, and weekends as needed, regardless of other obligations.



So I was very happy to see the NSGEU share the Good Neighbour protocol, yet this is still not the message that we're receiving from NSHA.

I'm always happy to help, and know that I do have skills that can be useful in times like these, but feeling forced into things never feels good.

And we've also been told we do not have the Right to Refuse when emergency measures are in place, so I'd love some clarification on that! Especially since NSHA is reluctant to sign the PPE agreement at this time.

Our team consists of multidisciplinary health care workers ... People are concerned for their health, loved ones' health and some have childcare issues. Some staff have opted to work from home. Some are not offered that solution, which feels completely unfair. It feels as if the hierarchy has afforded the elite few choices while leaving the rest frustrated, anxious, angry and completely defeated. Admins provide much needed support and we do a hell of a job. You would like to think that performance means something and that the people that you support would in turn do whatever it takes to support you. That is not the feeling we have right now. Concessions are made for some and not for others. My mental health at this time is shaky at best. My only hope is that when we reach the end of this we will see great improvement in how things are handled.

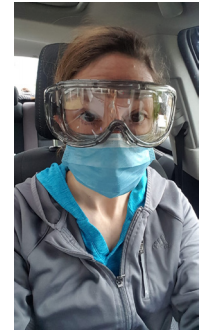
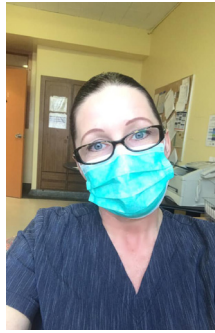
My story isn't one of being on the front lines, but one of being on the sidelines. As a CSA within a health organization, we are deemed essential. What wasn't

clarified by the Premier is that we should not be exempt from the six-foot distance rule or five people in the work place.

I work in an open office space with shared desks. When I leave my shift, someone else has to sit there and use the desk and computer I have just finished working on. I fought for an entire week to get our desks six feet apart. I fought for our immune-compromised staff to have the right to work from home. I continue to fight for all of our rights to work from home while our managers and admin staff who have their own offices get the privilege of working from home.

My biggest concern is my health, my family's health and my fellow CSA's health, as well as their families. I can't comprehend that management is not enforcing the six-foot social distancing in our office space. We do not treat clients, we do not interact with clients except over the phone, but yet I go to work every day and have contact with people who don't social distance, who come to work sick, and who don't practice staying at home. Who is fighting for me and who is going to protect me?

I have seen 37 clients – that's 37 different homes – over the last two weeks. I have serviced clients in Truro and East Hants and all communities in between. Some clients live with family that is able to help, some have family/friends visiting when we arrive to provide service. It's disrespectful. Why are we being exposed to so many clients? There is no consistency. Why are families not stepping up? Eliminating exposure to themselves, our client and to us as the frontline staff. We see clients still having visits with grandchildren and



great grandchildren, we see clients still having extended family in for a meal and client's families stating they go to the local stores daily. Yet they will not cancel their services.

The inconsistency with clients is only going to create a larger problem: more workers exposed, which means the possibility of more workers isolating in time. The exposure we have as the frontline staff is unreal considering what the province has put into place for others. We are in an uncontrolled environment with no boundaries. We feel disrespected and not heard.

I suffer from an autoimmune condition and take immune suppressants, NSHA has decided that you will still be expected to work with COVID-positive patients if you are immunocompromised or pregnant.

I've heard from some housekeeping staff that they are being told our hospital is not an "essential" hospital, and our supply of excel prevention wipes and hand sanitizer needs to go to other "real" hospitals, like the Dartmouth General. We are still running our service for patients and are in need of the same cleaning supplies.

Our service for patients has drastically reduced (by more than 50 per cent). I have been told I cannot work from home, even though my counterparts in other community-based locations are able to. I come to work every day, bringing in my own germs and then leave every day covered in many other people's germs. My specific service has rarely been needed over the last three weeks, and what I can provide I can offer from

home. I find this unfair. Especially when I'm hearing we are not seen as an "essential" hospital.

We have been having some issues down here in Diagnostic Imaging. We are not being fully informed, no protective gear has been provided. All the techs and doctors in our area are doing shifts here and at home. We also found out that the Breast Imaging (which is also part of our department) has been given tasks they can do at home and are working one day on and one day off.

Most of the clerical staff either have some health issues, or have family members at home with health issues or kids. We do not want to get sick and bring this home. I don't feel they are concerned about our mental or physical health. Once we get back up and running there will be over 1,000 patients that have been postponed as well as the hundreds that are still waiting for their first appointment.

A patient came in for an appointment to the lab and mentioned that he had been COVID-tested the previous day. He was registered, but when I asked our boss could we have refused to register him, I was told no.

I am an Administrative Assistant at the IWK. My experience during this time has been heartwarming. Seeing everyone work together to provide a safe environment and how the community has been coming



together is amazing. I do not feel my risks are any higher coming into work and providing my support than they would be going out into the community to do my essential grocery shopping etc. I am proud to be apart of the IWK team during this trying time and being able to support my colleagues anyway I can. The housekeeping staff on my floor has been nothing short of amazing, ensuring everything is sanitized frequently, I feel everyone has been going above and beyond and deserve all of the recognition for continuing to support patients and staff. There are obvious risks associated to being a health care staff and continuing to come into the office to work, but these same risks are a problem for EVERYONE no matter their job title as now that there has been community spread, nowhere is considered safe. Again, I am proud to be a part of such an amazing team and I will continue to support any way I can.

I've been working COVID-19 primary assessment clinic ... for three weeks. It has been stressful for all of us, but we've been doing it. Doing all this for our people. Health care workers wear their hearts on their sleeves. We won't stop until we beat this virus! Determined, motivated ... I'm doing the best I can do to go above and beyond. I won't give up.

I give my all to keep the hospital as clean and sanitized as possible. My concerns are, while working through this, we are caught in the middle. I myself am

considered "high risk," as I was born with a hole in my heart. I really believe we should be getting hazard pay while we (housekeepers) are the ones in the middle of it all. I fear getting this illness, and not being able to fight it off as easily as a "healthy" person could.

Porters, housekeeping, and other staff are being told to wear masks with ANY patient contact. Nurses are not being told to do this, and we are the ones with the most patient contact.

Management action has been extremely delayed with regards to making the necessary changes to keep staff safe and protect the workplace to ensure that the healthcare system can keep rolling when the inevitable positives happen within the workplace.

It took until the first week of April for true social distancing directions to come down. Many of the changes happening seem to be occurring only because they feel they have to make some decision, but logic of the decisions either make no improvement or actually put us more at risk.

For example, it is has been decided that all day shifts are now to begin at 0700 instead of the typical staggering of employees coming in between 0700 and 0900. This is supposedly to keep the evening shift people from coming in to contact with the day shift, which is a fantastic idea that has been implemented at many other workplaces. However, 80% of the employees are now forced to all enter the building and congregate in



the locker room at once and the evening shift are still swapping back into the day shift on a weekly basis, and vice versa. This does not prevent any potential cross infection between the shift and brings staff in closer proximity when entering/leaving for the day making it more likely that one infected employee could potentially bring down the entire section and put testing at risk.

Also, some staff have been asked to not wear and/or remove any masks in the workplace (not N95 but either surgical or home made) as it may promote "fear" in the workplace. These are not masks that are being taken from the workplace stock, but items staff have brought from home. Knowing that some people are asymptomatic carriers of COVID-19 and that it is recommended that people who are sick to wear them to help prevent further infections, it is irresponsible for the employer to tell people they need to remove masks brought from their own supplies in the workplace to stop the spreading of fear.

I ... feel unsafe in my workplace and worry for the patients. There is resistance to changing work that can be changed. We are kept out of the loop and out of making the decisions even though we work the front lines.

I work in a small office. Sometimes another clerk will be scheduled to come in to help. A few of them volunteered to work the COVID clinic on the weekends. I asked my manager to not have them work in my office

with me, because I am scared they will get COVID and pass it on to me. I am not worried about myself, but I am petrified to get it and pass to my family. I was told by my manager that it was not a reasonable request.

I'm an employee at the IWK and I work in an outpatient clinic where cancer patients are still being seen. I currently work in an office and I felt somewhat safe until today, when I was assigned to cover the registration desk for break. There was no protection for us registering patients. One patient said that they are just off their 14-day isolation because they were away. I am truly afraid to come to work. I am the primary caregiver to my elderly parents that I live with.

As a Respiratory Therapist at the QEII, I am very frustrated with our lack of inclusion in surge plans, especially considering we see all COVID patients and are present for all high-risk aerosol generating activities. There are differing plans (regarding required PPE & which interventions are safe to offer) from floors/ICU/emerg, and as we work in all areas, this adds a lot of anxiety related to uncertainty. The institution needs to make sure all areas and teams are consistent with their plans and regulations. Everything we are told seems to be hearsay, very little official information coming our way from employer/manager.

I work in the Lab and I show up every day to work and risk my health so that patients still get the care they



need. Because I am doing this, I have not seen my seven-year-old daughter in person since March 16th... and will not get to until this is over. My daughter is staying at my mother's house. Thank goodness for technology, so I can video chat with her, and that my mother is there to do this for me, as well. I also have been getting groceries for people who can't or are too scared to go to the grocery store.

I would like to thank all those who are doing and working to get us all through this unpredictable scary time: the housekeeping staff, cafeteria staff, security staff, basically all hospital staff. Also to all the people keeping our stores open so we can get the essential things we all need.

I just want to say the lack of PPE for clerical staff is quite astounding. The main entrance at Valley Regional is staffed by members speaking with the general public with no sort of mask, eye protection, gloves, gowns, or anything.

I currently work in an outpatient clinic where we see patients "new" and follow-ups." We are currently doing all our follow ups via phone, however we are being made to come into the office to do these calls and we have eight staff in a small department daily. There is absolutely no reason why we can't "stay the blazes at home" and do these calls.

I am a cleaner at a hospital and having a great deal of anxiety about the current situation. My husband has a lung condition and this could be in severe danger.

I realize that there are privacy regulations for patients, but I need to take every and all precautions at this time and find that we are not being given enough information about possible cases.

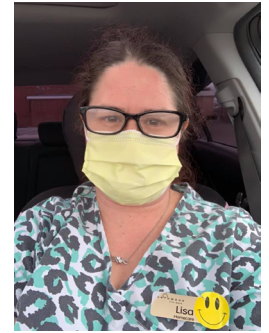
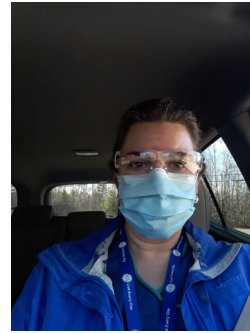
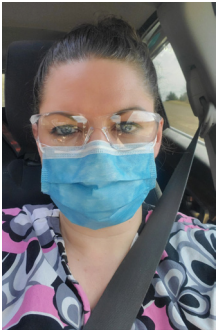
I have been showering before leaving work to try and avoid bringing COVID-19 home, as well as not going anywhere beyond work. However, I fear that this is not enough.

...I feel a constant state of guilt over this, as I do not want to not work, but come home every night feeling that I may be handing my husband his death sentence.

... The last thing I want to do is leave my job as I feel that we are needed now more than ever. That being said I also don't want to go home with something that I may survive and pass it to someone who may not.

Keeping in mind we are traveling through the entire hospital each night and are in basically all common areas to clean without mask and gowns (gloves only). I feel that the risk is extremely high, as many people may be carriers and not aware. Many of the my colleagues have the very same fear.

I walk into this hospital every day asking myself why as an employee I have to walk by COVID assessment clinics 1 and 2 that are located at the front door of the Halifax Infirmary at Robie Entrance. Why are these COVID



testing clinics not offsite or in a hall/contruction trailer away from employees?

Friday I walk by the Minor Procedure assessment 2 area and a patient is leaving with a gown and mask. I then walk closer to the Robie entrance and more potentially infected people are sitting in the "old gift shop" waiting to get tested. So, I ask myself, are these people being directed by 811 to come here just park in the parkade and walk right in here? Trust me, working here daily trying to stay safe is a full-time job with gloves, hand washing and all the extras. I read stories from Italy that claim a big mistake was taking patients in bigger hospitals and compared it to throwing gas on a fire.

Some of our gloves/masks were taken to other units, leaving us very low, and supplies were hidden. We have had to share ONE box of facial shields with another unit. Being told, "We're fine, there's no need now," all the while we had a few (patients) on precaution and a new isolation case that evening.

I work at a COVID assessment clinic and was feeling relatively safe with our use of PPE (although I still feel we should be using N95 masks for swabbing, OR socks on our shoes, etc). But we are run off our feet, there is lack of breaks, and now are told to wear one mask for the day. It is hard as a nurse who has had best practice and clean environments drilled into my head for so long to go against what I feel is safe practice. I am so lucky to have a manager who seems to really listen and tries to do what she can for us in this clinic, but she is

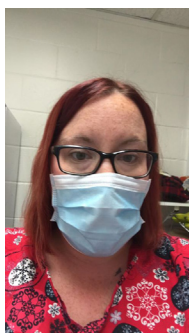
also met with so much resistance at higher levels. My thought is, if these higher level individuals had to go in the room, I guarantee the PPE would be top of the line.

