We cannot stand idly by while drastic changes and cuts are being made with no consultations with those who know best.

– ONA President Vicki McKenna, RN

We're not Going to Take it!
ONA pushes back against government decisions that affect our patients, our health-care system, and our collective bargaining rights

LTC Inquiry Report: Opportunity to Improve Residents’ Lives P. 3
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more than 18,000 nursing
student affiliates providing care in
hospitals, long-term care facilities,
public health, the community,
clinics and industry.

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LTC Inquiry Report: Opportunity to Improve Residents’ Lives

ONA is hopeful that recommendations made by the Public Inquiry into the Safety and Security of Residents in the Long-term Care Homes (LTC) System will result in meaningful changes for our members in this sector and their residents — if the government acts on them.

On July 31, Inquiry Commissioner Justice Eileen Gillese delivered the final report of the inquiry, tasked with examining the policies, procedures and oversight of the province’s LTC homes following the tragic murders of eight residents. ONA had standing at the inquiry last summer and issued recommendations to the Commissioner to address shortfalls in the sector.

The PADD Tool
The inquiry’s four-volume report issues 91 recommendations under four key strategies that each address a system vulnerability identified by the Commissioner: prevention, awareness, deterrence and detection (PADD). PADD is a tool for understanding the recommendations and how they fit together.

“I make no findings of misconduct,” Justice Gillese began. “The offences were the result of systemic vulnerabilities in the LTC system and not the failure of any individual or organization within it.”

It is welcome news to ONA that “the Commissioner agreed with our belief that systemic issues demand a systemic response,” said ONA President Vicki McKenna, who attended the report’s release in Woodstock, along with CEO Bev Mathers and Manager of Litigation Nicole Butt, and participated in a subsequent media scrum with ONA general counsel Kate Read more at ona.org/inquiry

ONA President Vicki McKenna studies the four-volume report of the LTC inquiry intently on July 31 in Woodstock.

Hughes. “We have been calling for more RNs and RPNs and improved funding for decades. With the thoughtful recommendations in this report, we have the opportunity to improve our members’ working conditions and the lives of their residents.”

Recommendations
Those recommendations include:
• That the Ministry of Health and Long-term Care play an expanded leadership role in the LTC system by establishing a dedicated unit to: support LTC homes in achieving regulatory compliance; provide bridging and laddering programs in homes to increase skills and offer advancement opportunities, thereby addressing the long-standing problem of a shortage of registered staff; and encourage the use of new technologies.
• Limit and improve the use of agency nurses.
• Conduct a study to determine adequate levels of registered staff in LTC homes on all shifts and table in the Legislature by July 31, 2020. And, provide LTC homes with a higher level of funding for staff if the study shows additional staffing is required.
“ONA will be pleased to partner with the government and our nursing stakeholder organizations to advance the work on this study,” added McKenna.

Next Steps
Gillese concluded her remarks by noting that Volume 3 is dedicated “to the many LTC nurses and other caregivers who perform their jobs with great kindness and skill. Our strategy for safety cannot succeed without their continued dedication to those in their care. I call on the Ontario government and all stakeholders in the LTC system to consider the recommendations.”

Minister of Long-term Care Dr. Merrilee Fullerton committed to doing so, explaining that “with the Attorney General, Minister of Health, Solicitor General, and full support of the government, we will be comprehensively reviewing the recommendations to determine next steps. Our government will provide new funding to help address the recommendations.”

“We urge the province to put a renewed focus on regulated staffing levels now,” concluded McKenna. “The report is a positive roadmap to improving LTC if the necessary financial investments are made to benefit the safety, security and quality of life of residents. It is my sincere hope that the families and friends of the victims find comfort in the fact that something positive may come from this tragedy.”

Hot off the press! Read ONA’s insightful LTC report at ona.org/CareNow.
From ONA President
Chronique de la présidente, AIIO
VICKI MCKENNA, RN

We Must Pace Ourselves

WHEN I REVIEWED THIS ISSUE OF FRONT LINES JUST before it went to print, I was immediately struck by the incredible amount of work our members are doing in their own communities to push back against ill-advised government and employer decisions that affect our ability to deliver quality care to our patients, residents and clients.

