



BRIEFING NOTES

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CANADIAN ARMED FORCES PERSONNEL DEPLOYMENT DURING COVID-19

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SUMMARY

- ✚ The earlier CAF-provided aid to long-term care centers in Québec would have prevented cases of COVID-19 transmissions and deaths.
- ✚ CAF aid was reactive to requests from the Québec provincial government and was delayed.
- ✚ Recommendations are to have clearer inter-governmental communication on CAF aid to areas of non-federal jurisdiction and to provide open data on medical personnel availability in the CAF.

CONTEXT

- ✚ This briefing note (BN) provides background information on the issue of medical personnel shortages in long-term care centers (known as CHSLDs) in Québec during the COVID-19 pandemic.
- ✚ This will inform recommendations as to how the CAF could be better prepared to provide aid to Canadians in similar scenarios in the future.

BACKGROUND

- ✚ By end-of-April, 1,057 of the 1,340 dead of COVID-19 (79%) were seniors from CHSLDs (Stevenson and Shingler). This statistic indicates that CHSLDs experienced a higher level of COVID-19 transmission early on than should be expected, given the vulnerability of the population.
- ✚ Reasons for this level of transmission in CHSLDs can be tied to pre-existing organizational issues, shortages of Personal Protective Equipment (PPE), and shortages of medical personnel (Stevenson and Shingler).
- ✚ Medical personnel shortages were experienced for orderlies, who are responsible for nonmedical care of patients such as feeding and bathing, and nurses (Stevenson and Shingler).
- ✚ Personnel shortages increase the risk of transmission by forcing staff to physically interact with more patients and sometimes break quarantine rules – treat both COVID-19 positive and negative patients in the same shift, in order to ensure that all patients are cared for (MacLellan).
- ✚ The more often quarantine rules are broken, the likelier it is that transmission will occur from a positive patient to a negative patient. The higher the number of patients per staff, the more impactful quarantine breaks will be. As such, personnel shortages represent a clear risk in terms of the rate of transmission of COVID-19.

- ✚ The following timeline describes the personnel shortage situation in Québec during the COVID-19 pandemic (Stevenson and Shingler).
- ✚ Prior to the pandemic, labour shortages for nurses and orderlies were occurring in Québec (Stevenson and Shingler). On March 14th, the first case of a medical worker testing positive for COVID-19 was recorded (Stevenson and Shingler).
- ✚ Moving forward, CHSLD staff and residents continued to contract COVID-19 at increasing rates (Stevenson and Shingler). On March 30th, the Québec government announced \$133M in funding to senior care, to address the labour shortages that were being pressured by staff quarantining, as well as PPE shortages (Stevenson and Shingler).
- ✚ The Québec government also asked specialist physicians to step in and work as orderlies. On April 1st, the Québec government increased wages in order to bolster recruitment efforts (Stevenson and Shingler).
- ✚ In early-April, the Québec government made the decision to allow CHSLD staff who had tested positive for COVID-19 to return to work 7-days following their recovery, instead of the normal compulsory 14-days (Stevenson and Shingler). The reasoning for this decision was indicated to be based on a need for staff (Stevenson and Shingler).
- ✚ On April 22nd, Québec Premier Legault requested 1,000 soldiers from the CAF, in order to address the shortage of 11,500 health care workers (Brewster).
- ✚ By May 7th, under Operation Laser, 1,000 CAF members were deployed in Québec CHSLDs, and as of June 12th 728 CAF members remain (DND Operation Laser).

CONSIDERATIONS

- ✚ The above timeline indicates opportunities in which CAF could have provided personnel aid to CHSLDs earlier than it did.
- ✚ The March 30th funding action by the Québec government clearly represents a need for additional personnel, that the CAF did not support until over one month later.
- ✚ The funding action represents the Québec government turning to the private sector/labour market as a source of personnel. As such, it is recommended that the CAF make clear its capacity to help as soon as possible, in order to encourage other actors to call upon it earlier.
- ✚ While CHSLD management falls under provincial jurisdiction, the federal government's responsibility to maintaining peace, order, and good governance should drive the CAF to proactively offer aid.
- ✚ Furthermore, the 2+ week time difference between Québec's call for CAF aid and CAF deployment represents an area for improvement. In conjunction with the previous recommendation, CAF should monitor situations in which its aid could be impactful and be prepared to provide it as soon as it is requested.
- ✚ CAF personnel statistics overall are available online, but numbers on medically trained personnel available in the CAF are not (See Open Government Portal). Without direct communication with DND/CAF, the Québec government would not be able to determine CAF

capacity to provide aid in a medical fashion. It is recommended that data related to this be made open to the public.

- ✚ While these recommendations address CAF aid in the form of personnel, they do not resolve issues of organizational structure in CHSLD nor issues of PPE shortages.
- ✚ Further investigation should be made into CAF capacity to provide PPE support in conjunction to personnel support.

NEXT STEPS (If applicable)

- ✚ Increased monitoring of crisis situations arising in areas of non-Federal jurisdiction (such as health care), to determine CAF capacity to aid.
- ✚ Proactive communication of CAF capacity to aid in areas outside of its jurisdiction.
- ✚ Greater amounts of open data, in order to allow other actors to self-determine CAF capacity to aid.
- ✚ To support future pandemic responses, figures related to CAF medical personnel availability should be made available to the public.

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