“We Love What We Do”
ONA long-term care nurses share the pride they have in their work, and why they wouldn't want to be anywhere else

ONA Celebrates Pay Equity Win More than a Dozen Years in the Making P. 23
CONTENTS

ONA Mail | 3
President/First VP Message | 4, 5, 27
Members Get Loud! | 6
Queen’s Park Update | 12
Know Your Rights | 13
“We Love What We Do”
ONA long-term care nurses share the pride they have in their work, and why they wouldn’t want to be anywhere else | 16

Nursing News | 19
ONA in Action | 23
Health and Safety | 24
For Your Benefit | 26

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONA is the union representing 65,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

COPYRIGHT © 2019
Ontario Nurses’ Association
All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, including electronic, mechanical, photocopy, recording, or by any information storage or retrieval system, without permission in writing from the publisher (ONA members are excepted).
ISSN: 0834-9088

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONA is the union representing 65,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONA is the union representing 65,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

Copyright © 2019
Ontario Nurses’ Association
All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, including electronic, mechanical, photocopy, recording, or by any information storage or retrieval system, without permission in writing from the publisher (ONA members are excepted).
ISSN: 0834-9088

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org

ONTARIO NURSES’ ASSOCIATION
85 Grenville St., Ste. 400
Toronto ON M5S 3A2
TELEPHONE: (416) 964-8833
TOLL FREE: 1-800-387-5580
FAX: (416) 964-8864
EMAIL: onamail@ona.org
Breaking the Silence

The following letter shows how much the Nurses’ Health Program (NHP), an initiative of ONA, the Registered Nurses’ Association of Ontario, the Registered Practical Nurses Association of Ontario and the College of Nurses of Ontario, which was featured in the Feb/March 2019 issue of Front Lines, is appreciated by nurses like Mary Michalski, who shares her powerful story.

I wanted to reach out and thank everyone involved in the Nurses’ Health Program (NHP). I am beyond grateful to know that this program now exists for my colleagues and friends who continue to suffer with their mental health in silence.

I was in my second year of university when I started to experience symptoms of depression and disordered eating. At the time, I connected these symptoms to the stress of school and clinicals, and because I was still able to excel in my studies and nursing care, I didn’t feel it was worth addressing. By the time I started working as a registered nurse in 2016, my symptoms began to worsen.

The stress of caring for acutely ill patients, coupled with the pressures I placed on myself, resulted in binge eating after work, compulsively exercising between shifts, and restricting to the point where it began to impact my health. I was terrified to even admit that I was struggling. I was convinced that if anyone were to find out, I would immediately have my competency called into question, despite the fact that I continued to provide safe and compassionate care.

After seeking help and receiving the appropriate support, I decided to break the silence surrounding nurses and mental health. I shared my story with my organization and colleagues, many of whom had experienced some level of mental distress related to their front-line nursing work. At the time, I was frightened by the potential repercussions – would I still be respected in my profession? Would my contributions to this profession be reinterpreted? Would I be treated differently? Today, I try to be an advocate for the belief that no amount of money, advancement or accomplishment is worth sacrificing my health.

Unfortunately, there are still barriers to overcome. I would be lying if I said that my decision to speak up about mental health has only been received with compassion and understanding. However, I am positive that the more we choose to speak about it, the less shame our colleagues and friends will feel in reaching out for help. Seeking help for mental health does not make anyone “less” of a nurse – it is impossible to walk through water and not get wet. The ability to empathize with, and be affected by, the clients we care for makes us human.

Immediately after I went public with my story, more than 20 colleagues approached me privately to share their own mental health challenges. There is power in story-telling and honesty – both in empowering those who may be reluctant to seek help, as well as for nurses who may be fearful of potential consequences that may result from reaching out.

I truly wish the NHP was available to me last year, yet I am overwhelmed by the fact that it is now accessible to those who need it most.

With thanks,

Mary Michalski, RN

HAVE SOMETHING TO SAY?
We’d love to hear from you! Send your comments to Front Lines editor Ruth Featherstone at ruthf@ona.org.
Ontarians didn’t Vote for Privatization!

AS A REGISTERED NURSE FOR MORE THAN 30 YEARS and a union leader at both the Local and provincial levels for much of that time, I have seen my fair share of changes to our health-care system.

But the sweeping reform the government is imposing with the passing of Bill 74, the ironically-named People’s Health Care Act, 2019, and the powers it gives itself to merge, amalgamate, transfer all or part of a service, close other services, and shutdown entire health-service providers – along with the subsequent provincial budget and additional announcements – is unlike anything we have ever faced.

Since the government first broke news that it is restructuring our health-care system with next to no consultations from those directly affected, including ONA and our members, we have continued to press for details on the new super agency (Ontario Health) and 30 to 50 systems (Ontario Health Teams) that it is creating across the province to consolidate and, in some cases we fear, privatize services and patient care. And, while we expect the planning and funding functions to move from our 14 Local Health Integration Networks to Ontario Health, nothing has been formally stated. We do know that transformation will be rolled out over time and in phases, and that the Public Sector Labour Relations Transition Act will only apply to integrations if two or more health-service providers amalgamate and the transfer of most of the assets of one goes to the other.

With so many moving parts and unknown pieces, it’s very difficult to envision the outcome of this restructuring. However, it is clear to us that government decisions, especially around funding, will be focused on finding “efficiencies.”

That certainly seemed to be the buzz word in the April budget, where the government noted it can save $350 million a year by eliminating bureaucracy duplications, gain $250 million by improving scheduling and attendance management, save $100 million by streamlining transfer payments and consolidating service contracts, and achieve additional savings by reducing overtime and payment of premium rates. No details were provided, as seems to be the case with most of these announcements.

Even more shocking was the government’s decision to change the current 35 public health units to 10 regional public health entities, with deep cuts to the proportion of provincial funding, to save $200 million. A few days later, we learned that local ambulance services will be amalgamated from 59 to 10. There seems to be an out-of-the-blue announcement each week.

Needless to say, ONA is deeply concerned that these drastic changes will mean fewer services and more cost to the system – the very opposite of what the government wants to achieve. We are very willing to spell out our concerns to the Premier and Minister of Health and Long-Term Care, along with possible solutions, if they would take us up on our countless requests to meet.

Around this time last year, we had a choice to make on which party would govern our province, but at no point during the election campaign did we hear anything about plans to radically transform our system. Health care belongs to the people, and the people didn’t vote for privatization!

As the government steamrolls ahead with its plans, you can be sure that ONA will continue to reach out to offer our consult. We will do everything in our power to protect our patients and your rights. We will work with our allies to push for change. We will show this government that we will not sit back and allow it to desecrate what all Ontarians cherish: public health care!

Read more about the budget on pg. 12.
Step up, Stand out, Speak up!

AT THE RECENT ONTARIO HEALTH COALITION (OHC) mass rally at Queen’s Park to protect our public health-care system from the drastic changes being rushed through by the government at breakneck speed, ONA President Vicki McKenna said something that turned the crowd into a frenzy: Step up, stand out, speak up!

I really believe those six simple, but powerful words need to be the rally cry for all of us as we navigate these very choppy waters in the weeks, months and years to come. While you just read in Vicki’s column how ONA plans to push back at the provincial level, it’s going to take much more than that if we are going to turn the tide. And that’s where you come in.