And that’s a very good thing because ONA will be calling on you a great deal over the next few weeks, months and years to help us tackle the biggest government upheaval of our health-care system most of us have ever seen.

Why years, you ask? Because we are with this government for the long haul (at least three more years), and our campaign needs to be more of a long marathon than a short sprint, with tactics assessed and updated along the way to ensure it is as effective as it can be. So while there is no question we need to speak out, we cannot come out of the gate firing on all cylinders. We must pace ourselves. You can read more about our new Priorities and Promises campaign on page 14.

With that in mind, it will be important for us to build relationships with our MPPs over that time. They need to hear our realities on the front lines because they report back to the Caucus, where the real discussion takes place. Remember when the autism cuts were announced? There was major backlash from Ontarians, who flooded the telephone lines of their MPPs, held meetings, protested outside their offices, and even stopped them on the streets! They told their MPPs the autism changes were unacceptable. And their MPPs clearly felt the heat because the government backtracked on a couple of items in their autism plan – and now they have an Autism Advisory Panel. Not a complete victory by any means, but a definite pause. So there is hope.

We have taken a slightly different approach with our summer long-term care (LTC) campaign, which was launched in the weeks leading up to the highly-anticipated release of the final report of the LTC Inquiry on July 31. While advocating for additional funding and staffing for this all-too-forgotten sector was a critical component, we also wanted to showcase the incredible work of our LTC members and why they love that work through a series of touching personal stories, along with a research report detailing their realities on the front lines (see ona.org/CareNow to read these stories and the report). Sadly, many of our LTC members told us they felt the inquiry had put them in a negative light, but the public response we have received to our LTC campaign suggests otherwise. That doesn’t surprise me in the slightest. We know that year after year, nurses top polls of the most trusted professionals in the country. When we speak, the public listens and believes what we say. And they want us to be their advocates. With the drastic restructuring happening in our public health units, we will be doing so again this summer and fall, instigating a campaign to highlight the important work our public health members do for their communities, which is often overlooked and misunderstood, but is so critical to the proper functioning of our health-care system as a whole.

Would we rather be working with the government than pushing back? Of course we would, but while they have shown some interest in consulting with us, nothing concrete has happened. And, we have been left with little choice. But we will do so thoughtfully, strategically and with the needs of our members and your patients top of mind.

Nous devons doser nos efforts

EN RÉVISANT CE NUMÉRO DE FRONT LINES JUSTE AVANT qu’il parte pour l’impression, j’ai été frappée de plein fouet par la quantité incroyable de travail que nos membres abattent dans leurs communautés respectives pour s’opposer aux mauvaises décisions prises par le gouvernement et les employeurs, lesquelles ont un impact sur la qualité des soins que nous prodiguons à nos patients, à nos résidents et à nos clients.

Et c’est magnifique parce que l’AIIO fera énormément appel à vous au cours des prochaines semaines, des prochains mois et des prochaines années pour nous aider à bloquer le plus important assaut gouvernemental contre notre système de santé que la plupart d’entre nous n’ont jamais connu.

Pourquoi des années, vous demandez-vous? Parce que nous sommes pris avec ce gouvernement à long terme (au moins trois ans de plus) et que nos campagnes doivent ressembler davantage à un long marathon qu’à un court sprint, avec des tactiques qui sont évaluées et mises à jour en cours de

Follow Vicki at twitter.com/vickivickim
Vote for Public Health Care!

AS NURSES AND HEALTH-CARE PROFESSIONALS, we know we must speak up to ensure that the health and well-being of Canadians are at the forefront of government priorities. And, with a federal election in October, now is the time to make sure health care is on the ballot, and we are well informed about our choices.

I can’t stress how critical this is. Nurses and health-care professionals across the country and right here in Ontario are facing funding and staffing cuts in all sectors, unhealthy work environments, and extreme demands for overtime hours, which threatens your ability to deliver quality patient care. Tackling these issues and developing a plan that creates safe staffing standards across the country will require strong national leadership.

We must also demand that all political parties clearly communicate their plans for a strong public health-care system. In this province, we have seen what happens when health-care platforms are not released prior to an election. For that reason – and because federal health-care spending heavily impacts provincial public health-care systems – we must ensure that every candidate speaks out on their commitment to our public health-care system, including a universal drug program, as recently recommended by the Advisory Council on the Implementation of National Pharmacare (see page 17).

