

Report to CFUW Ontario Council Executive
Committee for the Status of Women and Human Rights (CSWHR)
September 2020

(Note: Information appearing below may have been taken verbatim from sources. The author in no way intends these to represent original work.)

First Session of CFUW OC Speakers Series

The first session, being held this Saturday, Oct. 3rd, will be addressing evolving issues in long term care, community care and home care as well as legislation. COVID-19 has brought to the foreground the serious inadequacies in elder care. These inadequacies have resulted in the high death rate for COVID-19 in the elderly, especially those in institutionalised care (private and public) and their carers.

It is hoped that the session will provide information which can be acted on from an advocacy perspective. The CSWHR would be please to help support these efforts.

November Session of Speakers Series

Recruiting a speaker (a duty of CSWHR) is underway.

Issues Affecting SW&HR

While Canada and Ontario in particular have been preoccupied with controlling the spread of COVID-19, additional, additional, far reaching effects of COVID are being seen.

The Consequences of the Pandemic Have Different Gender Outcomes

The following have been disproportionately impacted:

- Women's rights in Ontario
- Women's employment rights and opportunities
- Women's wages
- Women's poverty levels
- Child care needs

Women are more often employed in marginal jobs therefore, during the pandemic were the first to lose jobs. Women tend to make less money than men do and therefore have often been subjected to reduced hours and often cannot return to work due to childcare needs. As well, women represent the vast majority of health care, child care and elder care workers. More female front line workers have died because of COVID, in addition to women in long term care (although it must be noted that women make up the majority of long term care residents). Canada has had the largest proportion of women dying of COVID in comparison to other countries (likely as a result of COVID's impact on long term care facilities).

“(Government) could be providing essential services for all workers, because that’s what we’re learning — that childcare is an essential service, and so is drugs, dental and vision. It shouldn’t be tied to whoever your employer is,”

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There are disparate return to work policies. Men’s positions are opening back up first. As well, on leave provisions for parents or caregivers who may not be able to return to their jobs right away differ, not only for women versus men but also amongst provinces. Each province has its own standards and time limits, and there’s another set for federally regulated workers.

Demand for GBA (gender based analysis)

Canada and its provinces, for the most part, do not have data analysed by gender. Gender based analysis should be routine. The GBA+ tool was developed by the federal Department of Women and Gender Equality (WAGE), formerly Status of Women Canada. It is an approach to understanding sex and gender alongside other identity factors such as race, ability and age, to assess how various groups experience policies, programs and initiatives. The aim of GBA+ is the creation of equitable policies, programs and initiatives — equitable from inception to execution. Awareness of the differential impacts that government policies and actions have on different identity groups is central to that goal.

There are no hard and fast rules on how GBA+ should be done; in fact, it is perhaps best thought of as a competency rather than a methodology. In other words, there is no set formula to achieve equity in all situations; rather, progressing toward equitable change requires the continued cultivation of knowledge about various groups, the challenges they face and potential avenues for change.

Our obliviousness to the potential relationship between race, ethnicity and socio-economic status and infection, hospitalization and death rates will negatively impact our ability to control the spread of the [Covid] virus in the short term and impair our understanding of how this virus impacts societies’ well-being in the long term. In response to criticism about this gap in data collection, Ontario’s chief medical officer of health, Dr. David Williams, for example, has said that statistics based on race aren’t collected in Canada unless certain groups are found to have risk factors.

<https://www.ontario.ca/page/womens-issues>

<https://www.thestar.com/news/canada/2020/05/23/covid-19s-impact-on-women-investigated-by-canadian-government.html>.

Access to Equivalent Health Services/Intersectionality of Health Problems

A study appearing recently in the Canadian Medical Association Journal, found the chances of dying before age 75 of avoidable causes has been declining for almost everyone. But they’ve been declining for the rich much faster than for the poor and have been doing so for a generation.

The gap is growing for both women and men, the study found. And the chances of an early, avoidable death for women with the least education are actually growing.

Shahidi said eliminating the gaps in rates of early death is “virtually impossible” without reducing the income and education gaps that help create them.

“In the absence of policy action, we tend to see those inequalities widen,” he said. “There are very actionable policy solutions which (governments) can put in place to address and reverse this trend.”

Those measures include raising wages, more progressive taxation, generous social assistance, easier-to-access employment insurance and protecting job security.

“It’s in a large part through lack of policy action that we have allowed, as a society, these inequalities to grow over time,” said Shahidi.

“These health inequalities are fundamentally rooted in everyday conditions. And everyday social and economic conditions are what they are for people, because of the political decisions policy-makers make.”

https://www.huffingtonpost.ca/entry/canada-health-inequality-study_ca_5f71f4fcc5b64deddef13346??ncid=newsltcahpmgnews

Human Rights Violations in Ontario

Information from the OHRC states: In these unprecedented times of the global COVID-19 pandemic and the resulting state of emergency in Ontario, it is more important than ever that human rights values and principles be observed and enforced. In this rapidly-changing landscape, a wide range of human rights legal issues are involved, and the *Code’s* fundamental obligations must be respected and upheld.

We (OHRC) have heard of situations where workers were suspected of having COVID-19 simply because of their race, place of origin or disability. Other *Code* issues may arise over accommodations for workers with childcare responsibilities who are working at home. These situations may involve the *Code* ground of family status.

The OHRC encourages the government to once again heed the advice of health and human rights experts who agree that Ontario needs demographic data to effectively fight COVID-19.

It also identifies the following as areas of possible human rights violations:

- Layoff because person is in a high-risk category for COVID-19
- Negative responses to request to work from home to protect a person in household in a high-risk category
- Eviction because landlord thinks someone in your household is infected with COVID-19
- Denial of access to needed medical treatment due to restrictions on services related to COVID-19

On April 2, 2020, the OHRC released a policy statement and identified actions consistent with a human rights-based approach to managing the COVID-19 pandemic. The OHRC highlighted the need for government to:

- Provide all healthcare services related to COVID-19, including testing, triaging, treatment and possible vaccination, without stigma or discrimination
- Recognize that any restrictive measures that deprive people of their right to liberty must be carried out in accordance with the law and respect for fundamental human rights. This includes measures related to people in health and other care institutions
- Consult with human rights institutions and experts, Indigenous leaders and knowledge-keepers, vulnerable groups, as well as people and communities affected by COVID-19, when making decisions, taking actions and allocating resources.

In addition to the calls in its policy statement, the OHRC has also publicly stressed the need to take human-rights based approaches to the following issues as they relate to older persons:

- The duty to accommodate people with disabilities who need to access an essential support person while receiving health services during the pandemic
- The development of a clinical triage protocol for major surge in the COVID-19 pandemic.

It is crucial that the human rights of long-term care residents and staff are upheld and properly accommodated during and after the pandemic. Solutions for improving the long-term care system's ability to protect residents and staff from future outbreaks must also ensure that Ontario and long-term care service providers are meeting their human rights obligations.

http://www.ohrc.on.ca/en/our_work/COVID-19

http://www.ohrc.on.ca/en/news_centre/letter-hon-associate-chief-justice-frank-n-marrocco-taking-human-rights-approach-independent-long

Upcoming Dates of Importance to SW&HR (remainder of 2020)

October

Women's History Month in October

National Day of Action for Missing and Murdered Indigenous Women and Girls on October 4

Person's Day on October 18

November

Woman Abuse Prevention Month in November

Transgender day of remembrance for Ontario on November 20

United Nations International Day for the Elimination of Violence Against Women on November 25

December

National Day of Remembrance and Action on Violence Against Women on December 6.