I am a RN. About three weeks ago, I was looking after a patient that was on droplet precautions. I came on to my night shift and the nurse I was taking report from told me I had six droplet masks to do me for my shift as they were on backorder and our ward aide had been unable to find anymore. The patient I was looking after was in our IMCU, so was unstable. I spent approximately 45 minutes of my shift looking for extra masks to protect me and my patient for my shift. I was finally able to borrow a box from another unit. This was before COVID. When I looked on my floor for extra masks they had been hidden in the charge nurse's office and they weren't the proper ones that I needed.

I work in the Women's Ambulatory clinic. Right now we are short staffed and are being told we will have no help.

For an office that should have 3 full time and 1 part time (staff members), we have 1 full time. There is a full time position that has not been filled since September that finally got a hired and they are on hold until the pandemic is over.

...The stress levels are really high and we get no recognition of the hard work we are doing. Last week during admin week we received nothing from our manager telling how great we are working or thanking



us in any way. It is left to the clerical staff to take care of each other.

I am a Licensed Practical Nurse that works on an oncology floor. It has been extremely overwhelming going into work every day, knowing at any moment the government could mandate me to leave my unit to be thrown into a unit I am unfamiliar with, with an unknown population of patients, who are extremely ill with a virus that can easily be transmitted to myself and my family. Our population of patients on my floor are extremely sick - immuno-compromised, receiving radiation and chemo treatments. It is to no one's advantage, and is of great risk, to go from a COVID unit back to my home floor to further spread the virus with my patients battling cancer.

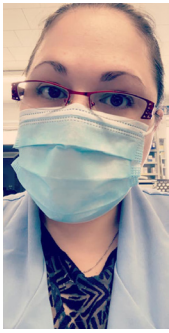
There is no incentive to continue to put myself at such great risk: under Premier McNeil, healthcare workers have been consistently treated poorly. I am scared to go into every shift. All of my coworkers feel similarly. It is very discouraging that we are at the front lines, battling this on our own with hardly any support from our government. We are asking that we get compensated fairly - monetarily as well as with appropriate safety measures so we can feel safe working with a very ill population of patients in these uncertain times

I am an oncology nurse working in the VG hospital. I have recently been told I have to float to 8.4, a floor that admits suspected COVID patients until they're results come back. I am then expected to return back

to work on my home floor 5A for my next shift and care for my patients with immunocompromised systems due to their cancer diagnosis. Explain to me how this does not put this population at risk? I am at great risk for being exposed to this virus, and although my immune system can probably fight it off, my patient's cannot. This is a huge issue that needs to be addressed now, not tomorrow, not next week, now. Or else what is happening at Northwood will soon take over the vulnerable inpatient oncology population.

I work at ECFH as a member of the Allied Health staff. We are getting next to no communication on anything going on from management. We all had to find out that a person in the co-located Burnside jail tested positive for COVID through the media, not from our own leadership. There are many shared staff and services between us. We likewise learned that the rehabilitation units were doing rotational lock downs through the patients. We're also hearing that nursing staff aren't able to go back and forth between units, however we are still expected to do so and engage in programming/interventions with patients.

We've been asking for clarification on things essential for us to provide services to our patients and not getting any information shared back with us. For example, a co-worker asked for some information and education about how to wear some of the PPE we need to wear because this is not something we typically use in our workplace and it's not something most of us would've learned in school. It was requested that this be sent out to staff and it was not. My co-worker eventually sent it



out to Allied Health so we would at least be aware of something.

(Leadership is) failing us in many ways. Things feel very uncertain and it's creating unnecessary stress for us all.

We are the only province who is not providing child care to essential workers. WE NEED THIS SUPPORT. My wife and I are both essential health care providers and have three young children at home. We recognize that any makeshift childcare arrangements can fall through any moment.

My story is that both my husband and I work in healthcare and we have a child. We are having to use vacation time in order to manipulate our schedules in order to take care of him. We have no other options, as NSHA is not willing to work with us re: a Leave of Absence. This is causing an extreme amount of undue stress to our already stressful lives. We certainly do not feel appreciated for working in healthcare.

I am a Radiological Technologist. We are being bullied into trying to use our vacation time. It has been frustrating and I am feeling undervalued.

We have been using the same face shield/mask for the last two weeks, being told there is a shortage and we cannot spare anymore.

We are still working with a full staff team with ten patients where we would normally be triple that

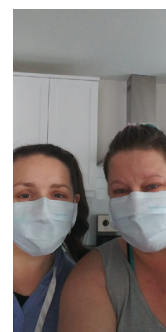
amount. We have been trying to call them in so that if they need an add-on procedure we are getting it done. We have been told that we cannot do that, and we must sit around doing a puzzle now that we are now done our patients.

The government has told us to stay home and we have been working fast to be told we can leave work with using vacation time.

We are not allowed to use the ear protectors and have been told if our ears are sore to use lotion. This is because of contamination we've been told. However, we are using the same masks and gowns so for them to tell us about contamination is crazy! We are mentally done with everything. If it was not for the love of my profession I would have walked away! Actually I still want to walk away, because mentally I am so frustrated!

I'm an RN working at a COVID assessment centre. I'm working with so many hardworking people. Each day, I drive to work torn between two worlds: my safety net at home and the staff and patients counting on me. Each time I don my PPE, I hear my wife's voice reminding me that "If I think I've gotten it on right, think again and make sure." Will it be enough?

I think of the patients I've cared for on ventilators. I don't want that for anyone. I don't want that for me or my family. I call my patient's name, their anxiety evident. I guide them through this. We connect, find commonality. I assess their health, take their vitals, probe them with a swab. Will I need to call the



physician? Will I need to send them to a secondary assessment site? Emerg? Will I need to call 911? Will I get the specimen correctly? They thank me and I encourage them to stay safe. Every potential contact surface is carefully but quickly cleaned and disinfected by myself or my coworker because the next person is waiting in a room with others and no one wants to be here any moment longer than necessary. And then I repeat.

Everyone booked must come through. At the end of this 12-hour plus day I have a new routine. Will I bring this home? How many people did I see today who are positive? Will they follow my guidance? Will they be okay? I take every precaution and tomorrow I will do it again. In my heart, this is not for always, but this is my now. I'm proud to be an RN and I want to be stronger than this.

I woke up on a Wednesday sick. I was in a panic, I called work and told them I was nauseous, dizzy, extreme headache and sore throat. I was almost in tears, thinking "I have it." I was directed to call staff health and 811.

811 calmed me by saying it was likely just the flu, but I needed to be tested because of my job. I slept for two days, achey, became feverish, and literally had no energy for anything. I was alone. I wanted my mom for the first time in 34 years. It was scary and I kept thinking, "If I have COVID-19, how many people did I infect?" I had to wait for an appointment for the test,

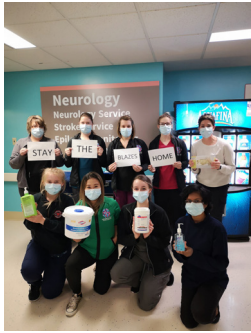
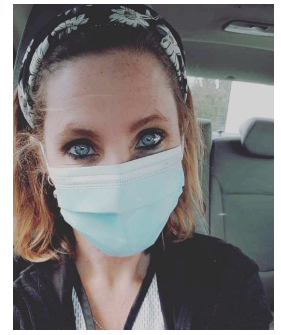
which didn't happen until the following Sunday. In my mind I wavered between I'm going to be ok, to I'm a smoker it's going to kill me. My thoughts kept running back to my visits that week, before I had symptoms. Of the people I may have killed with this crazy virus we are dealing with. It was a horrible feeling.

I received my results the next Wednesday: I was negative. What a relief! I almost cried hearing the news that the people I take care of every day were going to be ok. People don't realize how awful it is to know you did your best, but people could still die because of your presence. This is what we are thinking about every day when we go without the PPE we need to do our job and take care of those who took care of us.

HOME CARE:

Each morning as I head out the door I tell myself to be strong. I have no idea what awaits me at the 12 houses I'll be visiting today. As I turn back to close the door, my husband tells me to be careful and stay safe. I give him a weary smile because we both understand that today I might come into a situation where I'm exposed to the COVID -19 virus. It's not just myself that I'm worried about, my husband has respiratory issues and I'm terrified that I will end up exposing him to the virus. How unfair that would be: he's doing everything right. He's staying at home, washing his hands constantly. We've not allowed anyone into our home in weeks.

I'm frustrated because I miss my mom and my adult children whom I've not been able to see since this



started, but each and every day I will go into homes where families have been visiting our clients. I will provide care to clients whose spouses make numerous trips to the stores and takeout places. I paste a smile on my face at every house I enter and try my best to provide quality care, but inside I am scared.

I wash my hands until they're raw, but I'm still worried it isn't enough. I sit in my car instead of going home when I have large gaps in my schedule because I can't risk bringing the virus home and changing uniforms several times isn't practical.

The stress is taking a toll on my mental health. I'm not sleeping well, I'm exhausted all day long, but when I try to sleep all I can do is worry about tomorrow and wonder what else I can do to prepare myself to do my job and keep myself safe. Questions like "where will I go to isolate if I'm exposed to the virus?" and "Are my clients being honest when I ask if they've come into contact with anyone who has travelled?" fill my head.

All this chaos is just ONE day in the life of a homecare worker during a time that we don't know how long will last.

Social distancing is the most effective way to prevent the spread of COVID-19. Unfortunately for home care, one-on-one care is the very nature of our career.

I am a home support worker. I do not gamble. I walked into a casino once, placed a \$10 bet, won \$80 and walked out. Because I knew I got lucky, the odds of winning again were slim to none.

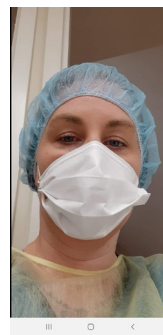
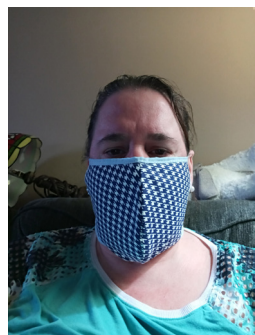
For the past month, I have been playing against the odds. Wandering into home after home. Trusting merely in humanity and honesty to protect me.

Thank goodness now, we are allowed to wear and are supplied a few masks due to Dr. Tam's announcement. Alas, the chain of command is long and questionable.

April 6, 2020, Dr. Tam announced the benefits of masks. April 12, our Premier insisted on the use of masks. As of Tuesday, April 14, we are told to wear masks and goggles during our shift by our employer: that's great! A step in the right direction. But that is eight days. Eight days for information to trickle down. Eight days ago we were told masks would not protect us. That they would potentially contribute to the spread as we would constantly be touching our face and readjusting.

Unfortunately, just recently I was working and had gotten wind of a very ill, possible positive client. Immediately I thought of when I last came in contact with them and who I came in contact with since. The numbers were alarming. Since the last time I saw this client who had a possible fever at the time ... I had been in 31 homes. Up close and personal with 31 people. With no mask, no protection, other than my diligent hand washing skills to the tune of "The Night that Pat Murphy Died."

Within these homes, 23 of these people had one or more persons residing with them. If I had been contagious in that period I could have possibly infected 54 people. If a different staff member had entered that home for twice a day visits, each day since day



one, those 16 staff members quite possibly could have infected 54 people each. That 864 people infected while we waited for policies to be updated. Not to mention my concern of taking the virus home to my family.

We were told, only if they someone is symptomatic they could spread the disease because it is droplet transmission. Only coughing and sneezing can produce droplets and, of course, everyone is meticulous with their respiratory etiquette. Meanwhile, I am transferring someone to the bathroom, chatting and joking and then! I laugh... with the sun shining in the window I can see every single droplet leave my mouth and land all over my client. From a laugh. Not a cough nor sneeze. Just from simply enjoying the company of my client. My only thought was, "Oh goodness, I hope I don't have COVID."

It has been 10 days now since contact with client zero. I am assuming and optimistic in hoping they have gotten back a negative test. We won't know unless we get sick ourselves. Masks have since been implemented. The surgical masks are not protecting us, but at least they will protect our clients.

This is how fast things can change and how much faster people can be exponentially affected. How eight days can impact our province.

Two surgical masks a day covered a small percentage of the problem. We still need access to more masks, gowns, face shields, disinfectants so that workers and clients can be 100 per cent protected.

I am now hearing cases of the VON having (COVID-19) in North Sydney and we sometimes have to work with VON or we can run into them at a client's place. I think it is terrible that we can't even have masks to wear. If they can catch the virus, so can we. At least get the government to get us some protection (masks, etc...). For God's sake, don't our lives matter?

In the beginning of the pandemic, my agency starting removing visits that were deemed nonessential, such as

housekeeping visits for the majority and cutting back on respites. This was a great first step.

As the number of positive tests for COVID-19 have increased and community spread has begun, I feel it's time to further cut back the number of visits clients are receiving. I have clients who feel its necessary to have a full shower seven days a week. We have clients who are continent, able to cook for themselves who are still receiving full services of personal care and meal prep.

It's time to allow the staff who are actually in the homes to help management and care coordinators determine if during this pandemic service could be reduced to limit the amount of staff to possible exposure.