As Vicki told the more than 10,000 ralliers, it’s going to take a movement. And a movement doesn’t mean we spend one hour at a rally and then head back to our communities throughout the province and go about our business as usual.

It means we move forward together – and we don’t stop. It means we continuously talk to our families, friends, neighbours, colleagues, the cashiers in our local grocery stores, the people who deliver our mail, the fellow parents at our children’s soccer games – any opportunity we can find – about how the government is transforming public services in general, and health care in particular.

We tell them that as front-line nurses and health-care professionals, we know that when the government promises that consolidating services into dozens of systems under one agency, or downsizing public health units, or amalgamating local ambulance services won’t have any negative impact on patient care, nothing could be further from the truth! We tell them that as Ontarians, there is nothing the government does in which we do not have a stake or voice. And we tell them that it matters they use that voice!

I have encouraged you in previous columns to meet with your MPPs to help them better understand the impact of their health-care policies on their communities on Fridays when they are in their constituency offices or during Constituency Weeks (the weeks of October 14 and November 12). Please continue to do that. Take part in ONA campaigns. Write letters to the editor. Join your local health coalitions and get involved in their activities. Check the ONA website often. Each ONA Local is entitled to $1,000 per year for political action. Encourage your Local leaders to use it!

If you have never been active before, now is the time to stand out and speak up! I have never been more fearful that if we don’t step up for our public health-care system – every single one of us – we are going to lose it. It’s really that simple. For the sake of our children, grandchildren and generations to come, we cannot let that happen on our watch. Read more about the OHC rally on pg. 10.
MEMBERS GET LOUD!

Nursing Week 2019: Healing Hands, Caring Hearts

These are difficult times for our members. No one knows that better than your union. But it is also why we have been asking you over the past several months to take a little respite from the challenges you face, give yourself a much-needed pat on the back for all you do on the front lines, and let loose and have some fun celebrating your profession during Nursing Week 2019, held from May 6-12.

And, judging by the photos that many of you sent to us, it looks as if that’s exactly what you did! We think you’ll see what we mean in this region by region pictorial of some of your most creative, exhilarating, and memorable Nursing Week events, many of which members of the ONA Board of Directors were pleased to attend along with you.

Thank you for sharing your photos. And thank you for using your healing hands and showing your caring hearts each and every day!

“ I am a Nurse”

While Nursing Week is a time to reflect on what it truly means to be a nurse on the front lines, for nurses like Ariel Beaudoin, who is the occupational health and safety chair at the South West Local Health Integration Network, it’s even more personal. A self-proclaimed “proud ONA member who is very active with Local 21,” Beaudoin submitted this touching photo, which epitomizes the theme of Nursing Week 2019, and beautifully explained its deep significance to her.
Hands, Caring Hearts

This picture is close to my heart. I spent 40-plus hours a week for the past 33 years caring for others – those I have just met or those for whom I have been assigned as their nurse for a short time or years. I was there for my father in 1990 as he died of cancer and provided his care at home, where he wanted to be, as well as for my stepfather in 2008, when he also succumbed to cancer and wished to stay at home.

I never captured a moment in time like the one I am sharing here. This photo is my hand holding the hand of my brother, who fought Parkinson’s and received palliative care at home in May 2015. I snapped this picture to monitor his skin – the red area caused by the constant tremor of his hand from his disease – while laying lifeless in his bed in the days before he passed. I could never bring myself to erase it.

I spent every break, lunch and all hours, from quitting time until the start of my next shift, providing his end-of-life care and supporting his family. He wanted no one but me as his nurse, and he relaxed when he heard my voice because he knew I would care, ensure his comfort, and be there for him. I was honoured to do so until the moment he left this earth.

This photo sums up what it means to me to say, “I am a nurse.” We eat, sleep and breathe caring.
MEMBERS GET LOUD!

REGION 3
- Oxford County Board of Health (Local 36)
- Orchard Villa LTC (Local 51)
- Lakeridge Health - Port Perry (Local 51)
- Humber River Hospital (Local 68)
- Scarborough Health Network (Local 111)
- Sunnybrook Health Sciences Centre (Local 80)
- Windsor-Essex County Health Unit (Local 8)
- Lakeridge Health - Port Perry (Local 51)
- Orchard Villa LTC (Local 51)

REGION 4
- Garden City Manor (Local 9)
- St. Mary’s General Hospital (Local 55)
- Hamilton Health Sciences (Local 70)
- Oxford County Board of Health (Local 36)
- Haldimand-Norfolk Health Unit (Local 7)

REGION 5
- London Health Sciences Centre (Local 100)
- Wingham and District Hospital (Local 2)
- Windsor-Essex County Health Unit (Local 8)
- Woodstock General Hospital (Local 36)
- Local 19
- Haldimand-Norfolk Health Unit (Local 7)
Windsor Nurses Shown “Circle” of Caring While on Strike

Because ONA members from the Windsor-Essex County Health Unit (WECHU), who voted to accept a new contract on May 9 after a two-month strike, provide so much care to their community, they found they received it back in spades. They wanted to share with their fellow members how grateful and overwhelmed they were by that support, and single out one person in particular who helped make their long days on the picket lines that much easier.

On March 8 – International Women’s Day – more than 80 WECHU public health nurses, nurse practitioners and registered practical nurses were forced on strike. Choosing job action is never an easy task, and for these nurses, temporarily leaving the clients that they serve was extremely difficult. But as the nurses started pounding the pavement, it was clear that the public was behind them. Individuals and groups stopped by the line with encouraging words. People brought food and picketed with the nurses. Drivers slowed down to honk their horns in solidarity.

Because these dedicated women could not provide the services that they ordinarily would in their work, they decided to support the community in caring and creative ways. Working with firefighters, a successful soup cook-off was held at the Downtown Mission. Hundreds of personal hygiene items were collected for two community agencies with the help of local hospitals. In conjunction with Canadian Blood Services, the nurses helped to make an afternoon blood drive a huge success. As well, a diaper collection was held and more than 17,000 diapers were donated to local organizations.

One of the early challenges faced by the nurses was logistics. Relegated to a small strip of sidewalk at a very busy intersection made collecting donations for the community, for example, challenging. As luck would have it, a local – in fact, very local – community member came to their aid.

Muhi Naseri, manager of a Circle K in Windsor, always greets customers entering his store with a cheerful, 'Hi, welcome!' Having been at the location for 10 years, he knows a lot of people in the neighbourhood, including the WECHU public health nurses who work across the street.

Naseri provided a solution to several of the logistical problems the nurses faced. He was amenable to having the diapers and personal care items collected on Circle K property. As well, the nurses were given the go-ahead to put up a tent, park a headquarters-on-wheels, and play rousing – and somewhat loud! – music on the lot. On a particularly cold day, he even provided hot chocolate to help keep the picketers warm and lift their spirits.

Managing a busy convenience store has its challenges, but Naseri doesn’t dwell on them. Even though the store was robbed twice in a short period of time, he focused on the positive, such as the uplifting card he received from WECHU nurses and staff.

When asked why he decided to help the public health nurses, he reaffirmed the important work they do in the community and the bond he has with them. “They are customers, friends…we are like family,” he said. “If we don’t help each other, the ship sinks!” And help he did!

It is with heartfelt sincerity that the public health nurses of Local 8 thank Muhi Naseri for helping to keep their ship afloat with his kindness, caring and incredible generosity.