While the Canadian Federation of Nurses Unions, of which we are a member, has launched a powerful national federal election campaign, Choose, Care, Not Cuts, we are running a parallel grassroots campaign, as Ontario is poised to be the deciding factor in this election. We are seconding 25 Local leaders (five from each region) to act as “regional campaigners” during the month leading up to the election, working with their regional Vice-Presidents and staff to help us engage members and our 65,000 votes.

Our campaign, Nurses Vote, will offer a variety of provincial and local activities tailor-made for each region as determined by our regional campaigners, including email and text blasts, phone banks and toolkits, which will build on one another to appeal to the comfort level of all members. We hope this approach will empower our members to take political activities and learning into your own hands to whatever level works best for you.

And how do you do that? You’ll be hearing more from your regional campaigners in the weeks to come. In the meantime, read up on the party platforms when they are released. Talk to your candidates when they come to your door about what commitments they are prepared to make to protect our public health-care system and our ability to provide quality patient care within that system. Attend all-candidates’ meetings and ask those tough questions! Check our dedicated campaign website at nursesvote.ona.org in the upcoming weeks for election information and tips.

While there are new rules around advertising, you are permitted – and we encourage you – to write letters to the editor of your local newspapers, talk to your colleagues, families, friends and neighbours about what this election means for the future of health care, and post your political views on your own personal social media accounts. Every little bit helps spread the word.

But the most important thing you can do is vote. Don’t ever feel that your one ballot won’t make a difference. It absolutely will. Think about the health-care system you want to see post-election, who can best deliver it, and have your democratic say on October 21.

Choose, Care, Not Cuts,

Votez pour des soins de santé publics!

EN TANT QU’INFRIMER(ÈRE)S ET PROFESSIONNEL(LE)S DE la santé, nous savons que nous devons faire entendre notre voix afin de nous assurer que la santé et le bien-être des Canadien(ne)s se trouvent en tête des priorités gouvernementales. En prévision des élections fédérales en octobre, il est maintenant temps de veiller à ce que les soins de santé soient un enjeu électoral et à ce que nous soyons bien informés sur les choix qui s’offrent à nous.

Je ne saurais insister suffisamment sur l’importance de ce point. Les infirmier(ère)s et les professionnel(le)s de la santé partout au pays et ici même en Ontario sont confrontés à des réductions budgétaires et à des suppressions de postes dans tous les secteurs, à des milieux de travail malsains et à des heures supplémentaires excessives, ce qui menace leur capacité à prodiguer des soins de qualité aux patients. S’attaquer à ces questions et élaborer un plan visant à établir des normes de dotation sécuritaire à l’échelle du pays nécessitera un puissant esprit d’initiative à l’échelle nationale.

Nous devons également exiger que tous les partis politiques communiquent clairement leurs plans pour un système de santé public solide. Dans notre propre province, nous avons vu ce qui se passe lorsque les plateformes concernant les soins de santé ne sont pas rendues publiques avant l’élection. Pour cette raison, et parce que les investissements fédéraux en soins de santé ont un impact considérable sur les systèmes de santé public provinciaux, nous devons nous assurer que chaque candidat s’exprime sur son engagement envers notre système de santé public, y compris envers une assurance médicament universelle, comme l’a récemment recommandé le Conseil consultatif sur la mise en place de la pharmacie universelle.
MEMBERS GET LOUD!

“We were Strong:” Local Leader Reflects on Strike that Was

It was the longest ONA strike in recent memory.

Yet, throughout those nine long weeks on the picket line, the more than 80 nurse practitioners, public health nurses and registered practical nurses from the Windsor-Essex County Health Unit (WECHU) remained strong, determined and united.

“While we would have much rather been providing our key services to our community throughout that time, it was truly an overwhelming experience,” WECHU Bargaining Unit President Barb Deter said of the strike that began on March 8 – ironically, International Women’s Day – and ended 65 days later on May 8 with the assistance of a mediator. Along the way, the members refused to give in, rejecting two employer offers they deemed not sufficient to address their concerns regarding fairness and respect.

