

To Whom It May Concern:

I am writing to you on behalf of a group of healthcare providers within the Northwest Territories Health and Social Services Alliance. The federal government provided \$5 billion to all provinces and territories, distributed equally per capita, to provide support for struggling healthcare systems across the country. \$2.9 billion of this funding was meant to help support essential workers (Government of Canada, 2021). A study conducted by the Canadian Centre for Policy Alternatives (CCPA) in August 2021 found that many provinces in Canada have millions of dollars in unused federal money that could have been accessed to support essential workers (Macdonald, 2021).

The report from the CCPA did not study COVID-19 funding in the territories; however, it can be assumed that there is unused funding as essential workers have not been provided any monetary support or incentives during the COVID-19 pandemic. CBC News (2020) reported that the federal government had provided an additional \$130 million in funding to the territories to help with their health care systems. We have a number of concerns that have been brought up with varying levels of management that have remained unaddressed, and we are writing to you now to have these concerns addressed. The concerns include lost personal vacation and sick leave due to the pandemic, lack of hazard pay, and inconsistencies in information being provided to us by management.

Lost Vacation and Sick Leave

During a time where most government employees were sent home to work, healthcare professionals did not have that option. When the pandemic began in March 2020, many healthcare professionals were recalled from their vacations. This lost vacation time was not returned to their leave banks. Existing vacations were cancelled and all new leave requests were denied due to “operational requirements.” This caused great stress and exhaustion in healthcare professionals. The workplace was filled with frequent policy changes, shift changes, and redeployment. Staff members were left uncertain and worried about their ability to provide safe patient care.

Staff members have also reported being required to use time from their personal sick leave bank when isolating due to becoming symptomatic after COVID-19 exposure at work. We propose that this should be considered as “Injury on Duty” and be paid as such according to the Union of Northern Workers Collective Agreement.

Lack of Hazard Pay

The NTHSSA has not provided hazard pay to their employees for the entirety of the COVID-19 pandemic. In Canada, most provinces and territories are providing hazard pay for their essential workers in areas where risk for COVID-19 exposure is high. The following table summarizes the hazard pay provided by other jurisdictions:

Province/Territory	Hazard Pay	Payment Method
Alberta	\$1200	Lump sum payment ₁
British Columbia	\$4	Hourly wage increase ₂
Nunavut		Currently in negotiation for compensation ₃
Ontario	\$4	Hourly wage increase _{4a}
Ontario	\$10,000-\$75,000	Recruitment bonus for out-of-province RNs _{4b}
Manitoba	\$5-\$6	Hourly wage increase for change in work assignment or COVID-19 high risk procedures ₅
Quebec	\$12,000-\$18,000	Lump sum payment ₆
Saskatchewan	\$400	Monthly x2 months ₇
P.E.I.	\$1000	Lump sum payment ₈
Nova Scotia	\$2000	Lump sum payment ₉
Newfoundland	\$600-\$1500	Lump sum payment ₁₀

We propose a \$4/hour wage increase retroactive to March 2020, wage premiums when working in high risk areas or during high transmission risk procedures (i.e. intubation), and a retention bonus for all current healthcare professionals comparable to the bonuses Quebec and Nunavut will offer. We also propose a separate signing bonus to attract more healthcare professionals to fill the many vacancies in our healthcare system.

Inconsistencies

We have brought our concerns up with multiple levels of management within the NTHSSA. Our requests for the return of vacation and sick leave along with the introduction of hazard pay for COVID-19 have not been addressed. We have not been given clear reasons for the lack of these benefits. We are aware of the federal funding that has been provided to the GNWT for the maintenance of the

healthcare system through the pandemic and would like to know where this money is going. We have not received new equipment or compensation for the risk to our personal health.

Conclusion

The healthcare workers have worked tirelessly throughout the COVID-19 pandemic and have not been adequately compensated for their sacrifices. Many staff members have put their personal health at risk and are burnt out. Healthcare workers are leaving their professions at an alarming rate, and every area in the NTHSSA has multiple vacancies. The NTHSSA is not supporting us or providing any incentives or retention bonuses to current healthcare workers. Staff morale is low and management has not adequately implemented solutions. Please advocate for the healthcare workers to receive fair compensation for the many hazardous working conditions we have been faced with during this pandemic.

In summary, we are asking for the following things from our government:

- **Lost vacation time returned to our leave banks**
- **Personal sick time used for COVID-19 exposure at work be returned to our leave banks**
- **Monetary compensation**
 - **Wage premiums when working in high risk areas or for high transmission risk procedures (i.e. intubation)**
 - **\$4/hour wage increase retroactively to March 2020**
- **Retention bonuses for current staff**
- **Signing bonuses for recruitment of new staff**
- **Clarification on if and where the federal COVID-19 funding has been allocated**

References

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