Returning the favour: Muhi Naseri, manager of the Circle K across the street from the Windsor-Essex County Health Unit, is surrounded by very appreciative members, who say his overwhelming generosity helped with several logistical issues they faced during their two-month strike.

The WECHU strike ended just as Front Lines headed to print. Look for a round-up and lots of photos in the next issue!
Public Health Care Belongs to the People, Members Stress at Mass Rally

If the dozens of ONA members taking part in the Ontario Health Coalition’s (OHC) mass rally to protect public health care outside the Ontario Legislature wanted their collective voices to literally be heard on the inside, they just might have got their wish!

With tall speakers set up on either side of a large stage and upwards of 10,000 protesters, who were bussed in from communities across the province, covering virtually every inch of the front lawn of Queen’s Park for the noon-time event on April 30, the cheers and jeers were overwhelming.

“It’s not easy to fill this lawn on a Tuesday afternoon,” said OHC Executive Director Natalie Mehra. “But we are all here because this government has passed legislation the likes of which we have never seen in this province, with virtually no public hearings or consultations. This legislation gives the government the power to order mergers, transfers, takeovers and closures of our local health-care services. But Premier Doug Ford has no mandate to impose cuts and privatization, as not a word of this was breathed during the election. Health care belongs to the people, and we are saying no to cuts, privatization and mega-mergers!”

It was a sentiment echoed by ONA members in the crowd, including The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston Bargaining Unit President Nancy Savage who said, “I am here because I support health care and don’t want to see any cuts,” and Local 100 Secretary/Treasurer Margaret VanPuymbroeck, who added that “we have to stop the cuts that are affecting our patients and our jobs.”

During the two-hour rally, which began at the Hospital for Sick Children before working its way up Toronto’s “hospital row” to Queen’s Park, several speakers, including leaders of all parties (except the Premier himself), patients with heartbreaking first-hand accounts of how cuts have affected them, health-care workers, student nurses, and union leaders urged the ralliers to mobilize in their communities like never before.

“It’s going to take a movement like this to protect our public health-care system, and if you leave here thinking this is just a one-day event then we are in serious trouble,” said ONA President Vicki McKenna. “As a public service, health care is our right and if we don’t stand up for it together, we’re not going to have it in the future.”

That particularly struck a chord with Local 238 Coordinator Kerry Bell, who said she attended the rally with her son Liam “to teach him about the importance of political activism,” and Bradley Woods from Scarborough Health Network, who added, “we really have to stick together and unite Ontarians or we are going to get bulldozed by the

“<I am at this rally to help educate the public about what the cuts and restructuring of our health-care system is really going to mean to their care.</I>”

– Haldie Wicke, Local 21 First Vice–Coordinator
changes this government is ramming through without consultation.”

Local 111 Coordinator Mary Deli noted that she is already seeing the ramifications of those cuts and mergers, stating they “are greatly affecting residents of my community who now have to travel further for care.”

And Local 100 Vice-Coordinator Kathy Burgess summed it up nicely: “I am at this rally for political action and to support the work that all the unions here, including ONA, are doing to stop the cuts. This is just the beginning.”

Kicking it off!

ONA President Vicki McKenna (second from left) joined Ontario Council of Hospital Unions President Michael Hurley, Ontario Public Service Employees Union President Warren (Smokey) Thomas and Unifor Ontario Regional Director Naureen Rizvi at a Queen’s Park media conference to launch Health Action Day on April 23. As a lead-up to the Ontario Health Coalition’s mass rally a week later, approximately 150,000 nurses, health-care professionals, doctors, support workers and patient advocates in more than 100 hospitals and health-care facilities across the province wore stickers reading “Stop Health Privatization” and distributed leaflets warning about the Ford government’s restructuring plans. “We are here to demand an end to the dismantling of clinical services in communities,” McKenna said. “We are concerned that services will be cut from hospitals and privatized. Many of our hospitals are running at 110 per cent capacity or higher, which means less access to quality patient care, not enough staffing, and increased wait times. We’ve already witnessed the impact of profit on the quality of care in our long-term care homes and our home-care system. Nurses won’t let this government starve public hospitals to feed profit in private clinics, and plan to work together for a better public health-care system with expanded capacity for us all.”

Sticking to it!

Local 83 executive members – First Vice-Coordinator Andrea Cashman, Secretary Sandy McEwen and Local Coordinator Marc Page – were only too happy to lend their support to the Ontario Health Coalition’s Health Action Day, handing out stickers and leaflets to their members at The Ottawa Hospital. “Our ONA Local 83 members, alongside our fellow unions, are wholeheartedly on board with this campaign and gladly wore the sticker on April 23 to stop health-care privatization and cuts to our bare-boned health-care system,” Cashman said.
Government’s First Budget Short on Details, ONA Finds

The Ford government’s first budget, released on April 11, will be known more for what it didn’t specify than for what it did, ONA says.

“We haven’t received full details of the government’s plan to restructure our health-care system, but were hoping for clarity in the budget,” said ONA President Vicki McKenna. “Unfortunately, further information was not forthcoming, and we now have many additional questions.”

Budget 2019 includes a 1.6 per cent increase in each of the next three years to the Ministry of Health and Long-Term Care, bringing the total for 2019-2020 to $63.510 billion from $62.158 billion. This amounts to a 2.2 per cent increase, which barely covers inflation and doesn’t account for an expanding and aging population. But plans for health-care sectors weren’t clear cut:

• **Hospitals**: $384 million will be invested, but no details were provided. That amount – less than half of last year’s increase – is far below the 5.3 per cent increase ONA requested based on the total costs hospitals face from inflation, growth and other costs. We fear further cuts as hospitals struggle to balance their budgets.

• **Public Health**: In a move expected to save $200 million, the government announced it will “modernize” public health, shifting from 35 public health units down to 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-21, but specific plans were not relayed. (Days later, the government notified health units it will reduce provincial cost-sharing from levels of 75 or 100 per cent to 60 to 70 per cent for some municipalities by 2021 – and down to 50 per cent for the City of Toronto). ONA is concerned these moves will mean a reduction in services, which will, in a domino effect, increase the burden on hospitals.

• **Long-Term Care (LTC)**: While the budget did not specify an increase to the funding envelopes, the government said it is committed to creating 15,000 LTC beds over the next five years and upgrading 5,000 older beds, which represent $1.75 billion in funding.

• **Home and Community Care**: Funding will increase by $267 million, but there was no word on how this money will be allocated.

Additional amendments were also made on how the Public Sector Labour Relations Transition Act (PSLRTA), which facilitates efficient transitions during restructuring, will apply under the government’s transformation plans. PSLRTA will only apply to integrations if two or more health-service providers amalgamate and the transfer of most of the assets of one goes to another. The Pay Equity Act is excluded from the integration if it is not covered in a full amalgamation of two health-service providers – a major issue for ONA and our members.

“The budget seems to have added more complexity to the puzzle,” added McKenna. “We are calling on the government to address the health-care needs of Ontarians now, build extra capacity for much-needed health services in the future, and explain how it intends to retain and recruit highly-skilled and experienced RNs. ONA will closely monitor the implementation of the funding amounts in each sector, and will reiterate to the Premier that we are willing to meet.”