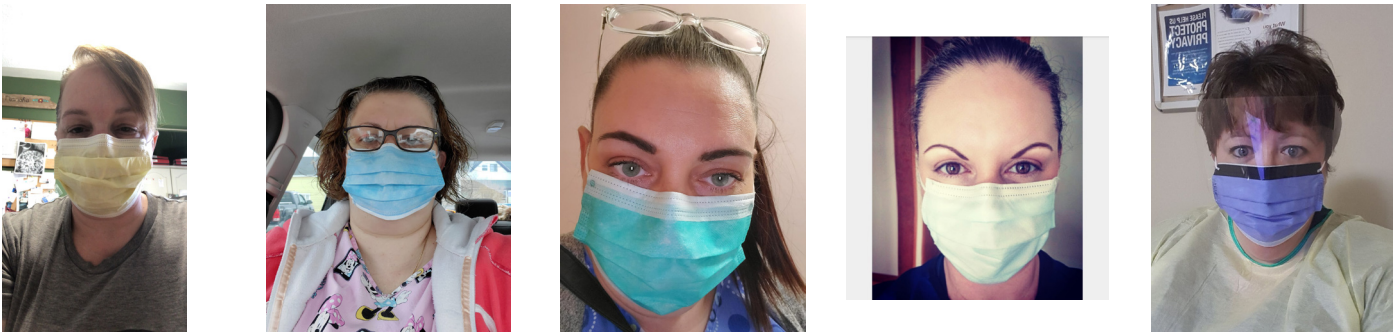
It is so frustrating to go to visits that staff are fully aware are unnecessary at this stressful time. I feel like I am risking my health and safety because the client has decided what they WANT, not what they actually need.

Homecare staff are very aware that some clients need daily service, that without the care we provide would cause undue hardship and we are willing to do our jobs to care for our clients.

A line needs to be drawn: we have to stop comprising our safety and health unless it's absolutely necessary.

I am a home support worker in a rural area. It started with very little communication from office staff to CCA's: took about a week for them to give us any information. Then anyone that did not have supply of PPE (masks, gowns, goggles/visor), it took about a week to receive them. Then union sent out a point of contact assessment tool, and I had to explain to supervisor that we were not able to follow it due to lack of supplied PPE, explaining we had several clients with chronic conditions causing them to cough a lot and we would be exposed to droplets when closer than 6 feet, but if we used our PPE properly, some of us would be out in a day or two. Then clients were contacted by supervisors and we are now having the clients wear the mask we provide to them, to prevent us from the droplets because we don't have the amount of PPE required.

During a conference call with a supervisor, I explained



that due to traveling by personal car from client to client, our cars are also our work environment and our lunch/break room and requested they provide cleaning supplies to help stop the spread of COVID. We were told that wipes or supplies couldn't be given because they had none and stores didn't either. We were advised to take our personal washcloths, wet them with soap and store them in Ziploc bags to wash our hands and wipe our car interiors' down between clients, or we could purchase cleaning/disinfectant supplies ourselves.

We visit between 10 to 15 clients per day. No other employees have to find and supply the products to keep their work environment clean during this time.

...We are scared and we all feel like we home care workers are considered the bottomfeeders to the government and health authority. There is just no way to explain the frustration and concerns I have for myself, my family and clients as I honestly don't feel that we are being taken care of properly."

This has been a very scary time for everyone, while trying to be safe and support the community. But having four children at home who all suffer from asthma and other breathing problems it is very difficult to do. I feel unsafe for them, and even though I only do my job and go home at the end of the day, I have zero clue if I will bring it home to the ones I love and want to protect most dearly, as well as walking into people's homes and wanting to protect them, as well.

... My supervisor has told me that I have to provide care but I don't have the appropriate PPE - I do not have a N95 masks, hand sanitizer, or other applicable gear. I do have gloves for now and about two plastic aprons... Nothing I feel appropriate for this virus."

Crying seems to be the new daily routine in my life on a working day as I kiss my sleeping children goodbye. In the mornings and go off to feel unprotected, unsafe, and fearful. I cry on my way to work, break down through my work day Trying to be strong to not bring extra fear to my clients.

When you are given four wipes in a baggie and four phone wipes when you go for supplies and you see between five to eight clients a day, you have to try and figure out where you feel most germs would be so you know where to use the extra precautions and use your wipes.

... We need to be given a fair amount of supplies. Remember, we go into some homes that are uncleaned and unsanitized.

... If you care about your Home Support workers, whether you are government or employer, you will listen and help protect us before you lose us.

I was working in a client's home this weekend. I left the client's home to find messages on my phone that shifts that I was scheduled had been pulled from my schedule because one of my coworkers was diagnosed with COVID-19 and had been in that home. I was still expected to visit with the rest of my clients that day.

I always wear my PPE. I know if my coworker was wearing his/hers that there is a low risk of exposure, but it is still there.

We are all scared we are going to take something to our clients. We are in their space. There is no social distancing when it comes to personal care. But if we don't go, it opens our vulnerable clients up to a host of other issues. So, we keep going and do our best to protect them, our families and ourselves.

I sat in my car for hours in my driveway looking for answers yesterday from the government. I needed to know for certain that I was not going to need to self-isolate because once I walk into my home I know that I alter the lives of my husband and my children once I am in the door ... It was a very emotional and draining day for me and my family.

I am a home care worker who has tested positive. I was called on April 2nd by my employer informing me that I was in a home where a person had tested positive. I was told to finish my shift and go home and wait for Public Health. We have been told we do not need



masks, but I feel if you have to get closer than six feet (to a client) you should be donning one.

I work in the scheduling department at Northwood Homecare. When school were shut down for two weeks after March Break, our manager walked into the office and said, "Childcare should not be an issue. Find childcare and you are expected to show up to work."

When asked about the ability to work from home, our manager shot it down right away, saying, "It's not going to happen." Our department as a team came up with a plan that anyone with children and also our member who is pregnant could work from home and do advanced scheduling. This idea was shot down: "Everyone is expected to show up to work. Business as usual." Now as a result, our pregnant member is off work due to her safety concerns. Also, we have one member who is now off on Leave of Absence due to childcare and possibly more going off.

This is causing issues for our department as our numbers are dropping in the office. Management is now talking about the possibility of having vacations rescinded as a result. If this continues, we're sure that more people will be put off on stress leave as things in our office are not getting any better.

Social distancing is not being followed. Some members have been moved to other parts of the office, however we have more than five members in the office at one time."

I am considered high risk due to my age and health status. I have asked VON to provide me with surgical masks. They refused until I told them that I may have a cold. Then, I was given two masks! These were to be used over a three day weekend of work, seeing six to eight clients per shift. In my opinion, this is shameful. I would have had to use the same mask for two shifts see all those clients, and potentially spread any number of bacteria or virus from the mask.

We are apparently considered frontline and essential workers. Yet we are not provided with proper

equipment to keep us healthy so that we can keep going. I am all about being proactive and advocating for people that are not able speak up for themselves. I find this situation very frustrating and not supported by my employer or government. Their words are empty. From my employer to the government, you have shown me that you cannot be trusted and you dont have my best interests at heart.

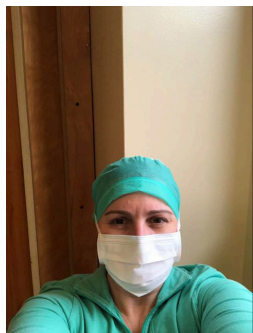
Not having proper PPE or being able to protect myself or my family scares me to the point that I am thinking of changing professions.

I myself have asthma along with other underlying health problems. My husband has health problems, and ... I am trying to care for a family member that has lung cancer and is undergoing chemo and radiation at the same time while also trying to care for the vulnerable in the community. Struggling to control my asthma during this time not only is proving to be difficult and I can tell it also scares clients and family members when I cough because of the asthma.

Having all day respites with family still in the home, loitering around the whole time makes me nervous and wonder why I am sitting in a home putting myself at risk of exposure. I could be in a home of a vulnerable client that actually needs tasks and care done that they themselves can't do or have family living with them to do for them. I would feel more comfortable wearing a mask for my safety and the safety of the client as per the CDC when within two metres of a client. No one knows who may have it, there aren't always symptoms! I feel like my employer is putting me at risk and is okay with it as they sit safely in an office or at home while frontline workers are out there every day.

I work for a Home Support Agency in Richmond County under VON. There are less than 40 employees with this agency and yet, we are not being provided with adequate PPE. The one thing and most important article of PPE is face masks, which are not bring provided sufficiently.

The agency has been giving us two masks per day



expecting us to wear the same mask from client to client. They have provided us with paper bags to put the masks in should we need to take them off to eat or drink.

Next week, I have to-date 26 clients and 10 masks to service these clients. I think this is disgusting and shows no respect for us: workers nor our clients.

Premier MacNeil said there is adequate PPE! Well, where is it?

Definitely not in Richmond County!

Both my husband and I are full-time front line workers. Since the closing of daycare options and our family live away, we have no other options but to use our vacation to take care of our child.

I asked my manager if the health authority are offering any options to people in this situation. Her response was not at this time.

I think it is completely unfair to make us to use our vacation. I do not consider this a vacation or a proper use of my time that I have earned through going to work every day to support the healthcare system while putting my family and myself at risk of exposure.

I am making every effort to shift my schedule to get my hours in.

Our agency is not passing on the guidelines issued by Department of Health. We were told one mask a day and to wear that mask in between clients and also to only wear masks if someone is coughing or you are working with another worker. I arrived at a client's home and before I went into the home, I called the client to ask her the screening questions. The client told me she had a sore throat and was being tested. This client canceled her visit. Her visit was for household chores. So, if I was following the guidelines from our agency, I would have gone in without a mask. Luckily, the client was honest.

I asked my client all the (screening) questions. He stated "No" to all, so I started service and when I was almost done, he asked if I could give him a minute while he makes a phone call to his doctor. I overheard him talking and I had to ask him when he got off the phone why he just told his doctor he had shivers for the last two days?

I work in home care and my challenges are overwhelming when family members decide to come visit their parent (my client). We have no control over who comes and goes in the home. Sometimes the homes/apartments are too small for us to safely distance ourselves.

Also some of the VON workers we come into contact with at our clients' homes also work in long-term care facilities.

We have to go on elevators, through lobbies, laundry rooms and garbage areas.

We do not have proper PPE for this.

I would like to invite Dr. Strang and Stephen McNeil to spend a day with us so they see exactly what type of droplets we come into contact with.

Knowing we as home care workers are not taken care of and not as respected as other front line workers makes me want to rethink my career.

Is it too much to ask that we feel safe and that we have proper PPE? Is it too much to ask for dignity and respect for the job we do?

I would love to report that we are supported on the front line, but the reality is, the lack of support increases and was never really there to begin with. Care support workers do what they do because they care, but the cost can feel overwhelming, especially now more than ever.

I have written letters to my employer to



acknowledge the staff and to send a message that they care and are appreciated. I have written letters to be proactive and ensure staffing is kept safe by minimizing added staff working in multiple homes. We have called out for necessary equipment such as gloves and masks. I have encouraged incentives to boost staff morale. Management seems paranoid and more reactive, than proactive. Common sense is not so common and though some change has come from my letters, I am hopeful that our job supporting the vulnerable sector will become highlighted and made a priority through this time. The road ahead is full of promise and though I cannot give a lot of positive feedback now, I am hopeful for change that is coming.

Thanks to all who love what they do and the message is "you are valued." Stay safe and take care.

GROUP HOMES:

At the group homes within YACRO, supervisors are filling shifts with casual employees rather than letting permanent employees pick up additional shifts. We are trying to limit the amount of people into the homes to keep residents safe. We should be limiting our use of casual staff, especially ones who work in long term care homes. Permanent staff can work up to 88 hours bi-weekly before going into overtime so there is no reason that these requests should be denied.

Employees are being told that the shifts have been filled and cannot be changed. This is untrue, Casual's are contracted on a shift by shift basis and these shifts can be easily cancelled with 24-hours notice. We need to utilize our staff based on the needs of the house, and now more than ever, our residents need to be cared for by the staff they know and trust.

If we are restricting visitors to the homes and have cancelled all outings off the property to keep our most vulnerable safe, then we need to do absolutely anything

and everything we can to continue to do so. Our staff members are feeling like their legitimate concerns are being ignored and our residents are being put unnecessarily at risk.

I work in a home with five residents who each have very high behaviors. My coworkers and I have both eight- and twelve-hour shifts. We have been told that we are not allowed to leave the property during our shifts, nor have people deliver or drop off items.

We are a residential setting, so are typically expected to eat our meals with the residents, however we now cannot do that due to having to wear masks (we have to eat away from the residents because we have to wear our masks around them at all times, and cannot wear them whilst eating). We cook the meal together and then all the workers go into the office to eat (usually sitting on the floor), and the residents are left to eat alone. We do not get breaks - even just remaining on the property. We are not permitted to take even 20 minutes to run out and pick something up, and eat it if we do not like whatever is cooked at the property. My concern is that these high behaviours are very heavy on the head. We do not get a breather for twelve straight hours and it is affecting our mental health.

I do not have the privilege of owning a car or renting out a cab. I rely on Halifax Transit to get to work, and operators are getting sick. I am wondering why our employers are not providing a safe mode of transportation that is paid for, so that essential workers in group homes can get to work safely.

I work in a small option group home. We do not have enough face masks for staff to interact safely with residents. We are in close quarters with residents every day: they cough, sneeze, and spit at times on us or in our direction ... and due to their mental and physical ailments and restrictions, they are unable to cover their mouth. Although staff could keep their distance during shift, it is impossible for anyone to do their work with our clients and therefore they are at an increased risk and so are we if they happen to contract COVID-19. If an individual is sick, we are being asked for them to self-isolate (if not needing hospitalization) in their rooms. This is not an option for a lot of our clients due again to their physical and mental capabilities and capacities. If this virus were to enter one of our homes, it would be devastating and spread quickly because we don't have enough guidelines or support on how to handle it or PPE to prevent it.