“Together we were strong,” said Deter. “We stood up for what we believed in: respect and value for who we are and what we do.”

And what they did during their strike was impressive. Bridging two seasons – winter and spring – they walked the oftentimes bitterly cold picket lines day in, day out with smiles on their faces. They held countless rallies, protested at the Windsor-Essex County Health Unit Board meeting, and sat in the Windsor City Council chamber wearing impossible-to-miss t-shirts reading, Fairness to Nurses. New Mandate Now!

WECHU Strike by the Numbers

- 9 weeks on the picket line
- 86 members affected
- 1,722 responses to our email campaign
- 1,000 signatures on our petition
- $52,000 donated by the CFNU and member organizations
- 0 chance of backing down!

Words cannot express how grateful we all are for the generous donations and support we received during our 65 days on the line. We thank you all from the bottom of our hearts. Solidarity!

– WECHU Bargaining Unit President Barb Deter
MEMBERS GET LOUD!

“My Heart is Truly Touched,” Public Health Leader Says of Award

For those who just witnessed the leadership of Windsor-Essex County Health Unit Bargaining Unit President Barb Deter on the picket line this past spring, it should come as no surprise that she has also been honoured for her excellence in nursing care.

Deter, who was on strike with her members at the time, was named the recipient of the 2019 Lois A. Fairley Award from the Windsor-Essex chapter of the Registered Nurses’ Association of Ontario. The award, named after a former ONA president, is in recognition of the outstanding contributions made by a nurse to the care of Windsor-Essex residents.

“My heart is truly touched,” said Deter, who was given the award at a special ceremony at the Windsor Regional Hospital on May 3. “I am so honoured to receive such a prestigious award for something that I do every day and love. I love being a nurse.”

Deter began her nursing career almost five decades ago, working in all departments of the Hotel Dieu-Grace Hospital before moving to the Victorian Order of Nurses (VON) for 12 years. She left to obtain her Bachelor of Science in Nursing degree, and joined the health unit after graduation, where she currently works as a healthy baby nurse in the Healthy Families program.

Described by her peers as a leader, mentor and pillar of strength, who demonstrates patience, compassion and professionalism, Deter has been “a proud Bargaining Unit President for almost 18 years” and is honoured to follow in Fairley’s footsteps.

“She was a great nurse and ONA leader, and to receive this award in her name? There are no words that express what that means. I love my union work. I love the challenges, and the 86 women that I represent every day.”

And, she is quick to point out, she’s not done yet.

“I have been blessed with a very fulfilling and amazing career, which continues after 46 years. I am not ready to say goodbye.”

With the assistance of ONA staff, they produced radio ads and issued media releases to bring attention to their issues. They gathered hundreds of signatures on a petition, which Region 5 Vice-President Karen Bertrand and Canadian Federation of Nurses Unions (CFNU) President Linda Silas took to Tecumseh Town Hall, media in tow, hoping to meet with Mayor Gary McNamara, who is also the Board Chair. After being told he was in meetings all day, the stack of petitions were given to an employee with the mayor’s office.

And they were comforted by the unwavering support they received along the way. ONA President Vicki McKenna and members of the Board of Directors, Local leaders, front-line members, staff, local MPPs, fellow labour and community groups, and members of the public marched with them, donated funds (including $52,000 from the CFNU’s solidarity fund alone), brought hot drinks and food, supported their creative fundraising efforts (including diaper and blood drives, which Deter said were ways for them to “give back to the community since we were not able to work”), and conveyed strong support for what our members do.

“Words cannot express how grateful we all are for the generous donations and support we received,” concluded Deter. “We thank you all from the bottom of our hearts. We were loud and proud together. We grew in confidence and were empowered. We were blessed in so many ways.”
Do the Right Thing, Members Urge Grand River Hospital

ONA members from the Grand River Hospital in Kitchener have taken their anger over cuts to RN positions and a broken pension plan promise right to the streets, demonstrating twice in as many months.

At an information picket on May 22, nurses educated their community about the cuts, first announced this past January, which have resulted in the loss of more than 53,000 hours of RN care per year. The employer said at the time that it needed to find $39 million in savings over the next three years, which decreased to $30 million with additional funding announced in the provincial budget.