What ONA Wants to See in the Budget

During our presentation on Bill 100, Protecting What Matters Most Act (Budget Measures), 2019 to the Standing Committee on Finance and Economic Affairs at Queen’s Park on May 7 (pictured above), ONA President Vicki McKenna reiterated our key concerns with Budget 2019 and proposed recommendations to the government, including:

1. Continue to apply PSLRTA to all integrations in the health-care sector to achieve the smooth transition and retention of nurses and health-care professionals.
2. Reinstate Section 13.2 of the Pay Equity Act.
3. Reconsider the regionalization of public health until further consultation and move to 100 per cent provincial funding.
4. Reconsider a strategy of achieving cost reductions that impact patient care and the retention of nurses and health-care professionals.
5. Consider implementing a human resources strategy to retain nurses and health-care professionals.

See our full submission at ona.org/submissions
Nursing Homes Agreement Ratified!

ONA members in the nursing homes sector have ratified the settlement reached between our Nursing Homes Central Negotiating Team (NHCNT) and the employer group during mediation.

The two-year agreement, which expires on June 30, 2021, provides wage increases in each year and other improvements. A two-page summary document is included with this issue of Front Lines.

The NHCNT, comprised of one member from each region (see cover story), ONA President Vicki McKenna, First Vice-President Cathryn Hoy and Interim CEO/CAO Bev Mathers (ex-officio), and staff, began bargaining at the end of February and reached an agreement with the assistance of mediator Matthew Wilson on March 27.

The settlement was detailed to Local Coordinators and Bargaining Unit Presidents in the nursing homes sector by the team at a special meeting on April 15 in downtown Toronto.

Delegates then took the information back to their Locals for ratification votes from April 23 to May 1. Members voted resoundingly in favour of ratification.

“There’s no question the long-term care inquiry influenced the tone of bargaining, and this was the most respectful round I can ever remember,” said ONA President Vicki McKenna. “Your negotiating team was committed to reaching a deal at the bargaining table that values the work of our nursing home members, based on your priorities in our Have-a-Say bargaining survey – and that’s exactly what they achieved. The ONA members on the team made it clear with their stories that the proposals were very personal to them and our members, and I couldn’t be more proud of their dedication.”

With a settlement reached at the bargaining table, it’s no wonder members of ONA’s Nursing Homes Central Negotiating Team have smiles on their faces as they head into the sector meeting on April 15 at the Marriott Eaton Centre in Toronto. Pictured in main photo are (back row, left to right): Vicki Romanik (staff), Anke Savchenko (staff), Interim Senior Director of Labour Relations Enid Mitchell, First Vice-President Cathryn Hoy, President Vicki McKenna, Interim CEO/CAO Bev Mathers, LTC Non-Institutional/Organizing/PSLRTA Team Lead Pat Carr; (front row, left to right): Judith Wright from Region 1, Shelley Vandenberg from Region 2, Jean Kuehl from Region 4, Mary Clarke from Region 3, Sandra Kravets from Region 5. McKenna holds up the settlement highlights document (above), included in this issue, as she, along with the rest of the team, explain its details to engaged members (left photo).

See ona.org/bargaining
LHINs Bargain Collectively; Reach Deal

On the heels of our nursing homes settlement came news that our Local Health Integration Network (LHINs) negotiating team also reached an agreement at the bargaining table during a marathon round.

Our 10 LHINs – Erie St. Clair, South West, Waterloo Wellington, Hamilton Niagara Haldimand Brant, Central, Central East, South East, North Simcoe Muskoka, North East, and North West – have bargained individually in past rounds and we had planned on doing so again this year. However, because of uncertainty on how they will transform as the government restructures our healthcare system, ONA believed the best thing to do was to ensure our LHIN members go through those changes with a strong new contract to support them.

Bringing a group together in just under three weeks and immediately heading into a marathon round of bargaining, we reached a deal with the employer group in the early hours of the morning on April 11 after just three-and-a-half days. Twelve days after that, our LHIN members ratified the three-year deal, which runs until March 31, 2022 and provides wage increases in each year. A two-page summary document is included with this issue of Front Lines.

“Our committed and caring LHIN members have been through so much restructuring over the years,” said ONA President Vicki McKenna. “We were responsive to their needs throughout the bargaining process and have a deal that we believe is the best given the uncertain climate, which will carry them into the future. It is my promise to members in this sector that ONA will support you 100 per cent as LHINs transform yet again.”

Attention Hospital Members!
Vote for Your Negotiating Team

With the next round of central bargaining for our hospital members set for 2020, we need to ensure we are well prepared by electing our negotiating team now.

Included with this issue of Front Lines is information about the candidates running for either a full-time or part-time position on the Hospital Central Negotiating Team in each region. Acclamations are noted, as well as information on how to place your vote. You have from June 3 to June 26 to do so. Results will be announced soon afterwards and posted on our website.

Following orientation, the team will begin talks with the Ontario Hospital Association early next year using the results of ONA’s Have-a-Say bargaining survey to determine our priorities. Please have your democratic say on who negotiates your next contract.

More information on the candidates is available at ona.org/hcnt19
VON, CBS Central Bargaining Teams Named

ONA will be bargaining centrally for both our Victorian Order of Nurses (VON) and Canadian Blood Services (CBS) members for the upcoming round.

But first we needed our negotiating teams in place. Interested candidates in both sectors put forward their names this past spring, and the teams have been announced.

CBS Team
The following three candidates were acclaimed to the CBS Central Bargaining Team in March, meaning an election was unnecessary:

- Melissa Button (full-time rep) from Local 50, CBS – Hamilton.
- Marylee Lee (part-time rep) from Local 100, CBS – London.
- Kristy Johnston (National Contact Centre rep) from Local 2, CBS – National Contact Centre, Sudbury.

VON Team
The following three candidates were elected to the VON Central Bargaining Team in April:

- Lucja Masoom from Local 14, VON – Thunder Bay.
- Katherine Maynard from Local 3, VON – Peterborough, Victoria and Haliburton.
- Lorna Thompson from Local 43, VON – Toronto/York.

We congratulate the successful candidates and thank members for their interest and involvement in these elections.

Orientation and proposal development, based on ONA’s Have-a-Say bargaining survey took place in May, with negotiations scheduled for the upcoming weeks. We are determined to reach a settlement for both groups at the bargaining table.

Read updates at ona.org/bargaining

Know Your Rights
Does your insurance provider put you first?

As a member of ONA, you get preferred rates and exclusive offers on home and car insurance through Johnson – that’s something we can shake a paw on.

Get a quote & you’ll be entered for a chance to WIN $25,000†

1-877-742-7490
Johnson.ca/savings

ONA Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary. Home and car policies underwritten and claims handled, by Unifund Assurance Company ("UAC"). Described coverage and benefits applicable only to policies underwritten by UAC in ON. JI and UAC share common ownership. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply. NO PURCHASE NECESSARY. Open January 1, 2019 – April 30, 2020 to legal residents of Canada (excluding NU) who have reached the age of majority in their jurisdiction of residence and are a member of a recognized group of JI with whom JI has an insurance agreement. One (1) available prize of $25,000 CAD. Odds of winning depend on the number of eligible entries received. Math skill test required. Rules: www1.johnson.ca/cash2019
When the five Bargaining Unit Presidents on ONA’s Nursing Homes Central Negotiating Team talk about why they continue to work in long-term care (LTC), a path none of them originally chose, a common theme quickly emerges: they love their residents and are proud of what they do.