Return to Work in the Time of COVID

Over the past few months, many Nova Scotians have been taking steps to get back to work, after our collective efforts successfully flattened the curve of the first wave of COVID-19. Public Health has said we will get a second wave – perhaps in the fall, but no one knows for sure if and when it will arrive. Government and other employees are now reintroducing people back into their workplaces. As many of you return to work, we want to communicate a few things about safety.

Public Health has shared general guidelines for PPE and safety controls for Nova Scotians. The actual application of these guidelines – the way they look - will differ from job to job and from site to site depending on what you do, what your abilities are, and where you work.

For example, if you are a Case Aide you may be driving children in your car – your car is the workplace here. This differs greatly from someone who is immune-compromised working in the Department of Finance, who is different from someone working on the front desk at a Service Nova Scotia Office, or in the Emergency Department of the QEII.

We want to remind you that you have an important role to play in workplace safety along with your employer. You have the right to work in a safe workplace. Where there is a safety risk inherent in the job, the employer must make EVERY effort to create a safe workplace. Where there are public health guidelines and requirements, your employer has an obligation to ensure your them. But, you also play a role in ensuring you are working in a safe way and in safe conditions.

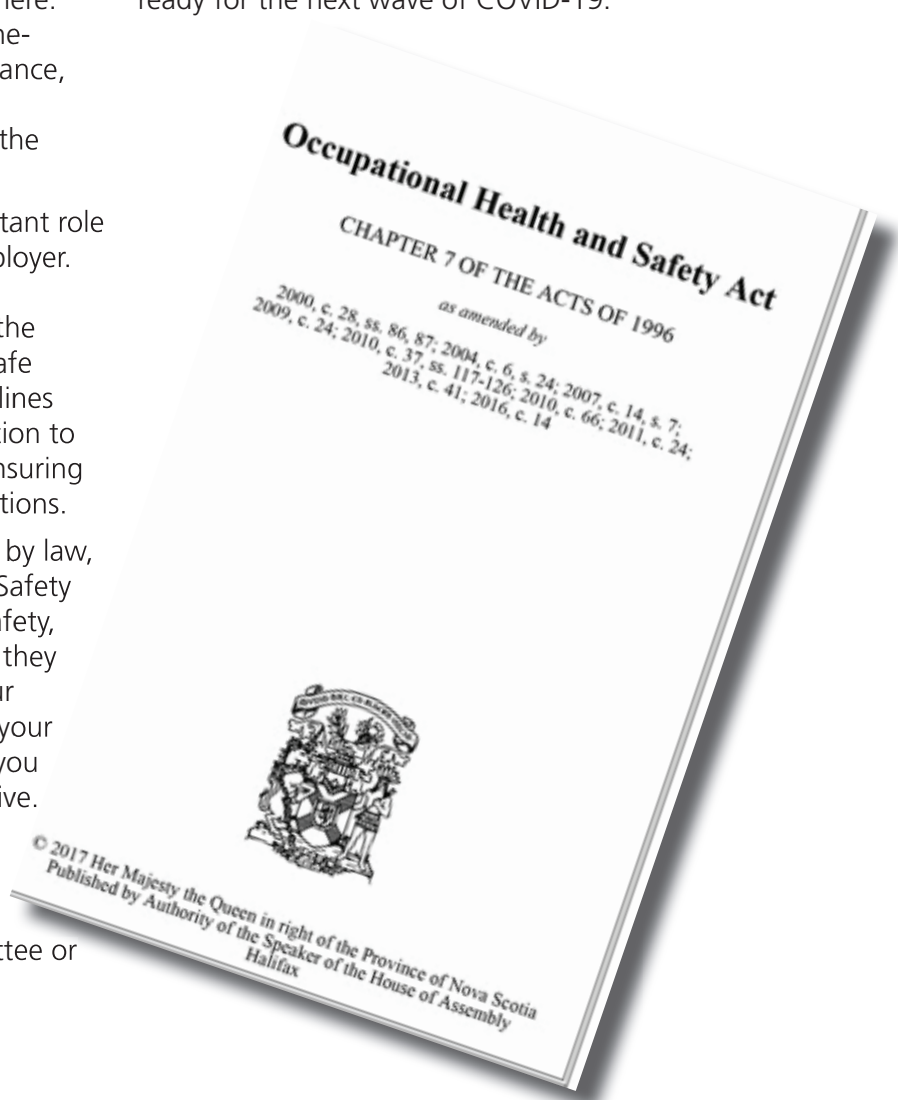
If your workplace has more than 20 employees, by law, you should have a Joint Occupational Health & Safety Committee. If you have questions about your safety, you would bring these to your supervisor and if they are still a concern, you would bring them to your JOHSC Committee for review and a decision. If your workplace has less than 20 employees, by law, you should still have a health and safety representative.

As we move forward it is very important these committees are formed and functioning. Please ask if you have one that is meeting regularly (at least once a month). If you don't have a committee or

a health & safety rep at your workplace, please give us a call and we can help make sure you get one.

We also want to ensure you are aware of your right to refuse unsafe work. If you have any concerns or questions, or are considering exercising your right to refuse, you can give the union a call and we will help you through the process. You can ask to speak to your Employee Relations Officer or our Occupational Health & Safety Officer Paul Cormier. You can reach the Union at 902-424-4063, 877-556-7438 (toll-free) or by email inquiry@nsgeu.ca.

It will be up to all of us, together with the employers, to establish and maintain safe practices and PPE for the variety of jobs you do and job sites you work in. Please know that we are there to support you as we work to continually improve workplace safety and ensure we are ready for the next wave of COVID-19.



COVID-19's Impact on Childcare



A month into the province's response to COVID-19, NSGEU members told the union that childcare was becoming a barrier, especially for essential workers, to being able to meet the new demands of their job during the pandemic.

In response to these concerns, the union conducted a survey of members at the end of April to get a snapshot in time of what people were dealing with. Employers received these survey results to help them understand the added pressure families were under.

Of the 1,399 people who responded to the survey, 79 per cent had lost their childcare when the province issued the State of Emergency. Seventy-five per cent of that loss was due to the closure of licensed day cares, schools and before and after school programs.

Twenty per cent of survey respondents said they lost work because they had no access to safe childcare.

Some positive news was that NSGEU members reported that 63 per cent of employers were either 'Very Accommodating' or 'Somewhat Accommodating' to scheduling around workers childcare needs.

The Challenge Continues

As the province has eased restrictions and workplaces and businesses have started to reopen, families have been facing new pressures to get back to work without adequate or accessible childcare. For example, many

licensed daycares reopened and are now operating under health and safety guidelines that limit their enrollment to 50% of their capacity.

These new demands disproportionately harm women. With students set to return to classrooms in September there are still many unanswered questions for Nova Scotian families.

So far, the McNeil Liberals have ignored the needs of working families in their reopening planning. Without safe and reliable access to childcare, working people are being left behind. No one should be forced to lose work or their job due to a lack of safe childcare, especially during a global pandemic.

The NSGEU will continue to advocate for members and disadvantaged workers who are struggling to pay their bills and provide for their families due to a lack of childcare. Any economic reopening plan must include access to safe and reliable childcare.

LPN Reclassification Award



The saga of the NSGEU's Licensed Practical Nurse reclassification grievance has finally come to a close, although our fight isn't over just yet.

The grievance process, which the employer has dragged out painfully for many years, culminated on June 11th, 2020, after members of NSGEU's reclassification committee and employer representatives reached a Consent Award that would see all LPNs included in the original grievance awarded a 12 per cent wage increase, retroactive to March 17th, 2014, the date the grievance was originally filed.

"This is a historic win for all LPNs in our province, and we are so proud that our LPNs from the former Capital District Health Authority have led the way for all of their colleagues throughout Nova Scotia," said NSGEU President Jason MacLean.

But it was a hard-fought win.

THE HISTORY

The reclassification effort came about after bargaining for the former Local 42 – which included a wide range of health care workers, including LPNs – in 2012.

During that round, they had been unable to get wage increases for the LPNs based on their changed scope of employment. So, the decision was made to use the reclassification review process, outside of bargaining.

The Local 42 collective agreement also had the best language that would allow for a reclassification at that time.

NSGEU staff met with a group of LPNs, who began discussing how their role had changed, how things had changed within their College, and finally, how their employer had changed their scope of employment without increasing their compensation.

Joy Ward and Trina Mauger are two long-time LPNs who have been involved in the reclassification efforts since day one.

"I knew that the LPNs were not getting what the LPNs deserved, and originally my hope was that this was provincially going to go from end to end. And that's still my hope," Ward said.

Mauger has been nursing since 2000, and an NSGEU member the entire time. She started her career at the Veteran's Memorial Building, then transitioned to hemodialysis, and now, she works with Public Health.

"Certainly transitioning from one building to another was where I saw substantial change and realized just exactly what LPNs were doing within Capital District Health Authority at that time," Mauger recalled.

"The expectations changed when the pharmacology and physical assessment course came on board, so that was a big change. Models of care changed the way we worked within the buildings: we certainly took on more leadership roles at that time. It seems like it gradually happened, however, the impacts were felt immediately."

After many, many meetings, members of the committee went out into the workplaces and walked the units,

passing out surveys and questionnaires to NSGEU members asking them to provide input on how their role had changed within the former CDHA.

Committee members filtered through hundreds of employer policies and procedures, as well as the input surveys they received back from their fellow LPNs.

The committee met regularly. First, they mapped the LPNs from Local 42 at CDHA. We looked for input from all of Local 42. "Surveys went out to all of the members and we canvassed every job site that NSGEU Local 42 was part of at that time. Even when I was outside of my comfort zone, I entered Forensics and met some fabulous people," Mauger laughed.

It was difficult work, but with the help of NSGEU staff member Odette MacLeod, the committee pulled together a document for the employer and Arbitrator Bruce Outhouse to review.

In 2015, the employer came back to the committee and asked for some clarification around some of the areas the committee had flagged. Once the committee provided the additional information, the employer responded. It was up to Arbitrator Bruce Outhouse to consider all of the submitted evidence and decide whether the role had been substantially altered.

The reclassification process was significantly complicated and delayed by the employer's consistent refusal to participate, even though it is a process they had agreed to in the Local 42 past collective agreement.

"I was insulted by that, because we did a lot of work ... and for the employer to basically look at us and say, 'Nope, we don't see a change, you're not worth it, we're not going to put any effort into that...'" Ward recalled.

"All of that was very frustrating for us, sitting there watching. But then, more frustrating probably for the people on the outside looking in, thinking we were doing nothing," she added with a laugh.

Mauger admits that even she, as a committee member, started to feel despair as the reclassification efforts dragged on: "I did lose faith at points along the route."

In the Fall of 2019, Outhouse finally issued his long-awaited decision, finding in favour of the NSGEU and determining that the role of the LPN at the former CDHA had been substantially altered. This was a significant ruling and cleared an important hurdle in the

NSGEU's fight to have LPNs properly compensated for the work they do.

"That took forever, and we had the LPNs on the edge of their seats – we've had them on the edge of their seats for six years!" Ward sighed.

The committee then attempted to negotiate with the current employer, the Nova Scotia Health Authority (NSHA) for the issues of appropriate pay and retroactivity.

But the NSHA still refused to fairly negotiate a rate of pay or review the Job Fact Sheet (JFS) that Mr. Outhouse relied on to determine the work of the LPN had been substantially altered. After much back and forth, the parties were still unable to reach agreement on the substantial changes

identified by Arbitrator Outhouse, so these outstanding items were referred on to Arbitrator Lorraine Lafferty to consider during a hearing scheduled to take place over June 10th, 11th and 12th.

At the end of the second day of the hearing, the parties finally agreed to the Consent Award. It was a momentous occasion for members of the committee, especially those who have been part of the process since day one.

"Needless to say, we were elated," Ward said, "We were elated for a couple of reasons: because of what we had achieved and because the process was finished. In our minds, the process was finished, and it had taken us so long to get to that point. We were elated that we got 12 per cent, we were elated that we got full retro." Ward, who has worked in an off-site Dialysis in Berwick



for 22.5 years now and has been an NSGEU member for more than 20 years, has plans to retire in February, so she is very pleased to have the grievance finally settled.

“The financial impacts are very rewarding, but nothing beats the recognition for the work that we do and how things have changed,” Mauger pointed out.

That’s because they see the reclassification effort wasn’t just an acknowledgement of what LPNs do at the bedside, but rather, their increased accountability and responsibility. And that role has continued to evolve, even as the reclassification process unfolded over the past six years.

“Especially with COVID now, and the NSHA realizing the LPN could be taken to any floor and asked to work to our full scope on that floor, that should raise some awareness to some people as to the validity of this scope of employment change,” Ward pointed out.

WHAT’S NEXT

Unfortunately, even after our prolonged battle for fair pay for LPNs, our fight is not over yet.

The committee members’ feelings of elation and relief were dampened by the realization that the employer and government were not planning to extend the wage increases to their LPN colleagues who were not included in the reclassification grievance.

The fact that the employer dragged the process on for more than six years has truly complicated the matter: now, they’re in the position of having to pay retro to the 386 members who were part of our grievance. Had they settled the matter in a timely and fair manner, all LPNs would have “levelled up” to the wage increase negotiated at that time.

Both understand why LPNs are frustrated with the outcome. The employer’s refusal to participate in the process – one they had agreed to – was very frustrating for both Mauger and Ward.

“We felt disrespected that the employer wasn’t following the collective agreement ... and dragging the process out,” Mauger recalled.

“That’s where the frustration needs to go, because had the employer followed the collective agreement and did it in a timely fashion, we would have had this resolved back in 2014.”

