Preliminary Thoughts:

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Responding to: How are the bodies of workers and those they work with made visible or invisible in epidemiology, economics, and health policy? How do the everyday physical existences and needs of labouring bodies trouble ostensibly stable social, political, and economic arrangements, particularly (but not only) during the pandemic?

This pandemic has made visible, on a wide and public scale, the fact that there are workers in long-term care homes and retirement homes, or in senior's care generally. When we think of epidemiology, economics, or health policy, worker's in senior's care industries are largely absent from conversation. This type of social reproduction work lives at a particular intersection of disability, race, gender, fragility, disposability, and marginality, that makes invisibility the norm.

Senior's care facilities, like retirement homes, assisted living centers, and nursing homes, are spaces that house people who are seen as having aged out of the productive work force. They are not the productive spaces that catch policy or public attention. Armstrong & Banerjee (2009) discuss these spaces "as reflecting the North American characterization of such care as failure: failure of medicine to cure, of the family to care, and of the individual to be independent". Or Guberman (2004) shares, they are seen as "the last and least attractive option, one we seek to avoid rather than to positively develop". These are spaces that cause people discomfort.

These are highly precarious workplaces, despite the high union density within the industry (in Ontario it sits at close to 80%). As it is a site of social reproduction and caring labour, the work force is highly feminized, and highly racialized, with a good proportion of racialized workers being new to Canada. With some of the workers in these industries having previous experiences in Canada's Live-in Caregiver program.

Nursing homes, especially when we are talking private for profit homes, mainly offer precarious employment relationships, with high percentages of part-time employment rather than full-time, wages are devastatingly low, and turnover rates are ridiculously high across the board.

Nursing homes, and a large majority of retirement homes, in the province fall under HLDAA, the Hospital Labour Disputes Arbitration Act. Meaning, they have been deemed essential, like hospital workers, and stripped of the right to strike.

This all leads to a particular scenario where Union's representing workers inside the long-term care industry have been fighting for years for their members. Trying to call attention to the precarious nature of the work, to quality of work decreasing, and to the health risks posed by the neoliberalization of care work. This includes staffing ratios (part-time full-time ratios) being completely out of whack. Where employees must work multiple part time jobs in order to barely make it past the LICO aka the poverty line.

The Low-Income Cut-off for 2019 in Canada for a single individual for the full year is $25,338. A snapshot view of selected classifications in SEIU represented nursing homes show a pretty stark picture.

The average wage for a housekeeping aide across SEIU nursing homes is $20.44 per hour, if they are a full-time employee they would make $36,055 per year or $10K above the LICO for a single person (no dependents). If they are a part-time employee, employed at what is considered full part-time hours, they would make $18,027 per year, $7K under the LICO.

Classification	Average Wage Rate	Annual FT Earnings	Difference between annual earnings and LICO	Annual PT Earnings	Difference between annual earnings and LICO
Housekeeping Aide	$20.44	$36,054.49	$10,716.49	$18,027.25	-$7,310.75
Dietary Aide	$20.84	$36,441.16	$11,103.16	$18,220.58	-$7,117.42
PSW/HCA	$21.28	$38,049.85	$12,711.85	$19,024.92	-$6,313.08
Activity Aide	$20.36	$36,830.39	$11,492.39	$18,415.19	-$6,922.81

Assuming full time status and assuming a one-person family unit (neither of which are stable assumptions), SEIU represented members are narrowly above the poverty line. However, the reality is that 60% of SEIU's nursing home membership are under-employed working part time positions.

Being viewed as 'un-productive spaces' and being subject matter that the public does not like discussing because it opens people up to discussing aging and disability, and because these workers are gendered and racialized, it is an uphill battle to get people to listen to these calls and cries. Because these workers have been stripped of the right to strike, the ability to pressure their employers is somewhat neutered. And their ability to garner media attention and demand public support or solidarity is highly mitigated.

When Bill 124, *Protecting a Sustainable Public Sector for Future Generations Act*, the compensation and wage restraint bill imposed by Ford, received royal assent on Nov 7, 2019 and

was enacted shortly thereafter, the first targets were teachers across the province. Teachers who then went on strike, and whose strike garnered continued media attention and the validity of Bill 124 was hotly debated in the media.

Unfortunately, the teacher's Union's did not push back enough against the Ford Conservatives for Bill 124 to be dropped and amended, and a new collective agreement was subsequently reached.

Since then, unions representing nursing home workers have been pushing back against Bill 124, but this has barely received any press coverage.

Not-for-profit nursing homes are subject to bill 124, whereas for-profit homes are not. And despite the fact that COVID-19 has been ravaging nursing homes and the fact that the total compensation constraints imposed by bill 124 mean that workers cannot bargain paid sick days into their collective agreements, Ford still refuses to withdraw this unconstitutional Bill.

COVID-19 has unfortunately blown up the context of where these types of conversations and push backs are happening. Indeed, for the first time in a long time, Ontario's LTC homes have been at the center of public attention and public opinion. However, there still remains a divide within public and media attention between workers in these spaces and residents in these spaces.

This means that public and union pressure has not been strong enough to force Ford to withdraw Bill 124. But public and union pressure has been strong enough to make the government rethink their position on minimum care hours for residents.

Unions in nursing home and retirement home sectors have been calling for a minimum of 4 hours per resident care and funding to match. The research as to the necessity of increase base care hours exists across government reports, trade union reports, association reports, governmental commissions, and etcetera, dating back over 2 decades. Yet, these demands have been at best batted around as political fodder for criticizing competitor parties, or most of the time ignored.

COVID-19 has created a window of opportunity for these demands to be heard and addressed. The government's plan to address the issue of minimum care hours is grossly inadequate, but it is still the most actual movement that has been seen on this issue in quite some time.

Unions have been doing everything possible to utilize this unfortunate window. Various Unions have seen this as an opportunity to push for changing staff ratios (full-time/part-time), to end Bill 124, to move away from for-profit long-term care arrangements, to properly pay these health care workers, to recognize the growing recruitment and retention problems (not only in terms of

PSWs, but across many LTC classifications) that has been caused by years of abuse, of undervaluing, of neglect.

COVID-19 has created a window of opportunity for these voices to be heard, but much more is still needed. More media attention, more public support, more labour movement involvement, more solidarity from other workers, community groups, etc. and more pressure on the powers that be, for real and sustained change to happen.

Responding to: How can we – as scholars, activists, and workers, many of whom are also settlers – intervene and unsettle these relations? Have you noticed any productive possibilities arising from this moment? Are there forms of care and caring economies that have shifted in surprising or hopeful ways? Can the uncertainty and destabilizing of extant structures throughout the pandemic offer any opportunities to build more equitable futures? What might that look like?

From the moment this window opened, healthcare unions in particular have been framing their calls in terms of how does the system need to change post covid. This window has been an opportunity to fight against the toll that austerity politics have taken for quite some time.

Yes, there are immediate and novel needs that are coming out of the specifics of the pandemic, and these are being addressed by Union's as well. But one of the strengths that I have seen come from healthcare unions in Ontario during this time is a commitment to forward thinking in response to this pandemic.

The idea that this pandemic is an opportunity to really point out the horrors of what the system has become and advocate for systemic change is really important. These unions have not become totally lost in the unique needs imposed by covid but have maintained a broad strategic view as well. I think this is a lesson for some groups and Union's outside of the healthcare sector who have been almost myopically focused on the crisis of the day. Don't lose sight of the broader struggle, fighting needs to happen on all fronts.