“My residents are like family to me,” began Shelley Vandenberg, RN, who worked in a hospital (during nursing school), private nursing and the community before moving to LTC 14 years ago. “I love the interaction. They can tell you so many stories; some talk about the war and struggles they had as children. We get to know them on a personal level because they stay longer. In fact, we’ve had some residents for more than 20 years.”

Sandy Kravets, RN, who has worked in a hospital (during nursing school), private nursing and the community before moving to LTC 14 years ago. “I love the interaction. They can tell you so many stories; some talk about the war and struggles they had as children. We get to know them on a personal level because they stay longer. In fact, we’ve had some residents for more than 20 years.”

For residents without families, Judith Wright, RN, who likes to joke she is a 70-year-old nurse in LTC after retiring from a career in the hospital and community sectors, explained that nurses can help fill that gap because “there is a bond with our residents. In hospitals, patients come and go, but we really get to know ours individually. We are their advocates and we want the best for them.”

That means going the extra mile, added Mary Clarke, RN, who made the switch to LTC after she lost her full-time hospital hours and bumped into part-time because of government cuts. “I enjoy helping my residents. If I see that one or two like to read, I’ll bring in some of my own books so they get a chance to read something different. I love getting a pat on my hand from them.”

Jean Kuehl, RN, who held part-time jobs in LTC throughout high school because her mother worked in the sector, can relate, stating, “If my residents are hurting, I can help ease that suffering for the most part. I can make them warm. I can get them something to eat. I can help them find something that’s lost. I can help them with social activities. Those little things are all about quality of life. It’s about making a real difference in their lives.”

“We have nurses go through orientation and say, “how do you do it?” The long-term care sector needs more RNs, bottom line.”

– Mary Clarke, RN
“A Stethoscope and Thermometer”
And, it’s that difference that keeps these members in a sector that has come under intense scrutiny over the past year as a result of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care System, which is examining the policies, procedures and oversight of the province’s LTC homes. ONA had standing at the inquiry last summer and issued a series of recommendations to Inquiry Commissioner Justice Eileen Gillese to address the shortfalls in the sector.

“The inquiry made me think long and hard about what I did today, did I do it according to the Ministry regulations, where is it on the priority scale, what am I going to do about it,” said Kuehl. “It’s made us fearful and anxious.”

She’s not the only one. Meeting those regulations, along with the College of Nurses of Ontario (CNO) standards, is a common concern ONA has heard from members who work in a sector the LTC Inquiry heard is woefully understaffed and underfunded. They tell stories of being the only RN on a shift in charge of dozens of residents and a support team of registered practical nurses (RPNs) and personal support workers (PSWs).

“Staffing is the number one issue in long-term care,” agreed Wright. “To do a proper assessment can take at least 20 to 30 minutes, and then charting. Nurses deal with residents that become agitated, some of whom suffer from dementia, and documentation needs to be done. Nurses will assist when there is a shortage of RPNs or PSWs, who work so hard. When there is a crisis within a facility, often nurses are called immediately. Nurses will also help with resident care and meds.”

“Maybe you have three hours for a
medication pass in the morning and the residents are eating, but you can’t do this in the dining room and you can’t do that, according to Ministry regulations,” Kravets noted. “We’ve also got a window of time to give them their meds, which is a CNO standard. So, you have all these residents to give meds to, but they don’t always just take them. They can’t swallow or they spit them out, and some like them crushed or need to take 20 pills one at a time. You can spend a long time with just one resident. If I am not giving meds, the RPN is, but I’m in charge of everything else. We don’t have x-rays, MRIs or CAT scans to find out what’s wrong with our residents. We have a stethoscope and a thermometer.”

“Multiple Health Conditions”
Clark agreed, noting there is a general misconception about the role of LTC nurses.

“There’s a stigma associated with working in nursing homes. Yet, we have the same skills as our counterparts, we just use them in different ways. We don’t have doctors around all the time like a hospital, so when our residents present with worsening conditions, we do our oscillations and assessments to determine whether it’s safe to treat them in the home or if we should send them to a hospital, while communicating with the family throughout.”

“People don’t realize that our residents have multiple health conditions,” added Vandenberg. “Our residents can have eight to 10 diagnoses each. On the weekends, we are also responsible for all other departments, and 99 per cent of the time we are the maintenance person too.”

It’s no wonder then that attracting new nurses to the sector is no easy feat.

“With the Nursing Graduate Guarantee, new nurses used to have six months for orientation, which did the trick because they had a good handle on everything and were ready to go on their own,” Kravets said. “But when a nursing home hires an RN now and they’ve got five days of orientation for two 12-hour shifts or three eight-hour shifts, they’re lost. They tell us, ‘I can’t believe what you do.’ So, they go somewhere else and get paid more with better benefits. Sadly, they haven’t had the opportunity to stick around long enough to fully appreciate the benefits of working in this sector.”

Our residents are sometimes up before breakfast. You instinctively know they are looking for a cup of coffee, and you just grab it for them because you also know exactly how they like it – and it makes a whole world of difference. Just a cup of coffee.  
– Sandy Kravets, RN

“Means the World”
But the nurses are optimistic that will change when Justice Gilose delivers the final LTC Inquiry report, including recommendations, to the Attorney General this summer.

“I hope what comes out of the inquiry is more hours, more nursing care and more funding,” said Vandenberg. “They need to make it more appealing for a nurse to work in this sector.”

Kuehl agreed, adding, “over the years, we have seen the Sharkey Report [which, in 2008, called for guidelines over the following four years to provide Ontario’s LTC residents with up to four hours of care each day] and others call for more staff and more funding, but it just hasn’t happened. It needs to happen now.”

Until it does, the nurses said they don’t have to look far for comfort.

“When you get a thank you from a resident or their family, it makes up for so much – for them to acknowledge and appreciate what we do means the world,” said Vandenberg, while Clarke added “a smile from a resident who doesn’t typically show any expression makes it all worthwhile.”

“I would never go to another sector,” concluded Kuehl. “Once I moved to long-term care, I never looked back. I love it.”

“To read these members’ individual stories, along with additional information on the LTC Inquiry and ONA’s recommendations, see ona.org/carenow
Girl Power!

ONA President Vicki McKenna stands in front of the sign welcoming delegates to the 63rd session of the Commission on the Status of Women (CSW), the principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women, which took place at the United Nations (UN) headquarters in New York City this past March. Representatives of 45 Member States, UN entities, and non-governmental organizations (NGOs) from all regions of the world attended the annual session, including a delegation from the Canadian Labour Congress (CLC) – ONA is affiliated with the CLC through our membership in the Canadian Federation of Nurses Unions – to discuss progress, gaps and next steps in the fight for gender equality. McKenna attended several NGO CSW forum parallel events over a handful of days, organized by NGO CSW/New York, which provided the civil society with the opportunities to engage at CSW. Over the two weeks of CSW, more than 400 events that inform, engage and inspire grassroots efforts and advocacy needed to empower women and girls took place.

OFL Conference Activates Power of Many

ONA joined fellow members of the province’s labour community and other activists and allies for a one-day Ontario Federation of Labour (OFL) conference to relay a strong message: We will not allow the government to make cuts to public services and invite privatization to creep into our health-care system without strongly pushing back!