Since then, another 15 full-time RN positions have been eliminated, leading to the loss of an additional 29,000 hours of annual RN care. That prompted the members to hold a second demonstration outside the facility on June 25 to put pressure on the hospital’s Board of Directors, which was meeting nearby, to do the right thing and rescind the cuts.

“The employer will say some of those positions are vacant, but that doesn’t mean part-time nurses weren’t working those hours,” said ONA President Vicki McKenna. “There is no way that many hours can be chopped without a huge impact on patient care.”

Region 4 Vice-President Laurie Brown, who attended both rallies, added that members have told her they are feeling very stressed by the cuts.

“They have lost jobs by attrition, so when somebody retires, they don’t hire someone else. The workload is already so heavy for these members. They want to look after their patients the best they can, but they are strapped to the max.”

These members are also angry the hospital reneged on its plan to transfer all employees from their hospital-run pension plan into the Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, used by all but one other hospital in the province.

“Hospital management claimed that about 60 full-time equivalent (FTE) front-line RN and health-care worker positions would need to be cut if the transfer to HOOPP proceeded,” noted McKenna. “Yet, despite not proceeding, 40 FTE positions have already been eliminated.”
Premier Ford Shuffles Cabinet

After a rocky first year in office and with his approval rating plummeting, Premier Doug Ford unveiled a massive cabinet overhaul on June 20. In total, 12 cabinet ministers changed seats, several of whom were demoted from key positions, and seven new faces joined the table. While Christine Elliott remains Deputy Premier and Minister of Health, a new Minister will oversee Long-term care: Merrilee Fullerton. Other changes of interest to ONA and our members is the replacement of Laurie Scott as Labour Minister with Monte McNaughton, and the addition of an Associate Minister for Mental Health and Addictions: Michael Tibollo.

Changes Made to OHIP+

Ontario made changes to OHIP+, which were effective on April 1, 2019, including that children and youth 24 years of age and under without a private plan will continue receiving eligible drugs through the plan at no cost, while those with private coverage will bill their plans. Individuals with a private plan will access drug coverage as they did before OHIP+ was introduced.

LHIN “Back-Office Positions” Cut

As part of the first phase in the reorganization of six health agencies and 14 Local Health Integration Networks (LHINs) into Ontario Health, the government is eliminating 416 health-sector workers in “back-office positions” such as communications planning, data analytics and financial services. Another 409 vacant positions will also be cut. Susan Fitzpatrick, who was appointed Chief Executive Officer of the Toronto Central LHIN in 2015, has been announced as interim CEO for Ontario Health.

More Funding for Mental Health/Addictions

An additional $174 million in funding every year has been announced to support patients and families living with mental health and addiction challenges. Included in the overall funding is $30 million for child and youth mental health services and programs across the province, as well as $27 million to fund mental health supports in Ontario’s education system.

Treatment Service Sites Approved

The government has reviewed all Consumption and Treatment Services applications and approved 15 sites. These sites serve as part of the government’s plan to increase mental health and addiction services and supports.

New LTC Beds Announced

Sixteen additional long-term care (LTC) projects will add 1,157 new beds to facilities across the province. This is part of the government’s commitment to add 15,000 LTC beds in five years, bringing the total number of allocated beds to 7,232.

Funding Provided for Sick Newborns

Minister of Health Christine Elliott has announced $6.8 million to support transporting critically-ill newborns. The funding will go towards five specially-equipped ambulances and a team of paramedics in key regions across the province. The four children’s hospitals that will support these ambulances will also jointly receive nearly $5.8 million this year for highly-specialized teams and to ensure they are available 24 hours a day, seven days a week. These teams can include specially-trained registered nurses, respiratory therapists and neonatologists.

Brockville General Hospital Redeveloped

Ontario is providing up to $159 million towards the redevelopment of Brockville General Hospital, which includes a new four-storey, 93-bed inpatient tower, as well as renovations to the hospital’s existing facilities. This project will include inpatient services for mental health, palliative and complex continuing care, as well as rehabilitation and restorative care. Construction began in spring 2018 and is expected to be completed in fall 2020.
ONA Provincial Elections Coming!