Both are optimistic that all LPNs will benefit, in the long run.

“This is a win for all of us,” Mauger said, “It may not seem like that at this time, but it will come, and I think we need to look at this as a historical event for all LPNs across this province for when wage parity does happen. But we had to start somewhere, for sure.”

“Our hope as a committee is that they understand, number one, that we fought this fight for all of them, not just for Local 42 at CDHA. So we have already laid the groundwork, the legwork is done, and some of them assisted us with that, and now they are going to reap the rewards of that,” Ward said.

“They just have to be patient, they have to understand that the government will not allow two different classes of income for the same group of people: they wouldn’t do it for the RNs, they’re not going to do it for the LPNs. But they have to play their little government games, and we just have to hold tight and steady, and we’ll be victorious for the entire province by the end of this.”

FAIRNESS FOR ALL

While our LPNs at the former CDHA have led the way with their long-standing fight for appropriate pay for their increased scope of work, now, we all need to make sure this is extended to the rest of their LPN colleagues working to keep Nova Scotians safe and healthy.

The NSGEU has filed grievances with both the NSHA and IWK, arguing that they should receive the same benefit achieved for the LPNs of the former CDHA.

We held a telephone town hall meeting with all our LPNs to discuss the history of the grievances and next steps.

And along with the other unions representing LPNs in Nova Scotia, we also launched a campaign for LPNs and Nova Scotians to reach out to politicians and CEOs at the NSHA and IWK. The message is simple: “Same Care, Same Pay.”

We need to be united and persistent: more than 500 letters were sent in less than 24 hours to elected officials and hospital CEOs through our campaign.

If you haven’t yet sent a message, please visit <https://nsgeu.ca/same-care-same-pay-support-our-lpns-campaign/>

Support Our LPNs!

After a six-year struggle, NSGEU LPNs who work at former Capital District Health Authority (CDHA) locations will finally see fair recognition for the work they do. They won a six-year fight to have their wages increased to match their increased scope of work.

But hundreds of other LPNs who work at different hospitals, in long-term care, and for Public Health, aren't being given the same 12 per cent pay increase by government and their employer.

This just isn't fair.

Please take a moment to send a message to your local MLA, the Premier, Minister of Health & Wellness, and Health Authority CEOs, letting them know that all nurses should receive the same rate of pay for the work they do keeping Nova Scotians safe: <https://nsgeu.ca/.../same-care-same-pay-support-our-lp.../21727/>



**SAME CARE,
SAME PAY**

SUPPORT OUR LPNS!

NSGEU

The Northwood Saga

C OVID-19 has affected every person in Nova Scotia, but nowhere has been harder hit in this province than Northwood Manor.

Northwood's Halifax facility is Nova Scotia's largest non-profit long-term care facility, and **according to this CBC report**, has the capacity to house 485 residents, the majority of whom are living in double rooms. This facility became the epicenter of the first wave of the virus. **According to Northwood's website**, as of June 1st, 2020, 246 residents and 99 staff members had contracted the virus, resulting in the death of 53 residents.

The staff at Northwood are represented by Unifor and NSNU, but as the crisis escalated in April, government finally reached out to all unions representing health care workers to ask for help with recruiting volunteers from within our membership to work temporarily at the Manor. So many staff had been infected or had decided going to work during this time was too risky to their own personal health, that the facility was desperate for workers to help care for residents.

Officials from the Department of Health & Wellness first contacted the unions on Saturday, April 18th. Our leadership team quickly responded with a list of questions and concerns about how our members' health and safety would be protected if they were to volunteer – would they be given access to all of the Personal Protective Equipment they required to do their jobs safely, for example. We finally received the assurances we needed mid-day on Sunday, April 19th, and immediately put out an email call for volunteers to all health care members.

But while we were busy trying to ensure our members were protected if they were to volunteer at Northwood, the Minister of Health & Wellness, Randy Delorey, was secretly drafting up a **Ministerial Order** that would force NSGEU members working in the acute health care system to go work for Northwood Manor during the pandemic. He announced that workers would be forced to work at Northwood during a media conference at 3 p.m. on Sunday, April 19th, just hours after the unions put out emails to their members, calling for volunteers.

It was a move that shows the level of respect this government has for both unions and the workers they represent. Time and time again, they refuse to work

cooperatively with us and instead rely on the heavy hand of orders and legislation.

Approximately 50 nurses and health care workers represented by the NSGEU, who normally work on 8.4 at the Halifax Infirmary, were deployed to 11 Manor, an 11th floor unit with a capacity of 16 and an occupancy of 12 residents, and 1 Centre, a first-floor unit with a capacity of 22-23 beds which was fully occupied. Both were COVID-positive units. After working their first shifts, those members began reporting extremely serious concerns about the health and safety of residents and staff at the facility as a result of poor infection control and limited safety protocols in place.

We immediately flagged these concerns to government officials, but they ignored them.

It was clear that we needed to go public to get the employer and Department of Health & Wellness to take our members' health and safety concerns seriously.

On Wednesday, April 22nd, **we issued a media release** calling for immediate action to address the glaring issues within the facility. Rather than investigate and address the concerns of frontline workers, the Premier and Chief Medical Officer, came out swinging against the NSGEU, accusing our union and members of "hyperbole and fear-mongering."

The very next day, Northwood reported 36 new cases amongst residents and staff, and three more deaths. The numbers backed up what our members were reporting: something was seriously wrong in this facility.

On August 4th the NSGEU released a report entitled **Neglecting Northwood**. The report uses internal documents obtained from the Nova Scotia Health Authority and Department of Health and Wellness through the province's Freedom of Information Act. It also included information gathered from NSGEU members who were deployed to Northwood during the outbreak.

The content of the report was originally prepared by **NSGEU for the government's Northwood Review Committee**. However, NSGEU determined that information provided to the committee could not be provided to the public in any form, not even through the province's Freedom of Information Act. As a result, NSGEU choose to release the report publicly.

The report outlines key decisions that put the staff and residents of Northwood at risk. Those include:

1. Years of government cuts to long term care facilities without understanding the risks this created for the health and safety who live and work there;
2. Dismissing infection control concerns raised by Northwood and refusing to fund proposals that would have eliminated the practice of double and triple bunking;
3. Delaying the use of Personal Protection Equipment, such as masks, in Northwood even though British Columbia implemented the safety practices in their long-term care facilities three weeks earlier; and

4. Not responding quickly enough once the first case of COVID was identified in the facility.

Government has not responded to the findings of our report and continue to reject calls for a full and transparent public inquiry. We need to know what went wrong so we can be prepared to better protect our members, residents and the public during a potential second wave.

Please contact your MLA to push for action!

NSGEU and COVID-19

Like many organizations, the NSGEU has been busy figuring out how to navigate this new post-COVID world

Our Board of Directors has been holding their meetings remotely using Microsoft Teams and Zoom, and it was out of one of these calls in April that direction was given to obtain Zoom licenses so our Locals could also continue to meet remotely.

In early June, we held a training session with our Presidents, Council Chairs, Committee Chairs, and Board Members to help them get familiar with how to run a meeting using this new tool.

Many of our locals quickly adapted to the new virtual landscape, and began holding their meetings virtually. One local, 78B (Stock Transportation), was even able to hold a virtual election on a matter that was urgent and required immediate action.

We have received great feedback on virtual meetings so far, including at least one local executive member who commented that attendance at their Zoom local meeting was far better than their normal "in-person" meetings.

Our offices were initially closed to members since mid-March, in the interest of the safety of our staff and members, with staff working on rotating days/office hours and working from home to ensure members remained supported and our important work could continue during this difficult time. Thanks to technology like Microsoft Teams and Zoom, as well as traditional

email and phone calls, we have been able to hold meetings and calls on a regular basis and conduct our normal day-to-day operations without too much trouble.

On Monday, June 15th, our office reopened to our staff, and shortly afterwards, our first floor, which is a public/member space, began opening up for meetings, with new safety measures in place.

There are reminders posted throughout the building to maintain physical distancing; hand sanitizer at all entry ways; directional arrows are up to try and control the flow of traffic inside the building; cleaning measures have increased; as well as many other measures agreed upon by our Occupational Health & Safety Committee and members of management.

Of course, there have been some big disappointments for our members, as well: we were very sad to announce that the NSGEU Family Picnic had to be cancelled, as it was agreed that it would be unlikely we could meet the necessary safety conditions to keep members and their families safe at the event. We expect we will have to continue to cancel more of our traditional social events, but we are open to hearing your ideas for fun new ways our members can connect and support one another during this difficult time: let's get creative!

We have come so far in flattening the curve and we need to continue to work to protect each other. Please stay safe. We hope to see you all again soon!

Conservation Officers: Open Borders & Policy Grievance

When Premier McNeil announced the Provincial State of Emergency in March he indicated that every Nova Scotian would have to do their part to keep Nova Scotia safe and “flatten the curve” from COVID-19. NSGEU members were ready to step up and play a role.

Public statements by government told Nova Scotians that restricting non-essential and non-resident entry into the province was a key protection measure and enforcement would begin immediately.

Many NSGEU Conservation Officers volunteered for re-assignment to the Nova Scotia-New Brunswick border on Highway 104 to help protect the health and safety of Nova Scotians. This was not without sacrifice, as some officers travelled from around the province to take their shift at the border.

These committed Civil Service members arrived to find a much different job than what they had expected. Conservation Officers were provided little to no Personal Protective Equipment (PPE) and were told to stop cars to give leaflets to drivers and inform them they must self-isolate for fourteen days when they enter the province. Officers were given no authority to deny entry into the province.

As reported in the media, the direction from the Department of Environment, Inspection Compliance and Enforcement Division was:

“Effective immediately. Please inform any person entering Nova Scotia who are not exempt and fails to self isolate, that they can be charged by police. As you are aware, we are not in the position to refuse entry, but educating on potential consequences of violating the order is allowable.”

Contrary to the government’s public statements, the Nova Scotia border was not restricted and anyone could enter.

Disappointed with the lack of PPE and authority to protect the public, some Conservation Officers concluded the risks to their health and their families’ health were not worth volunteering any longer.

Some officers indicated they wished to stop volunteering for the assignment. The employer then told the union that the assignment is no longer voluntary and those failing to report would be insubordinate.

NSGEU workers frustrated with their role at Nova Scotia border

Darrell Cole (darrell.cole@amherstnews.ca)
Published: May 08 at 5:59 p.m.
Updated: May 11 at 11:54 a.m.

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A conservation officer speaks to a motorist entering the province at Fort Lawrence on the first day of border restrictions on March 22. Jason MacLean, president of the NSGEU, says officers are growing frustrated because they don't have the ability to turn away non-compliant motorists. - Darrell Cole

The NSGEU collective agreement does not allow reassignment outside of an employee’s geographic area. This is an important protection that ensures the employer cannot send Civil Servants to do work anywhere in the province.

Given the current pandemic, the NSGEU did reach agreement that allowed members to be temporarily

re-deployed anywhere in the province to assist with the pandemic response provided the employees volunteered. It is in the interest of all NSGEU members that we hold the employer accountable to honour our agreement to ensure members are not forced to redeploy outside their geographic area.

For this reason, the NSGEU filed a grievance with the Public Service Commission, which alleges the province is breaching the collective agreement rights of Conservation Officers who do not wish to be redeployed outside their geographic area in order to volunteer to patrol the Amherst border.

These Officers volunteered to help keep our province safe but did not get the PPE they deemed necessary or the authority to do the job they had volunteered to do. Despite the grievance, Conservation Officers continue to report to the border and do the job the employer is directing them to do.

The NSGEU thanks you for your commitment and dedication is your efforts to help keep all Nova Scotians safe.

N.S. border checkpoints lack necessary authority to turn away people with COVID-19: NSGEU president

Jonathan Macinnis Reporter
 @macinnisCTV | Contact

Published Wednesday, May 6, 2020 9:24PM ADT
 Last Updated Wednesday, May 6, 2020 9:27PM ADT



CTV Atlantic News May 5

Nova Scotia's largest public-sector union expressed concern Tuesday about security at the province's entry points, as neighbouring provinces less affected by the COVID-19 outbreak continue to shore up their own borders.

ATLANTIC.CTVNEWS.CA

NSGEU raises border concerns as Nova Scotia reports 3 more deaths

The following ad appeared in the Chronicle Herald in early May:

THANK YOU.



Whether you are a union member or not, you're delivering health care, home care or stocking shelves at the grocery store, we so appreciate the work you are doing to keep us all safe during this uncertain time. We know it is scary to go to work right now, and that you're worried you'll bring home the virus to your loved ones.

For those who are unable to work during this time, we understand that staying home and practicing physical distancing for weeks on end is hard, and we appreciate the effort you are making to help "flatten the curve," as well.

To all the moms and dads who are trying to parent, teach their children and work from home, while making sure the bills still get paid: we see you. And to the grandparents who aren't able to see their grandkids right now: we know this is difficult.

The hard-working, caring people of this province are what make Nova Scotia such an incredible part of this country, and we are so proud of how we are all working together to try and keep everyone safe. We've been through a lot together over the past few weeks. Let's continue to care for one another until this storm has passed.

From the bottom of our hearts, thank you.

A message from the Nova Scotia Government & General Employees' Union, representing over 31,000 working women & men who provide quality public services Nova Scotians count on every day.

NSGEU

www.nsg.eu.ca

What's Happening at the Legislature?