During the Power of Many: Take Back Ontario conference, held on March 25 at the Metro Toronto Convention Centre, delegates, including Region 3 Vice-President Andy Summers, ONA staff and Hotel-Dieu Grace Healthcare Bargaining Unit President Jo-Dee Brown, who was representing the Windsor and District Labour Council and acted as a table facilitator, heard from OFL President Chris Buckley, Ontario Health Coalition (OHC) Executive Director Natalie Mehra and other members of the OFL executive about the serious ramifications of the government’s recently passed Bill 74, the People’s Health Care Act, 2019.

The conference rolled out the OFL’s full Power of Many campaign plan to draw on the strength of the labour movement and allies throughout Ontario to win and protect public services, decent work and justice for all, as well as safe and healthy workplaces and communities. Several guest speakers, many of whom have run similar campaigns, shared their best practices, tips and tools, while NDP Leader Andrea Horwath reminded delegates about the importance of solidarity. An open mike discussion allowed delegates to ask questions and discuss how they would support the campaign.

“The people of this province are the majority and with the Power of Many, they are coming together to stop government attacks on Ontario’s most vulnerable,” said Buckley. “We are saying ‘no more.’”

Region 3 Vice-President Andy Summers led a strong ONA contingent at the OFL’s Power of Many conference in Toronto this past March to unveil plans to protest government cuts to public services and privatization efforts. Pictured are (left to right): MPP Joel Harden (Ottawa Centre), MPP Rima Berns-McGown (Beaches-East York), Summers, OFL President Chris Buckley, MPP Monique Taylor (Hamilton Mountain), MPP Jamie West (Sudbury).
In what has become a very popular event for our union, a record number of Local leaders and members descended on downtown Toronto for our annual Joint Sector Meeting (JSM) this spring.

The JSM, only in its third year, is an opportunity for leaders from across the province to network, share information, best practices and concerns with peers they rarely see, and gather useful tools to take back to their own Locals. More than 800 members attended the event this year!

ONA President Vicki McKenna kicked off the meeting, held on April 16-17 at the Sheraton Centre Toronto, by highlighting the key issues facing ONA, including the government’s transformation of our health-care system, the (then) strike of members at the Windsor-Essex County Health Unit (delegates were only too happy to collect donations for them), and the long-term care inquiry before taking questions from the floor.

Six months into her role as Interim CEO/CAO, Bev Mathers provided an overview of bargaining in all sectors, and assured delegates that while they are facing great uncertainty on the political front, ONA is here to assist.

One way we hope to do that is by leveraging the results of the RN4Cast study, which is examining how organizational features of hospital care impact on nurse recruitment, retention and patient outcomes. Study lead Linda McGillis-Hall, a professor at the University of Toronto’s Lawrence S. Bloomberg Faculty of Nursing, provided delegates with an update on the study, including common themes that are emerging. Thousands of ONA members answered our call to fill out the study’s questionnaire, and McGillis-Hall noted she received 126 pages of additional comments – an almost unheard of amount!

“Thank you to ONA’s leadership for doing this,” she said, adding the final report will be provided to ONA this summer. “We can put Ontario and Canada on the map with this research because ONA represents so many nurses. I also want to thank the nurses who took the time to comment on your work environments considering what those work environments are like!”

Delegates spent the remainder of the first day in concurrent education sessions – divided into novice and advanced for the first time, based on member feedback – on topics such as grievance handling, social media, professional responsibility complaints, and negotiations. On the second day, delegates were grouped according to sectors, with agendas based on their unique challenges and needs. Board members joined all sector sessions throughout the day.

“The Joint Sector Meeting is a great way to get motivated and energized – it gives you a boost to know that everyone in your sector is going through the same thing,” said St. Gabriel’s Villa of Sudbury Bargaining Unit President Ruth Ladouceur. “I am learning so much.”

Melanie Seguin, a new Bargaining Unit President from St. Joseph’s Villa concurred, adding, “Having not been an active member, I didn’t know much about the union when I first started this role a year ago, and everything I am learning at this meeting is helping. It is knowledge that I will take back to my members.”

The Joint Sector Meeting gives us ideas to help get our members involved in the work of the union. I am absorbing everything I can.

– Melanie Seguin, St. Joseph’s Villa Bargaining Unit President
 Powerful lobbyists from the pharmaceutical and private insurance companies are pressuring the federal government to stop universal pharmacare in Canada, a new report from the Canadian Federation of Nurses Unions (CFNU) states.

*The Big Money Club: Revealing the Players and their Campaign to Stop Pharmacare*, authored by Canadian academic Dr. Sharon Batt, reveals that pharmacare’s opposing voices – “big pharma, big insurance” – continue reaping enormous profits from the current multi-payer system, which involves more than 100,000 private health plans, at the expense of governments and the people of Canada. That leaves Canadians to foot the bill for a costly and wasteful patchwork system with “gargantuan price differences” between medicines that are roughly equivalent.

“The public should be aware of the powerful interests throwing huge sums of money at the campaign to stop pharmacare,” said CFNU President Linda Silas. “These powerful players stand to lose a lot if universal pharmacare is implemented.”

In 2018, the same year that the federal government launched the Advisory Council on the Implementation of National Pharmacare, there was a major spike in lobbying activity by the pharmaceutical and insurance industries, the report details, revealing that the annual number of big pharma lobby group meetings increased from 15 in 2008 to 104 in 2018.

“This report also reveals troubling financial connections linking billionaires and big pharma to think tanks in Canada that have been peddling an anti-pharmacare message without evidence,” added Silas. “Canadians expect decisions about the future of our health-care system to be based on the best available evidence and public interest, not on the interests of corporations and the ultra-rich looking to protect huge profits gained from a wasteful and inequitable prescription drug system. Big decisions will be made this year on prescription drug coverage. It’s crucial the Canadian government stay laser-focused on the delivery of public pharmacare for everyone.”

Read the full report at [https://nursesunions.ca/research/big-money-club/](https://nursesunions.ca/research/big-money-club/)
ONA Celebrates Pay Equity Win More than a Dozen Years in the Making

ONA has achieved a significant win following a 13-year-long battle to maintain pay equity rights for registered nurses working in female-dominated professions.

In a decision released on April 30, Ontario’s Divisional Court held that nurses working in private nursing homes without access to male comparators in their workplaces will now have the right to maintain pay equity with continuing reference to a male comparator.

The Case

The proxy sections of the Pay Equity Act provide a way for women in female-dominated, public-sector organizations to achieve pay equity where there are no male comparators by accessing the job value and pay equity target rates from another public-sector organization that has already achieved pay equity. Under the Act, the proxy employer for nursing homes is the municipal homes for the aged.

In 1995, ONA and the participating nursing homes entered into a pay equity plan that identified adjustments required for RNs. By 2004, pay equity was achieved for ONA members. However, a year later, the rate of pay for RNs in the homes for the aged increased, creating a wage gap between RNs in nursing homes and their pay equity comparator.

In 2006, ONA approached the participating nursing homes, taking the position that pay equity was not being maintained and RN rates needed to be adjusted. But the nursing homes believed that no maintenance was required for employers who had achieved pay equity using the proxy method.

ONA and the Service Employees International Union (SEIU) filed applications to the Pay Equity Hearings Tribunal in 2012, disputing prior decisions from the Pay Equity Commission. The province intervened, providing its position on the interpretation of the Act. The province and nursing homes believed the proxy provisions contemplate only an internal maintenance obligation and not a requirement to return to the external comparator once pay equity is achieved.