This fall, all members with entitlements will be able to have a say on who forms the next ONA Board of Directors. The election is for all positions on the Board: ONA President, First Vice-President and the five Regional Vice-Presidents. A call for nominations was sent out in late June, with interested candidates having until Labour Day to submit their names.

You will receive a ticket of nomination in the mail this September with details on where to access resumes of the candidates and information on how to vote. The next issue of *Front Lines* will also contain an insert with messages from the candidates, any acclamations, and information on how to place your vote. You can vote at any time online or via telephone after receiving that letter up until the vote closes at 4 p.m. on November 1. It will take just a few short minutes.

The ONA Board of Directors makes important decisions that affect your union and working lives. We strongly encourage you to have a say on its formation.

For more information, see ona.org/board19.

Meet Your New Hospital Central Negotiating Team!

Following an early summer election by our hospital sector members, ONA has a new Hospital Central Negotiating Team (HCNT) in place to lead us through the next round of negotiations.

The new team will receive orientation in preparation for talks with the Ontario Hospital Association. The team’s bargaining priorities will be determined by our most recent *Have a Say* survey.

We thank all members for putting your names forward for a position on this important team. Please join us in congratulating and welcoming the successful candidates:

**Region 1**
- Full-time: Kelly Latimer, Local 13, Health Sciences North.
- Part-time: Colleen MacKillop, Local 81, Lake of the Woods District Hospital (acclaimed).

**Region 2**
- Full-time: Marc Page, Local 83, The Ottawa Hospital.
- Part-time: Andrea Cashman, Local 83, The Ottawa Hospital.

**Region 3**
- Full-time: DJ Sanderson, Local 124, Southlake Regional Health Centre.
- Part-time: Jane Penciner, Local 6, North York General Hospital (acclaimed).

**Region 4**
- Full-time: Angela Preocanin, Local 75, St. Joseph’s Healthcare, Hamilton (acclaimed).
- Part-time: Jennifer Cepukas (elected at the May Area Coordinators Conference).

**Region 5**
- Full-time: Alan Warrington, Local 100, London Health Sciences Centre.
- Part-time: Jo-Dee Brown, Local 8, Hotel-Dieu Grace Healthcare.

Read bargaining updates at ona.org/bargaining
Member Spreads Healthy Message at Indigenous Peoples Day Event

For public health nurse Lyne Soramaki from the Thunder Bay District Health Unit, Indigenous Peoples Day was not only an opportunity to celebrate, it was a chance to promote healthy living and a sustainable planet.

“The community of Bingwi Neyaashi Anishinabek (BNA), north of Thunder Bay, was celebrating the return to their traditional territory and initiation of home building for community members during a public pow wow on their traditional lands on Indigenous Peoples Day,” said Soramaki. “We were there to support our community partners from BNA.”

That partnership centres around the Caring for Mother Earth Project, which Soramaki and Anishinabek Nation members promoted during the event, held on June 21, calling it “an example of what truth and reconciliation looks like at the front line.

“The Caring for Mother Earth Project aims to engage and educate service providers, parents and the general public on Fetal Alcohol Spectrum Disorder prevention, children’s environmental health, pre-natal health, and parenting by incorporating cultural teachings through workshops delivered by Anishinabek Nation and the Thunder Bay District Health Unit, such as the feast bundle,” Soramaki said. “The feast bundle is brought to events like this to revitalize the cultural practice of bringing your own plates, cups and cutlery to decrease use of plastics and our carbon footprint.”

Throughout the day, the group staffed a table at the event, answering questions about the project and handing out all kinds of goodies to promote safe living and a healthy planet.

“We had a green bean seed planting activity for kids, draws for a fishing rod, new fathers’ driving/parenting manuals, sun safety and fish measuring tapes for boats from the health unit’s No Tan is a Healthy Tan campaign that I lead, cigarette butt disposal containers from our partners at Eco Superior, which aims to keep Lake Superior free of cigarette butts, wild rice promotional packages, and liquid smudge from Anishinabek Nation. It was a wonderful day.”