Since the start of the province's response to COVID-19, key decisions that impact our health and safety and nearly every aspect of our lives from where we can go to who we can see have been made with no oversight, debate, collaboration, or accountability. While the provinces' Chief Public Health Officer, Dr. Robert Strang, has authority to issue directives and provide advice, it is government that was elected by the people to make decisions, and opposition to question and hold them accountable.

Our elected officials, especially those outside government's inner circle, have been told that the potential for political partisanship outweighs the importance of oversight and will distract from the government's COVID response. This argument has been dismissed by legal and political experts, with most stating that it is times of crisis that most demand oversight and accountability. Significant government spending, key programs, and initiatives from childcare to long term care are being made behind closed doors. Even the effectiveness of the media in reporting on the actions of government is limited. The Premier's press briefings have been tightly managed by the government's PR department, which selects what media outlets can ask a question and only allows one follow up.

Governments across Canada and around the world have conducted safe legislative sittings, including the questioning of their political leaders. Everywhere except here in Nova Scotia, where the ruling Liberal government has used their slim majority to suspend all government committees and refuses to recall the

On August 6, 2020, Stephen McNeil announced he will be stepping down as Premier. The Liberal Party of Nova Scotia will now begin the process to elect a new leader for their party and Premier for our province.

Much will be written about Stephen McNeil and his seven years as Premier of Nova Scotia. For many of us, those years have been filled with attacks, disrespect and frustration.

Working people have suffered greatly under his Premiership. From legislated wage freezes, to budget cuts, to attempting to strip key benefits that you

legislature, even using social distancing guidelines. This is an overt act to avoid scrutiny. The Premier had suggested that it was not safe to hold committee meetings, but Dr. Strang has made clear his public health orders did not prohibit the work of the legislature and its committees, and those decisions belonged to the Premier. The fact is, online technology exists and can be used to host committee work. In fact, it already did. The Human Resource Committee is required by legislation to meet and approve appointments which it did by video conference. The Liberals used their majority on the committee to block further use of video conferencing for other committees.

Stephen McNeil has said it's time to reopen the province and get back to work. The reopening should include the legislature and all committees. The Premier can't hide from scrutiny forever. It's time to answer questions and work with all parties to develop a safe and collaborative direction for the future.



and your family depend on. McNeil never missed an opportunity to attack working people.

While this chapter in provincial labour relations comes to an end, we must remain united and strong in our efforts to protect the rights and benefits of working people. McNeil and his Liberal government are still in charge. We must continue to hold them accountable.

The NSGEU will need a strong and united voice to make sure McNeil's replacement is someone who values the contribution of working people and sees the union as a valuable partner to building a stronger and better Nova Scotia.

NSGEU Financial Statement

The following is a summary of the NSGEU Financial Statements as presented at the 2019 Convention. A copy of the full Audited Financial Report is available to members upon request.

NSGEU STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31

	2018 ACTUAL \$	2017 ACTUAL \$	2016 ACTUAL \$
ASSETS			
CURRENT			
Cash	692,495		
Accounts receivable	1,170,587	1,124,936	1,127,894
Prepays	376,881	347,372	369,795
	<u>1,547,468</u>	<u>1,472,308</u>	<u>1,497,689</u>
INVESTMENTS	<u>8,594,674</u>	<u>8,552,919</u>	<u>8,088,324</u>
CAPITAL ASSETS	<u>14,421,146</u>	<u>14,821,582</u>	<u>15,204,304</u>
	<u>24,563,288</u>	<u>24,846,809</u>	<u>24,790,317</u>
LIABILITIES			
CURRENT			
Bank indebtedness		229,730	870,116
Accounts payable and accrued liabilities	1,017,678	955,589	1,138,772
Current portion of long-term debt	294,944	283,519	272,536
	<u>1,312,622</u>	<u>1,468,838</u>	<u>2,281,424</u>
LONG-TERM	<u>8,680,189</u>	<u>8,973,037</u>	<u>9,256,415</u>
LONG-SERVICE OBLIGATION	<u>1,630,512</u>	<u>1,531,827</u>	<u>1,472,131</u>
POST RETIREMENT BENEFITS OBLIGATION	<u>1,272,422</u>	<u>1,216,202</u>	<u>1,129,314</u>
	<u>12,895,745</u>	<u>13,189,904</u>	<u>14,139,284</u>
MEMBERS EQUITY			
INVESTED IN CAPITAL ASSETS	<u>5,446,013</u>	<u>5,565,026</u>	<u>5,675,353</u>
UNRESTRICTED	<u>6,914,025</u>	<u>6,091,879</u>	<u>4,975,680</u>
	<u>12,360,038</u>	<u>11,656,905</u>	<u>10,651,033</u>
	<u>25,255,783</u>	<u>24,846,809</u>	<u>24,790,317</u>

NSGEU
STATEMENT OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31

	2018 ACTUAL \$	2017 ACTUAL \$	2016 ACTUAL \$
REVENUE			
Member Dues	16,431,232	15,792,165	15,682,422
Miscellaneous	-158,244	364,595	224,857
TOTAL REVENUE	16,272,988	16,156,760	15,907,279
EXPENSES			
Wages and benefits	6,844,410	6,798,625	6,524,211
Staff travel	345,501	335,500	329,202
	7,189,911	7,134,125	6,853,413
NEGOTIATIONS AND SERVICING			
Arbitrations and grievances	1,732,254	1,758,219	1,912,146
Negotiations	910,886	474,493	399,771
Classification appeals and arbitrations	6,881		
Organizing	17,996	18,456	8,852
Education	377,471	399,913	590,760
Communications and research	98,692	54,807	37,385
Health,safety and environment	5,130	4,050	88,603
Convention			681,698
Leadership symposium		36,318	
Defense fund	473,934	457,330	454,361
Defense fund investment			
	3,623,244	3,203,586	4,173,576
ADMINISTRATIVE AND FINANCIAL			
Rebates to locals	343,499	313,693	315,628
Meetings & provincial committees and councils	610,492	581,117	601,633
General and office	1,179,508	1,242,723	1,244,644
Affiliations	1,093,424	1,174,875	1,122,710
Building	769,507	734,252	740,975
Amortization	564,812	573,406	595,749
	4,561,242	4,620,066	4,621,339
PRESIDENTIAL			
Wages and benefits	188,559	181,299	197,197
Travel	6,899	11,812	18,386
	195,458	193,111	215,583
TOTAL EXPENSES	15,569,855	15,150,888	15,863,911
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	703,133	1,005,872	43,368

2020 Branding Campaign

At the end of 2019, the NSGEU's Board of Directors approved plans for a branding campaign for 2020. The purpose of the campaign is to raise the profile of the union: to help Nova Scotians better understand who our members are, what they do, and that they are a part of the greater fabric of Nova Scotia's communities.

Twenty-four members who work in a variety of roles, workplaces and sectors were asked to come in to the NSGEU office in Burnside to have their picture taken for the campaign, and to be interviewed about the work they do. We did our best to ensure the diversity of our membership was well-represented, so Nova Scotians could also see themselves reflected in our campaign.

Our initial plan was to begin rolling out the campaign in April in a wide variety of spaces, including movie theatres, buses, billboards, community hockey rinks, the Scotiabank Centre in Halifax and Centre 200 in Cape Breton.

Unfortunately, the pandemic forced us to push back our plans to advertise in movie theatres and larger arenas, because they have been closed to the public. However, we still hope to be able to include the campaign in those spaces when they re-open.

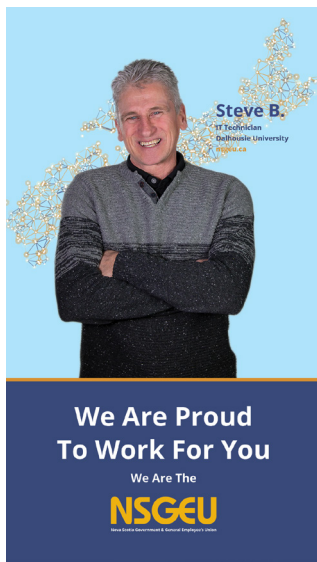
Billboards began going up throughout the city starting

in April, and bus ads began running in June. Groups of three members will be featured on the exterior sides of the buses, and again on the interior of the buses. The interior bus ads will include more detailed information, as well as QR codes that people can scan with their mobile phones to take them to YouTube videos that will tell them more about that particular member, including the work they do and how they contribute to their community.

These YouTube videos are now available, and are being promoted on our social media channels. We encourage members to watch them and share them so their friends and family members can get a better sense of who NSGEU members are, and the importance of the work they do!



Jennifer McKeane, Local 98-Tourism Nova Scotia, standing in front of her billboard.



Successful Grievances

The NSGEU has recently won a number of significant grievances that will benefit our members:

SHORT TERM ILLNESS, CIVIL SERVICE:

On February 3rd, we received an award in our favour with regard to the repayments of overpayments of Short-Term Illness benefits in the Civil Service.

When NSGEU members have received Short-Term Illness (STI) benefits and then been found to be ineligible for them, the employer has been clawing back the money by deducting amounts from members' bi-weekly pay. This has created hardship for affected members.

NSGEU grieved the employer's action. In our grievance, we acknowledge that true over-payments must be repaid. However, the employer has no right to unilaterally make deductions from pay that have no statutory or common-law basis.

We are pleased to report that adjudicator Lorraine Lafferty agreed with the NSGEU and found that the employer cannot unilaterally deduct STI over-payments from employee wages. For the full decision, visit <https://nsgeu.ca/arbitrationdecisions/21072/21072/>

STATUTORY HOLIDAY, NURSING:

We first filed a Policy Grievance on Statutory Holidays (Article 18.05 Compensation for Work on a Holiday) on July 21st, 2015. The union and employer (the Nova Scotia Health Authority) met with Mediator/Arbitrator Bruce Outhouse on February 9th and October 26th, 2017 to mediate the grievance. Unfortunately, it was an unsuccessful mediation and it proceeded to arbitration on May 23rd, 24th and 25th, 2018. After waiting twenty months on the decision, we are pleased to announce that the grievance was upheld. Here is a copy of the full decision: <https://bit.ly/3ebVj0g>

Presently, the majority of units that are doing the 4/5 off rotation have their Stats built into their schedule. For nurses that do not, you should now be able to build your Stats into the working schedule. In addition, for short notice Stat requests for time off, there is now

the requirement of the employer to make a reasonable effort to attempt to fill the shift with part-time, casual or Nursing Resource Team (NRT) staff.

On units where there is an over-complement of staff on a shift, nurses should be able to request time off using their Stat time and have the shift off upon the request, without waiting until 5 a.m./p.m. prior to the commencement of the shift.

Please note: This decision only applies to those who have actually worked the Stat holiday and are trying to obtain time off in lieu. For more information on this grievance, visit https://nsgeu.ca/home_page/statutory-holiday-policy-grievance-victory-for-nurses-at-nsha/20941/

MANDATORY EDUCATION, NURSING:

We also won a significant policy grievance that was filed on behalf of all nursing members at the NSHA. The outcome of the grievance is very positive for our members.

We met with the employer on multiple occasions trying to resolve the issue prior to arbitration. On January 10th, 2020, both parties entered into mediation with Arbitrator Bruce Archibald, where we were able to reach a settlement agreement.

This agreement will require the employer to schedule nurses uninterrupted time within their shifts to complete the required LMS videos.

However, the expectation is that the reading component of policy reviews can be completed during nurses' work time throughout the year. As these are completed, they can be signed off, as the review may be done prior to a procedure or skill and will be considered completed for the yearly requirement.

For further detail on this mediated agreement, visit https://nsgeu.ca/home_page/mandatory-education-policy-grievance-victory-for-nurses-at-nsha/20956/

Local 78B - Stock Transportation

The Halifax Regional Centre for Education announced the results of their RFP for student transportation on February 6th. Three companies: Stock, Student Transportation Canada, and Southland will provide bussing services when students return to school in September 2020.

Since February, we have served notice to bargain with Stock Transportation and have had numerous discussions with Student Transportation Canada and Southland Transportation. Our hope had been to enter into a voluntary recognition agreement with Student Transportation Canada and Southland Transportation in order to avoid starting from scratch.

However, discussions to date have NOT resulted in a signed voluntary recognition agreement with either provider. With the uncertainty of reaching an agreement before the end of June, we sent out a package to Local 78B members containing a letter explaining where we are and outlining the process.

At this time the NSGEU is unable to endorse either new employer, however, members are free to accept

positions with Student Transportation Canada or Southland to secure a preferred route. In no way should this be seen as anyone giving up. The only things that have changed are our tactics and timing.

Once members become an employee of Student Transportation Canada or Southland, we've asked them to fill out the NSGEU Application for Membership card and to send it back to us and to notify us.

The NSGEU commends the members of Local 78B for their steadfast solidarity. They have stood together despite the chaotic situation they have been facing for almost a year. The number of members of Local 78B who participate in union activity is very impressive and stands out. Members packed their local meeting on February 20th in the NSGEU building before the pandemic began and hundreds attended a telephone town hall on April 29th. The enthusiasm and solidarity was palpable. Another Zoom call on May 28th was very well attended and our members elected their new Bargaining Committee virtually: AN NSGEU FIRST. Well done!



Locals 470 and 1670 Nova Scotia Liquor Corporation

Members working for the Nova Scotia Liquor Corporation have been working on the frontlines throughout this pandemic continuing to serve Nova Scotians at liquor and cannabis stores across the province, at the warehouse, and in the back offices.