Thirty days of hearings took place over two years, with ONA long-term care members Jean Kuehl and Sandy Kravets providing critical witness testimony. The case was completed in June 2014 and the Tribunal released its decision on January 21, 2016, indicating that the Act does not require the seeking employers to return to their external proxy employer for the purposes of conducting a maintenance review.

ONA and SEIU filed applications for judicial review, as did the participating nursing homes.

The Decision

In its April decision, Ontario’s Divisional Court held that nurses working in private nursing homes without access to male comparators in their workplaces have the right to maintain pay equity with continuing reference to a male comparator. The Court stated the way nursing homes sought to maintain pay equity was to leave women without reference to an ongoing male comparator, which violated the women's Charter rights.

The Court unanimously dismissed the nursing homes' application for judicial review in a decision released on the same day.

The Significance

This is an important victory for ONA, as the Court confirmed that our members in the proxy sector are entitled to a maintenance scheme that compares their work to an external deemed male comparator in the homes for the aged, giving them an ongoing reference point to male work. Comparing female work to male work is the essence of pay equity, and the Court recognized that such a comparison is foundational to the maintenance of pay equity, even in the proxy sector where workplaces are female-dominated.

The Next Steps

The Court ordered the Tribunal to develop a procedure for the maintenance of pay equity in predominately female workplaces. The proxy scheme must first be outlined by the Tribunal before it can be implemented and a job evaluation conducted for the purposes of pay equity to determine the amounts of adjustments, including retroactive ones.

The participating nursing homes are appealing the Court's decision to the Court of Appeal for Ontario, and so “while we have won the battle, the war is not over,” said ONA President Vicki McKenna. “We will continue to fight to eliminate the gender wage gap for our members.”

Front Lines will keep you updated as the case progresses.
ONA Fights for the Living, Remembers those Lost During Day of Mourning Events

From Thunder Bay to Toronto to Windsor and many places in between, the Board of Directors and ONA members gathered for Day of Mourning events to honour those who were not able to do what most of us take for granted: Come home from work.

Day of Mourning, acknowledged annually on April 28 – some events took place the following day this year because that date fell on a Sunday – commemorates workers who have been killed, injured or suffered illness due to workplace-related hazards and incidents, including ONA members Nelia Laroza and Tecla Lin, who died after caring for SARS patients, and Lori Dupont, who was murdered by a physician while working at Hotel Dieu Grace Hospital in Windsor. Day of Mourning also gives us an opportunity to continue our push for more stringent health and safety laws and for health-care employers, CEOs, directors, officers and supervisors to be held accountable by the Ministry of Labour or the police for our safety.

In introducing ONA President Vicki McKenna at Toronto’s event, where union members, city councillors, and injured worker and other community groups converged, Toronto and York Region Labour Council President John Cartwright noted that “when the SARS epidemic hit the city and the country, it was front-line nurses who were there, unsure of what they were exposed to, but with the skills and dedication to keep so many others safe.”

“Day of Mourning is a commemorative date we acknowledge, but we need to get the message out to everyone that the health and safety of all workers in all workplaces is critically important,” McKenna told the gathering, adding that every day she receives reports of preventable violent incidences and injuries in our healthcare system. “When people go to work every day, they and their families do not expect that they won’t come home or that they will be injured on the job, but it happens. We must work together because it isn’t one union’s job or one person’s job to advocate for safe workplaces; it is the job of us all. So I echo what has been said today many times: yes, if you kill a worker, you go to jail. We will not stand for it.”

Please stand up and speak out about workplace safety so that the generations that come behind us don’t have to work in situations where this continues to happen.

– ONA President Vicki McKenna, RN

York Region Labour Council President John Cartwright noted that “when the SARS epidemic hit the city and the country, it was front-line nurses who were there, unsure of what they were exposed to, but with the skills and dedication to keep so many others safe.”

“Day of Mourning is a commemorative date we acknowledge, but we need to get the message out to everyone that the health and safety of all workers in all workplaces is critically important,” McKenna told the gathering, adding that every day she receives reports of preventable violent incidences and injuries in our healthcare system. “When people go to work every day, they and their families do not expect that they won’t come home or that they will be injured on the job, but it happens. We must work together because it isn’t one union’s job or one person’s job to advocate for safe workplaces; it is the job of us all. So I echo what has been said today many times: yes, if you kill a worker, you go to jail. We will not stand for it.”

Please stand up and speak out about workplace safety so that the generations that come behind us don’t have to work in situations where this continues to happen.

– ONA President Vicki McKenna, RN
OAITH Launches Aging without Violence Project

The following article was submitted by Marlene Ham, Executive Director of the Ontario Association of Interval & Transition Houses (OAITH), which ONA strongly supports.

Aging with dignity, safety and respect should be a right for all, but this isn’t always the case. Many Ontario women experience abuse and gender-based violence throughout their lifespan and can often feel invisible.

OAITH is committed to telling these stories, educating front-line workers and generating awareness through the four-year project, Aging without Violence (@AgingWV on Twitter). The project’s focus is communications and expansion of the capacity of Ontario services, focusing on the intersections of gender-based violence against older women and health, housing, shelter, transitional and legal services.

Particular aspects of violence are unique to this cohort:
• Older women have more complex needs and often feel invisible.
• An older woman is less likely to seek help or support.
• Older women are often more socially isolated than younger women.

• Warning signs of this type of abuse become clear when people are trained in what to see. Aging without Violence reflects the United Nations’ International Plan of Action, which recognizes the significance of elder abuse as public health and human rights issues. In support of this quest, OAITH has developed a new website, updated social media accounts, and enhanced resources under the Aging without Violence theme.

OAITH will support front-line personnel with free, online training resources that can be completed at a personal pace. Specific audiences are health-care professionals, police officers, service providers and those who are in the shelter/women services sector.

With the senior population steadily growing, Aging without Violence training is more important than ever.

“Violence against older women happens more often than we think,” said OAITH Executive Director Marlene Ham. “That is why we are calling upon those who work with older women to join us as allies in our mission.”

As ONA awaits the release of the long-term care (LTC) inquiry recommendations, a report is shedding light on the violence affecting those who work in the sector largely due to underfunding and understaffing.

Breaking Point: Violence against Long-Term Care Staff shows that nursing home workers are routinely spit on, slapped, punched, sexually assaulted, burned with hot coffee, and confronted with racial epithets from residents – some dealing with dementia – while some irate family members turn their frustrations, often verbal, on the people least able to make a difference.

“As the term caregiver suggests, their role is to care – physically and emotionally – for those in their charge,” the report states. “Unfortunately, they are inadequately equipped, due to budgetary constraints and other factors, to satisfactorily carry out their mandate. They are expected to be caring and compassionate in their work no matter the dangers, but they themselves seem not to be entitled to care and compassion from their employers. On the contrary, they feel instead they are being blamed when they are assaulted. The abuse is so widespread that it is being normalized – it is just being treated as part of the job.”

Researchers visited seven Ontario communities and conducted multiple group interviews with staff members, including registered practical nurses and personal support workers, between 2016 and 2018. They found these workers don’t speak out about the violence because of fear of reprisals – either firings, reprimands or disciplines.

