

CONTRIBUTORS

OPINION

Yes, vaccines should be mandatory for health-care workers. Here's a compassionate and equitable way to make that happen

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Carmelita is a personal support worker (PSW) in long-term-care. She works up to 100 hours a week and cobbles together multiple part-time jobs in different LTC homes due to a shortage of full-time and permanent positions. Her job is physically demanding, exhausting and involves duties such as lifting and repositioning frail seniors. Nonetheless, Carmelita loves her patients.

New to Canada, Carmelita has also heard the horror stories during the COVID-19 pandemic with infections and burnout among staff — leading to many to quit the profession. She's also considered getting the vaccine but has heard some misinformation, leading to worries about how she could do her job if she faced side effects like a sore arm, and how she would look after her residents if she was off sick due to a staff-shortage. She's also concerned about making ends meet if she had to take a few days off, as she may not get paid sick time.

Sadly, no one is available to answer her questions.

Carmelita's story is not atypical for health-care workers in long-term care or home care. In these sectors, many people have temporary jobs, are overworked due to low staffing levels, and do not trust the system. All of this is directly connected to low vaccine uptake.

If we take a deeper look into exactly which health workers haven't yet been vaccinated in Ontario, we will find that many are still facing considerable accessibility barriers. Often, these are the same workers whose health and well-being have not been prioritized throughout this pandemic.

As health workers and vaccine experts, we absolutely agree that people in health care have a primary duty to protect their patients. Ideally, this means that vaccines should be mandatory for health workers, especially for an illness like COVID-19, which has an especially [high mortality rate](#). It's also important to note that not all unvaccinated health workers are against vaccinations.

So how can we help health workers like Carmelita get the vaccine, thereby protecting her, her family and her patients?

For many, it could be a simple conversation with someone they trust. Often, this could be a family doctor, a nurse, a colleague or someone in their community such as a faith leader. In our own experience, vaccine uptake has increased from 50 per cent to 90 per cent in centres where we have provided continuous education in a compassionate and non-judgmental manner.

Employers must also facilitate these conversations as soon as possible. It would be ideal for many in health care to have someone available for culturally appropriate conversations in the health worker's preferred language. These conversations must also employ a trauma-informed lens as a large percentage of health workers belong to racialized communities, and are often less trustful of health and government bodies due to historical trauma, medical experimentation, poor access to medical care and discrimination.

The safety and well-being of front-line health workers in several sectors has also been and continues to be severely neglected due to a lack of PPE, unsafe working conditions and inhumane working hours. [Burnout](#) is rampant and with mistrust being so high, many ask the question: why are we being asked to get the vaccine now?

In understanding these intersections, special considerations must also be provided to undocumented workers who serve as PSWs in LTCs. Undocumented workers face numerous barriers when it comes to accessing health care, and accessibility to COVID vaccines is no exception. Most people in this category live with an ongoing fear of deportation due to lack of proper documentation, and as a result prefer to avoid any kind of services offered by public health officials. Despite the elimination of medical cards prior to vaccination, a form of identification is still required. This can be viewed suspiciously by undocumented workers as a way of tracking their immigration status.

Many health workers may not be aware that they can use paid sick days (called the [Ontario COVID-19 Worker Income Protection Benefit](#)) to take time off to recover from vaccine side effects. Unfortunately, only three days are available. This means that if a health worker had already taken time off to go get a COVID test, or to look after a family member with COVID-19, they would have no sick days left. We call upon the government, along with employers, to provide special paid leave specific to getting the vaccine and recovering from any potential side effects (a minimum of two paid sick days — one day for each dose).

Beyond building trust, all must be done to support on-site vaccination at workplaces. If health workers are still unable to get vaccinated at work or choose not to, then we suggest offering paid transportation to a vaccine clinic. 24-hour vaccine availability will also help.

It is highly recommended that institutions like hospitals, LTC facilities and retirement homes provide transparent data on vaccination rates. This will facilitate targeted interventions to help them increase vaccination rates for their staff.

Heading into the fall, with the Delta variant set to surge, it is paramount for the Ontario government to take this issue very seriously. A proactive stance is critical in ensuring health workers are fully vaccinated, before further outbreaks occur. Now is the time for the government and employers to provide every incentive possible for health workers to get fully vaccinated, including legislation to mandate this for all health workers. This legislation should include a provision to only hire new staff who are fully vaccinated.

Sadly, precarious working conditions for health workers like Carmelita, whose work is invaluable, have led to gaps in vaccine uptake. Throughout the pandemic, we've consistently praised our health workers as heroes. Now, we need to do the same to encourage them to become fully vaccinated.

Most health workers we know are not anti-vaxxers or conspiracy theorists, but people who need a little bit more support to get there — with compassion and empathy, not shaming and blaming — we will create a healthier society. This is what our “health-care heroes” deserve.

Sabina Vohra-Miller is the co-founder of the Toronto-based [Vohra Miller Foundation](#), which aims to make health care equitable and accessible for all. She is also the founder of [Unambiguous Science](#) and co-founder of the [South Asian Health Network](#). Follow her at [@SabiVM](#)

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