In the beginning there were lots of questions about whether the stores were going to remain open and for how long. Shortly after the State of Emergency was declared, the NSGEU sent out a letter to the membership of Local 470 and 1670 outlining what Public Health was saying at the time and provided members with a fact sheet about how to exercise their right to refuse unsafe work if necessary. It also addressed some questions about closures where we had answers. You can read it here https://nsgeu.ca/home_page/health-and-safety-measures-for-members-working-for-nslc/21401/:

“As part of the Province’s declared State of Emergency, anyone returning from outside Nova Scotia, domestic and international travel, must self-isolate for 14 days. For full timers, regular pay will continue. For RPTs, your block hours will be paid and any additional hours outside of your block will be averaged over the past three months. For Casuals, your hours will be averaged over the last three months.

If you feel sick, you must stay home and use sick leave, or if you do not have access to sick leave, you can apply for sick leave Employment Insurance.

Some of you are concerned about a potential NSLC closure. This is the decision of the Province, not the employer. At this point, it is unclear what would happen in terms of pay in this scenario.”

The next day President MacLean and the CEO of the NSLC collaborated on a statement. You can view it here: https://nsgeu.ca/home_page/joint-statement-from-greg-hughes-president-ceo-nslc-and-jason-maclean-president-nsgeu/21406/

“There is no rule book for managing our way through this. We are pleased to say that both the union and the employer are in good communication and are working together to identify workplace safety issues when they arise and to address them in a timely manner. We know you are feeling the stress. You’ve been working long, hard hours under very challenging circumstances and we thank you again for your service to the customers and the community.”

Statement from Hughes and MacLean, March 24

We were disappointed when on March 27th, the Premier changed the policy to allow restaurants to deliver liquor along with food during the pandemic. With the liquor stores remaining open and staffed, there is no reason to allow this creeping privatization of liquor sales to take place.



QEII HSC P3 Campaign

Late in 2019 the NSGEU set out to push back against the McNeil government's plans to redevelop the QEII Health Sciences Centre using a P3 model: paying a private company to build and maintain our new hospital.

So, what's wrong with P3s you ask?

- Privatization costs more. A 2019 report from the Canadian Centre for Policy Alternatives estimates the cost of private borrowing will be 125% more than public financing.
- P3s turn health care dollars into corporate profits. It's like taking money for our health care... and turning it into another yacht for a CEO.
- P3s lock us in to pay more for decades. For the next 30 years, our children will be on the hook for McNeil's mistake.
- P3s cost our communities good jobs. We need to protect good jobs, from frontline care to maintenance and operations.
- P3s have a terrible track record. We've already wasted hundreds of millions of dollars on costly P3s. We don't need to waste more. P3s lack transparency and oversight, and McNeil keeps refusing to release vital information to the public.

Even the Auditor General was asking tough questions about the potential for fraud.

A campaign was developed with the assistance of the NSGEU Political Action Committee and approved by the Board called "Build It Public." The Campaign launched on December 26th, 2019 to catch people getting familiarized with the new mobile devices they received over the holidays, with the radio ads kicking in on January 13 for three weeks. The static ads targeted mobile users in the vicinity of the health care centres

in HRM. These static ads were seen 1,197,037 times and resulted in just under 5000 website visits www.builditpublic.ca.

A key (and funny) indicator of some success was that we received calls from the Minister of Health's Office on two different days asking that we remove the Minister from our campaign letter as "he was not responsible for how the hospital would be built." The Minister's office also suggested letters would be better directed to the Minister of Transportation. NSGEU staff explained that while the Minister of Health may not be responsible for the build, however, as a member of cabinet and the one in charge of Health Care, he shares overall responsibility. Therefore we left Minister Delorey on the letter and added Minister Lloyd Hines.

There's a crisis in health care across Nova Scotia. Families and health care workers see it every day. But instead of helping people, Stephen McNeil's secret scheme for a P3 hospital will help big companies and rich CEOs.

Privatizing our new hospital will make the crisis in health care even worse.

You can listen to our radio ad here https://nsgeu.ca/wp-content/uploads/2020/02/nsgeu-p3-campaign-families-final-mix_0109.wav. The ad played on Jack 92.9, FX 101, 899 the Wave, News 95.7, The Home of Rock n' Roll, C-100, Virgin Radio and the Breeze.

Visitors to the website were able to send a letter to the Premier and Ministers of Health & Wellness and Transportation & Infrastructure Renewal, as well. More than 3,200 Nova Scotians sent letters, imploring government to build our new hospital using a public model.



Nova Scotia Budget 2020-2021

The Liberal majority passed Budget 2020-21 on the final day of a short spring session. It was clear from the first day of the legislative session that Premier Stephen McNeil wanted to pass his budget and get out. The Budget read like a potential election platform, revving up speculation of an early general election call, but the Premier quickly removed any doubt and announced there would be no general election this year.

Budgets are powerful tools to gauge the priorities of a government: they cut through the rhetoric and show in dollars and cents where the priorities of a government are. This Budget gave significant tax cuts to corporations in contrast to modest increases in social programming and supports for vulnerable people.

What is most disappointing for our members is what was not included in the budget. There was no extra money allocated to give extra support to our administrative professionals in Community Services, there was no money allocated to help keep our Correctional Officers safe. There was modest

operational funding provided to “address increased demand from services” at the NSHA and IWK, but it is reasonable to assume the COVID-19 pandemic will quickly consume that funding and more will be needed resulting in no relief for front line health care workers.

More money in the pockets of CEOs and corporations. Less for workers and Nova Scotia’s most vulnerable people.

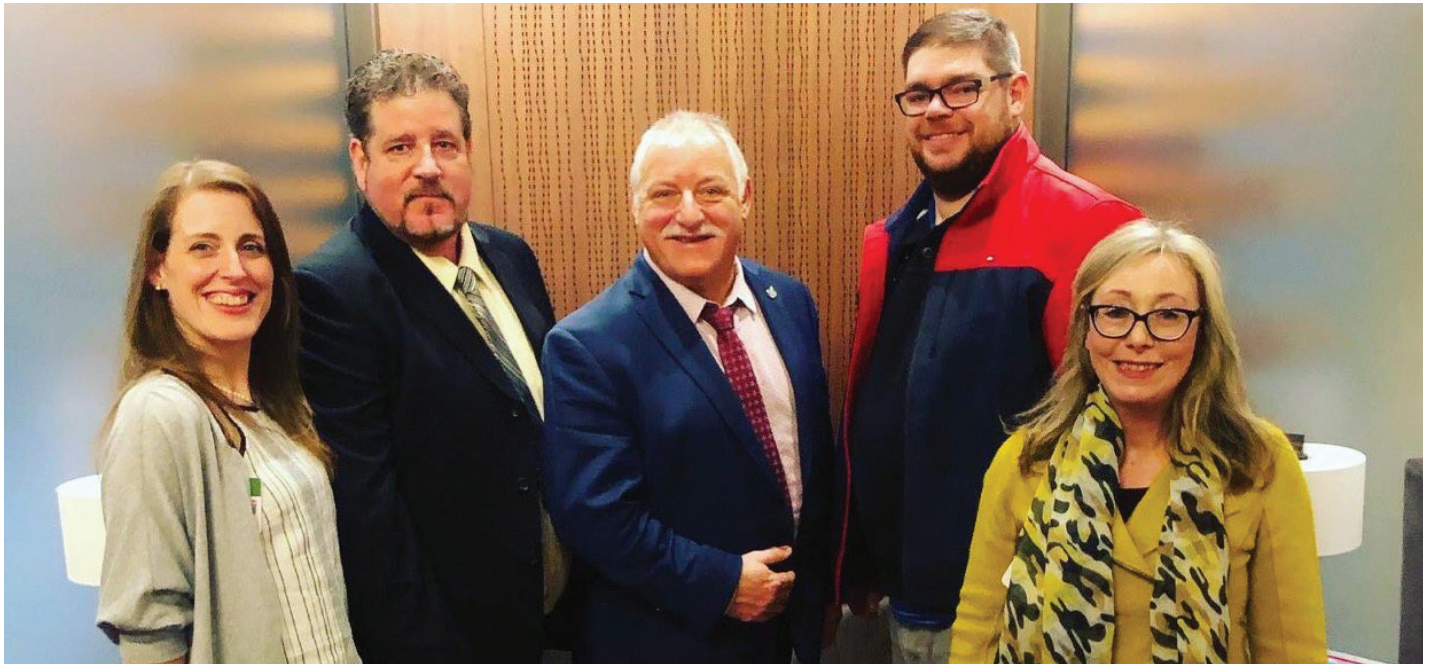
Inadequate resources for a health care system in crisis and an impending global pandemic on the horizon.

The McNeil Liberals deliver their main talking points but the budget shows their true priorities.

Budget 2020-21 gets a failing grade for working people, vulnerable seniors, and families in need of adequate supports and programs.



CLC Lobby on the Hill, February 25, 2020



L-R: Misty Camick, Local 470A; Darren McPhee, NSGEU Secretary-Treasurer; Darrell Samson, Member of Parliament for Sackville-Preston-Chessex; David Watts, Local 38; and Susan Sutherland, NSGEU Staff*.

This past February members of the NSGEU were in Ottawa for the annual Canadian Labour Congress (CLC) Lobby on the Hill. The Lobby on the Hill is a yearly chance for labour activists to talk to Members of Parliament and Senators about issues they want to see addressed in this Parliament's first budget — with national pharmacare as their top priority.

This year the NSGEU was represented by NSGEU Secretary Treasurer Darren MacPhee, NSGEU Political Action Committee members, Ceilidh Lavalette (Local 29), Misty Camick (Local 470), and David Watts (Local 38) from the Ad Hoc Young Workers Committee.

The Lobby on the Hill focused on four key priorities for the labour movement:

- The creation of a universal pharmacare program
- Protection for workplace pensions when companies go bankrupt
- A \$15/hour federal minimum wage that increases with inflation
- Ratifying the International Labour Organization Convention No. 190 on Violence and Harassment.

Thanks for representing NSGEU!

* NSGEU staff member Susan Sutherland attended representing IMAAW Local 2797, the NSGEU staff union.



NSGEU Members in the News!

Maria Boutilier is a member of Local 119-NSHA Support Services (Central). You can read her story on the Halifax Examiner site at <https://bit.ly/3efrqgm>



Unions make a difference in our lives.

Unions fought for many of the benefits workers enjoy today: Sick leave, maternity & paternity leave, vacation, minimum wage, paid breaks, overtime, workplace safety standards and regulations, collective bargaining rights, and much, much more.

Do you know of a group of non-unionized workers who might be interested in joining the NSGEU? Please contact:

Lori Smith, Education & Organizing Officer
902-456-6531 or 1-877-556-7438 or lsmith@nsgeu.ca



Yarmouth Office Re-Opening

The NSGEU has long maintained an office in Yarmouth, as a space for members and staff to use to conduct union business. However, we recently were able to move into a newly-renovated space located along Main Street, which provides greater visibility for the union.

In late February, members of our Executive Committee attended an open house to help celebrate the grand opening of this new space.



Inaugural NSGEU 101 Workshop

On February 25, 2020, members took part in the inaugural NSGEU 101 Workshop, which replaces the New Activist Workshop.

In this one-day workshop, members learn the history of NSGEU, how the NSGEU is structured and why, and discussed why NSGEU and other unions exist. Any member in good standing is welcome to attend this program, which is now being offered online starting this Fall due to COVID-19.



Visiting the Department of Community Services

Since President MacLean was first elected in 2016, he has been responding to all members' invitations to do tours of their workplaces. These visits give the President an opportunity to meet with members in their workplaces, learn more about what they do, and hear about any concerns they may have.

Obviously, with COVID-19 restrictions in place, touring workplaces is much trickier than before, but President MacLean was able to visit many Civil Service offices during a tour on January 23rd, 2020, with Local 7 President Sherry Dennis. Here are some photos from the stops they made that day:



At the Sackville district offices from left to right: Admin Assistant Brandy Comeau, Admin Assistant Joan MacKenzie, Admin Assistant Lavinia Hobbs, Records Clerk Lisa Kline, Receptionist Iona Duncan-States, Jason MacLean, and Sherry Dennis.



Jason and Sherry at the Bayers Rd. office from left to right: Care Coordinator with the Disabilities Support Program Carrie Boudreau, Financial Clerk Andrew Spinney- Hutton, and Secretary Debbie Shadbolt.



Jason and Sherry at the Cole Harbour office with Secretary Rhonda Cromwell and Tanya Rodgers an Income Assistance Case Worker.

Visiting the Department of Community Services

At the Bayers Rd. office, Mahitab Hamed, a Case Worker, helps Arab speaking clients with income statement submissions, purchase orders, and medical and furniture needs for clients from Syria.



Jason and Sherry at the Alderney Dr. office with Admin Assistant & Secretary Kim Jordan and Clerk Danielle Langlois.

Jason and Sherry at the office on Gottigen St. from left to right: Secretary Gillian Fowlie, Clerk Barbara Longaphy, Secretary Adam Shornys, Secretary Leah Hearn, and Clerk April Weatherilt.



Island Employment – “Connecting people to jobs and jobs to people”

If you live in Cape Breton and are in need of Employment Counselling or Assistance, Island Employment is there for you. They can be found at <https://islandemployment.ca/>

We interviewed one of the Career Counsellors, Lisa Strong, a member of Local 150 at Island Employment to tell us about herself and the services they provide. Note: the interview was done before COVID-19, so you will want to call them or visit their website to find out their process for delivering their services now, as they may have changed.

Q: What is Island Employment and what do they do?

Lisa: Island Employment is a Cape Breton based non-profit organization funded by the Province of Nova Scotia (Department of Labour and Advanced Education, Employment Nova Scotia Division) and the Government of Canada (Service Canada).