More funding for staff, four hours of minimum care per resident per day, and enhanced safety measures such as call buttons are changes that could make a difference, the researchers concluded.
Your Future in Good Hands: HOOPP Remains Strong and Stable

The future looks bright for ONA members! The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of you, has released its 2018 results – and they are very encouraging.

The results show that HOOPP’s funded status at the end of last year remained at a very strong 121 per cent, which means for every dollar of current or future pensions that HOOPP owes its members, there is $1.21 on hand.

While the investment environment was very challenging last year, HOOPP produced a positive rate of return of 2.17 per cent. Net assets reached $79 billion at the end of 2018, up from $77.8 billion a year earlier. The fund’s 10-year annualized return is 11.19 per cent while its 20-year annualized return is 8.52 per cent. Members’ contribution rates have remained unchanged since 2004.

“To ensure we deliver on our pension promise to members, our investment strategy takes a very long-term view while anticipating and adapting to market changes,” said HOOPP President and CEO Jim Keohane. “Our approach allows us to preserve value even during turbulent and challenging investment environments. Looking ahead, HOOPP continues to explore new and effective investment opportunities and strategies.”

Your Future in Good Hands: HOOPP Remains Strong and Stable

The future looks bright for ONA members! The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of you, has released its 2018 results – and they are very encouraging.

The results show that HOOPP’s funded status at the end of last year remained at a very strong 121 per cent, which means for every dollar of current or future pensions that HOOPP owes its members, there is $1.21 on hand.

While the investment environment was very challenging last year, HOOPP produced a positive rate of return of 2.17 per cent. Net assets reached $79 billion at the end of 2018, up from $77.8 billion a year earlier. The fund’s 10-year annualized return is 11.19 per cent while its 20-year annualized return is 8.52 per cent. Members’ contribution rates have remained unchanged since 2004.

“To ensure we deliver on our pension promise to members, our investment strategy takes a very long-term view while anticipating and adapting to market changes,” said HOOPP President and CEO Jim Keohane. “Our approach allows us to preserve value even during turbulent and challenging investment environments. Looking ahead, HOOPP continues to explore new and effective investment opportunities and strategies.”

What if you were suddenly diagnosed with a critical illness?

Being diagnosed with a critical illness can detour your life. But, it doesn’t have to be that way.

A Critical Illness Survivor Plan from Johnson Insurance can provide you with the support and comfort you need. Mitigate the financial burden, so you can focus on what’s most important: your road to recovery.

For more information, contact your ONA Benefit Program Administrator.

905.764.4959  
1.800.461.4155  
www.johnson.ca/criticalillness

Critical Illness Survivor Plan is underwritten by Western Life Assurance Company and administered by Johnson Inc. Eligibility requirements, limitations, and exclusions may apply. Johnson Insurance is a tradename of Johnson Inc. (“Johnson”), a licensed insurance intermediary. Home and auto policies are primarily underwritten by Unifund Assurance Company (“Unifund”). Unifund and Johnson share common ownership. Some conditions apply.

See more at hoopp.com
de loi 74, ironiquement intitulé Loi de 2019 sur les soins de santé pour la population, en plus du budget provincial et des annonces subséquentes, constituent un changement tout à fait inédit. En effet, le projet de loi confère au gouvernement le pouvoir de fusionner et de transférer une partie ou l’intégralité d’un service, de fermer d’autres services et de faire cesser les activités de fournisseurs de services de santé.

Depuis que le gouvernement a annoncé qu’il était en train de restructurer notre système de santé sans avoir suffisamment consulté ceux qui sont directement concernés, comme l’AIIO et ses membres, nous avons continué à faire pression pour obtenir des détails sur la nouvelle agence (Santé Ontario) et les 30 à 50 nouveaux systèmes (équipes Santé Ontario) que le gouvernement est en train de mettre en place dans la province en vue de fusionner et, dans certains cas, de privatiser les services et les soins aux patients. De plus, même si on s’attend à ce que les fonctions de planification et de financement soient transférées de nos 14 Réseaux locaux de services de santé intégrés à Santé Ontario, le gouvernement n’a communiqué aucune décision officielle à ce sujet. Nous savons que la transformation sera mise en œuvre graduellement et en plusieurs étapes, et que la Loi sur les relations de travail liées à la transition dans le secteur public s’appliquera uniquement dans les cas où au moins deux fournisseurs de soins de santé ont été fusionnés et où la majorité des actifs d’un fournisseur a été transférée à l’autre partie.

Vu le nombre d’éléments à considérer et d’incertitudes, il est extrêmement difficile de prédire le résultat de cette restructuration. Toutefois, il est évident que l’« efficience » sera au cœur des décisions du gouvernement, notamment en ce qui a trait au financement.

En effet, ce terme semble être le thème principal du budget publié en avril, dans lequel le gouvernement se dit capable d’économiser 350 millions de dollars par an en éliminant les doubles emplois de la bureaucratie, d’économiser 250 millions de dollars en améliorant la planification des horaires et la gestion de l’assiduité, d’économiser 100 millions de dollars en simplifiant les paiements par virement bancaire et en réduisant le nombre de contrats de service, et de faire des économies supplémentaires en réduisant les heures supplémentaires et le versement de primes. Aucun détail n’a été fourni, comme cela est généralement le cas pour ces annonces.

Nous sommes d’autant plus surpris par la décision du gouvernement de transformer les 35 bureaux de santé actuels en 10 entités publiques de santé régionales et de réduire considérablement la part du financement provincial afin d’économiser 200 millions de dollars. Quelques jours plus tard, nous avons appris que le nombre de services d’ambulance locaux sera réduit de 59 à 10. Une nouvelle semble tomber du ciel chaque semaine.

Inutile de préciser que l’AIIO est profondément préoccupée : ces changements radicaux entraîneront une réduction des services et une augmentation des coûts subis par le système, ce qui est l’exact opposé des objectifs du gouvernement. Nous accepterions bien volontiers de faire part de nos préoccupations et solutions potentielles au premier ministre et à la ministre de la Santé et des Soins de longue durée s’ils venaient à accepter l’une de nos innombrables demandes de tenir une réunion.

À la même période l’an dernier, nous avions le devoir de choisir le parti chargé de gouverner notre province. Mais, à aucun moment de la campagne électorale on ne nous a présenté des projets de réforme radicaux du système de santé. Les soins de santé appartiennent au peuple et le peuple n’a pas voté pour qu’ils soient privatisés.

Alors que le gouvernement se précipite à mettre en œuvre ses projets, l’AIIO vous assure qu’elle continuera à tenter de tenir une consultation. Nous allons faire notre possible pour protéger nos patients et leurs droits. Nous travaillons avec nos alliés afin de faire pression pour un changement. Nous montrerons au gouvernement que nous ne resterons pas passifs tandis qu’il profane quelque chose que tous les Ontariens tiennent à cœur : la santé publique!

Reportez-vous à la page 12 pour en apprendre davantage sur le budget.
Interested in Attending ONA’s Annual Human Rights and Equity Caucus?

November 25, 2019, Toronto's Westin Harbour Castle

Subsidies are available!

The deadline to submit subsidy applications is Friday, September 6, 2019

For additional information and application forms, see ona.org/hre

Further questions? Send an email to HRECaucus@ona.org

Information about Caucus subsidy applications will be sent to Bargaining Unit Presidents, Local Coordinators and HRE representatives/advocates, and posted on the ONA website in the weeks to come.