They started out as Employability Partnership and initially worked with people with disabilities and did tremendous work. They started the path for persons with disability and employability. In 2016, Nova Scotia Works was born and Island Employment was created.

Our mission is to inspire and support people in their employment choice, advancing inclusive workplaces. We also help employers find the best candidates for their organizations through recruitment support, resume screening, wage subsidy programs and more. Completely confidential services are offered



Lisa Strong, Local 150

at six locations across Cape Breton: Sydney, Port Hawkesbury, Inverness, Cheticamp, St. Peter's, Arichat

Q: How did you get started at Island Employment and what is your background?

Lisa: I was a teacher for seven years with the Cape Breton Regional Centre for Education. I knew I wanted a change. I started out with the YMCA and then moved to a job that became available at Island Employment. I have learned that a teacher, is a teacher, is a teacher, so I am very much using all of my teaching skills in this role as a career counselor – just in a different format.

I've been working at Island Employment for three years.

I really enjoy the teaching aspect of being a career counsellor. I work with clients in every age group, with or without disabilities. I also work with clients who have mental health or mental illness issues - so I'm working with a broad range of individuals. This allows me to broaden my skills and meet a lot of different people. So although I'm not teaching now, I'm using my skills in a different way. I'm transferring my skills and my education and all my training in a different capacity.

I love my job and really love my job and the helping aspect – I'm really a helper – and will go above and beyond for all of my clients.

Q: What other services do you provide as a career counsellor?

Lisa: I see clients who are seeking information on funding through our skills development program. If people are looking for retraining or wage subsidies we have the "Start" program which allows a client to get a start marketing letter. This makes them available for a wage subsidy so a portion of their wages are covered through Employment Nova Scotia. We have information about job creation partnerships for self-employed people as well - so there are a number of different programs.

I have a number of different assessments I can do to



help a person find their way into a career. There is the Strong Interest inventory, and the Meyers Briggs personality index just to name a few. It is very rewarding to see a client go from Stage 1 to Stage 2 knowing I've helped them along the way and encouraged them.

To begin with, we may look at their resume and their past work experience. We want the client to realize all of the work experience and the skills they have accumulated and how they may transfer these to another career and use them in completely different ways. Encouraging and supporting a client to see how their skills transfer is a priority.

Another huge component at Island Employment is our women's services. We offer a safe space for women with a 'women's only' door and have workshops geared specifically for women only. Female clients can choose to work with a female career counsellor as well. It is a wonderful aspect to have within our organization.

We bring our expertise and support into the schools as well. We typically visit schools about three months before students graduate and we put on a lot of different workshops in order to help prepare them for the workplace. Many students really don't know what they are going to do after they graduate. Some students do, and some students don't. We let them know that our services are there for them if needed. We also talk to them about workplace etiquette – which is a huge component no matter what the age. We discuss how to dress appropriately and about the importance of personal hygiene and effective communication.

Q: I've heard you have something to do with Loaves and Fishes? Can you tell me a bit about that?

Lisa: Every Tuesday, myself and my co-workers also volunteer with the Loaves and Fishes in Cape Breton - so I really love that. I'm also a mental health champion, regional lead with the Nova Scotia Career Development Association. I enjoy making community partnerships that provide a link between mental health and mental illness and employment so we can have as many resources possible to help our clients.

Q: Can you tell me what a great day looks like for you?

Lisa: I had one client, fairly young, who had completed one year of university. He didn't really know what he wanted to do. I worked with him for two years and he realized he wanted to become a police officer. So we did career assessments and looked at the local labour market. We looked at the job description and discussed the nature of the job. There were a lot of hurdles when he was trying to apply to Holland College – and we worked together to get him over all of those. In the end, he successfully completed his police sciences and graduated as a police officer. So it was pretty rewarding. I feel like I adopted him...it was great! I have a lot of experiences like that – where the clients really make an impact and become part of my life.

Q: What are some of the challenges you face?

Lisa: Unfortunately, there are times when a client isn't eligible for funding and you have to give them that bad news. Working with our clients to come up with a different solution is always paramount.

If a client isn't sure what they want to do, they would visit us at Island Employment and can talk to a Career Practitioner. The Practitioner can refer them to see me – I'm a Career Counsellor. The client may be in a career transition, they may just need some validation to help them along, or they already have a career goal and sometimes they just don't know what they want to do. I would help them along their path.

Questions?

Please contact Island Employment

<https://islandemployment.ca>

Fall 2019 NSGEU Scholarship & Bursary Recipients



Silas Needler



Jasmine deViller



Megan Lenihan

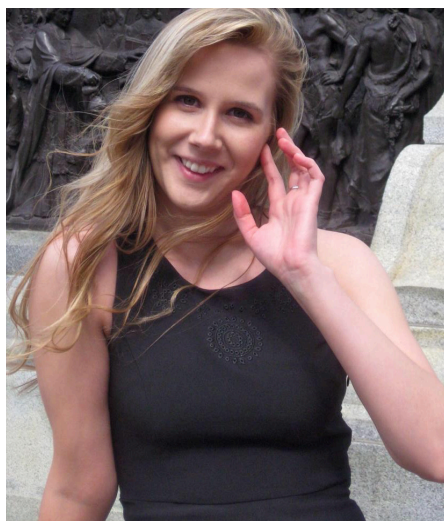
Member Bursaries

- \$1,000 Bill Hebert Memorial Award: Christianne Clayton, Local 6
- \$1,000 Carmen Williams Memorial Award: Tracey Notman, Local 1246
- \$1,000 Kathleen Morrison Memorial Award: Kiesha Goris, Local 1246
- \$1,000 Award: Robin Lake, Local 100
- \$1,000 Award: Shafaat Mehdikhanli, Local 47
- \$1,000 Award: Fern Hatcher, Local 101
- \$1,000 Award: Omolola Adeyemi, Local 48
- \$1,000 Award: Karen Prime, Local 71C
- \$1,000 Award: Kaylee MacPherson, Local 423
- \$1,000 Award: Hareesh Parekh, Local 101
- \$1,000 Award: Sara Leslie, Local 77
- \$1,000 Award: Alexandra LeGrow, Local 1246
- \$1,000 Award: Simren Chahil, Local 100
- \$1,000 Award: Aimee Naugler, Local 8
- \$1,000 Award: Rebecca Sutton, Local 66

Member's Dependent Scholarships

- \$2,500 Adrian Timmons Memorial: Silas Needler (Linda Clark, Local 100)
- \$1,500 Alex Buchanan Memorial (Kate) Xinyi He (Ming Zhang-He, Local 8)
- \$1,500 Aubrey Stevens Memorial: Margaret Mackay (Leanne MacKay, Local 100)
- \$1,500 Greg Blanchard Memorial: Briea Malloy (Brian Malloy, Local 2)
- \$1,500 Dave Peters Memorial: Kalleigh Maxwell (Evan Maxwell, Local 6)

Total funds awarded: \$38,500



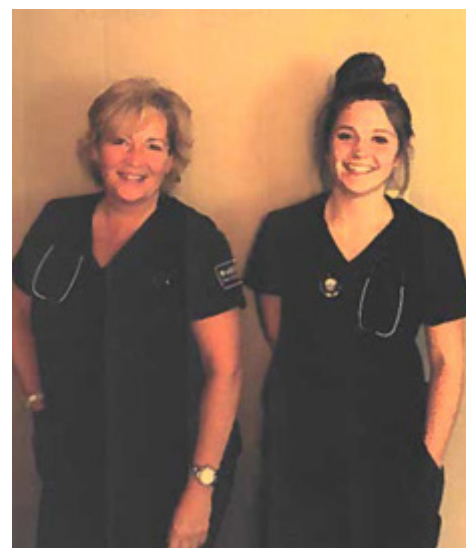
Sara Leslie



Maggie MacKay



Briea Malloy



Talia & Tracey Notman

Member's Dependent Bursaries

- \$1,000 Irving Deale Award: Talia Notman (Tracey Notman, Local 1246)
- \$1,000 Brian Langille Award: Daniel Campbell (Heidi Campbell, Local 71C)
- \$1,000 Award: Jasmine deViller (Clyde deViller, Local 195)
- \$1,000 Award: Courtney Robicheau (Crystal Rose, Local 189)
- \$1,000 Award: Emily Daniels (Leigh Daniels, Local 7)
- \$1,000 Award: Alexandra Hernandez (Andrea Falconer, Local 8)
- \$1,000 Phillip Cogswell Award: Madalyn Higgins (Wanda Higgins, Local 28)
- \$1,000 Award: Sam Leverman (Joanne Sinclair, Local 1246)
- \$1,000 Gordon Burnhard Award: Megan Lenihan (Wanda Lenihan, Local 4)
- \$1,000 Award: Natalie Freeman (Pam Freeman, Local 53)
- \$1,000 Westray Memorial Award: Justin Mansour-Gillis (Tammy Gillis, Local 2)
- \$1,000 Award: Kirsten Willigar (Patricia Willigar, Local 470C)
- \$1,000 Award: Julien LeBlanc (Michael LeBlanc, Local 99)
- \$1,000 Award: Dylan Logan (Denise Logan, Local 53)
- \$1,000 John Rossiter Award: Charlotte Wheeldon (Rachel Wheeldon, Local 3)



Daniel Campbell

Newly Elected Members of the Health Care Bargaining Units

As a result of the McNeil government's legislated amalgamation of the district health authorities in 2015, we now bargain as part of the Council of Unions alongside the other three unions representing acute health care workers in Nova Scotia (Unifor, NSNU and CUPE). The four bargaining councils are the Health Care Bargaining Unit at NSHA (Locals 100, 193, 104, 195 & 122); the Support Bargaining Unit (Locals 119, 124 & 193); the Nursing Bargaining Unit (Locals 101, 193, 104 & 195); and the Administrative Professional Unit (Locals 1246, 189, 190, 191, 193, 104, 195 & 423).

Each union has a set number of seats on the bargaining council depending on the number of members it represents in that area, who bargain as a Council on behalf of the more than 24,000 health care workers we represent collectively. Bargaining representatives are elected from each Local, and then a certain number are elected to the Bargaining Council Committees. Our elections were held in January and February of this year. Your representatives are as follows:



Administrative Professionals

In no particular order: Bill Zebedee, Mark Smith, Morgan Martin, Heather Tucker, Pam Grace, Kimberely Sheppard, and Lynette Hayward Byrd.



Nursing

In no particular order: Kerri Webster McIsaac, Grace McCreight, Trish MacLean, Kelli Parsons, Lisa Clowater and Angie Chasse-Naugler.



Healthcare

In no particular order: Allan Lapierre, Cindy Smith MacDonald, Chris Weaver, Sara Jane Arason, Donna Kline, and Uta Berthold Brush.



Support Services

In no particular order: Darryl Leroux, Chris Collins, Rob Forbes, Raymond Theriault, and Joe Boudreau.

Newly Elected Members of the Civil Service Union Negotiating Council

The Civil Service Bargaining Unit Negotiating Council (BUNC) met on November 6th, 2019 to elect their Union Negotiating Council (UNC) in preparation for the next round of Civil Service negotiations. It is anticipated that a notice to bargain will be sent to the employer in early 2021.

The elected members are as follows:

Clerical Bargaining Unit:

Tammy Gillis, Local 2
Sherry Dennis, Local 7


Professional Bargaining Unit:

David Brewster, Local 4
Scott Hart, Local 8

Technical & Services Bargaining Unit:

Hugh Gillis, Local 480C
Holly Martin, Local 17





Services are available to all our members of the Civil Service as well as members working for Nova Scotia Pension Services Corporation and Tourism Nova Scotia.

Office of Workplace Mental Health



A safe and confidential place where managers and employees can access the mental health and wellness supports they need.

We will help create a positive culture of mental health and wellness, help employees access the supports they need, and help leaders and managers create supportive workplaces.

Contact Us

Local: 902-424-CARE (2273)
Toll Free: 1-833-389-CARE (2273)
Email: OWMH@novascotia.ca

All calls and emails are confidential.

NSGEUwear

There's a whole range of colourful NSGEU clothing available at the union office at 255 John Savage Avenue, Dartmouth. For more information, call the NSGEU at 424-4063 (toll free at 1-877-556-7438) or email inquiry@nsgeu.ca.

Vest - \$45.00
Unisex sizes
Black



Hoodie - \$20.00
Ladies & Unisex sizes
Royal Blue, Black, Navy, Red,
White, Yellow, Grey



Long Sleeved T-Shirt with Pocket. Logo on sleeve and back.- \$15.00
Unisex sizes
Black & Charcoal



T-Shirt - \$15.00
Unisex sizes
Royal Blue, Red, Navy

Golf Shirt - \$15.00
Ladies & Unisex sizes
Royal Blue, Black, Navy



Fleece Jacket - \$20.00
Ladies & Unisex sizes
Grey & Navy





The Canadian Labour Congress is planning a series of online actions and engagement in order to influence decision makers facing important choices about the future of our nation.

Go to <https://vimeo.com/450242890> to watch a Labour Day 2020 video from CLC President Hassan Yussuff.

Follow the [CLC on Facebook](#) for more information.

On Monday, September 7 you can join in the Labour Day event Aquakultre, Deirdre Lee, Beehive Collective, Zuppa Theatre Co., hosted by Mayworks Kijipuktuk/Halifax: Festival of Working People & the Arts and Halifax-Dartmouth & District Labour Council. Go to <https://www.facebook.com/events/3061952787255826/> for more information



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