Retired ONA member Carolyn Edgar (in white) is flanked by (left to right) Region 1 Vice-President Pam Mancuso, Region 2 Vice-President Bernie Robinson and Region 3 Vice-President Andy Summers after they woke up extra early to attend a Sunrise Ceremony at Toronto’s Nathan Phillips Square in honour of Indigenous Peoples Day on June 21. Of great importance to Indigenous Peoples, a sunrise ceremony is deeply spiritual and personal, performed to mark and welcome the beginning of a new day, as well as to express appreciation and thanks for life and nature.
You could say that Local 73’s Pride parade float was, quite literally, for the birds!

Always coming up with creative ways to show their support for the LGBTQ+ community during the Thunder (Bay) Pride parade, held this year on June 14, the Local took the idea for a theme hatched by Local Coordinator Donna Wheal – Birds of a Feather Flock Together/Create Diversity – and, well, flew with it!

“I like the idea of being an inclusive community,” said Wheal. “I was originally thinking of cityscapes and then houses, and how we put up bird houses often not knowing what type of bird might use it, if any; how there should be a welcome home/housing for all. Diverse birds in different houses.”

“Our float was a flatbed that was 19 feet long,” added Local 73’s political action and human rights and equity chairperson Diane Parker. “We had a large sun in the middle with six bird houses, which were each two-feet wide, showing the six colours of the Rainbow flag. Our 16-foot banner on the bottom displayed our slogan. It was very colourful.”

And what are birdhouses without some birds? The Local, also assisted by retired members and their spouses, had that covered too!

“We made 25 sets of wings and masks, and had six members as birds on the float,” explained Parker. “We played music, and other Local members walked alongside the float and danced, fluttering our wings. At one point, one of the police officers doing crowd control also danced with someone in the crowd! My grandson was on the float and he danced the whole way too – the crowd loved it!”

Sounds like those lined along the route of this ever-growing parade clearly enjoyed their birds-eye view!
Pay Equity Day Highlights Inequities

Show us the money!

That was the overwhelming cry from the Ontario Pay Equity Coalition, comprised of trade unions including ONA, women’s groups and community organizations seeking to end gender pay discrimination and close the gender pay gap through legislation, collective bargaining and social initiatives, on Pay Equity Day, acknowledged this past April 9.

That date was chosen because in Ontario women need to work 15.5 months – 3.5 months into the new year – to earn what a man does in 12 months. On average, Ontario women face a 29.3 per cent pay gap, but for some groups, it is more pronounced. For example, the 2016 Census data shows that Indigenous women in the province face a 43 per cent gender pay gap, racialized women a 38 per cent gap, and immigrant women a 34 per cent gap. Pay Equity Day actions were organized in eight different constituencies where key ministers could take concrete action to close the gender pay gap.

The Coalition wrote to Premier Doug Ford, (then) Minister Responsible for Women’s Issues Lisa MacLeod and (then) Minister of Labour Laurie Scott to outline their plan to close the gender pay gap. But no plan was provided.

“The harm to Ontario’s economy from the gender pay gap is profound,” said Coalition Co-chair Jan Borowy. “Based on the government’s own report by Deloitte, revenues in the province would increase by $2.6 million per year if the gap was closed.”

“Ontario’s gender pay gap is a human rights and economic crisis,” added ONA President Vicki McKenna. “Closing the gap must be a government priority if we are to eradicate the barriers to women’s economic equality.”

Mind the Gap

The Ontario Pay Equity Coalition, of which ONA is a member, calls on the government to close the gender pay gap by taking five key actions:

1. Implement the Pay Transparency Act.
2. Fully fund a universal, affordable, accessible public child-care system.
3. Properly fund community agencies so workers delivering public services receive pay equity.
4. Enhance enforcement of the Pay Equity Commission.
5. Raise the minimum wage to $15 per hour immediately.

Number of months Ontario women need to work to earn what a man does in 12 months

- 15.5
We’re not Going to Take it!

ONA pushes back against government decisions that affect our patients, our health-care system, and our collective bargaining rights

It’s not an anniversary we’re celebrating.

Instead, ONA marked the Ford government’s first year in office this past June by launching a strongly-worded campaign to push back against the drastic and devastating reforms and cuts it has made to public services, patient care, and our collective bargaining rights at breakneck speed.

Skewed Priorities, Broken Promises

The campaign, Priorities and Promises, calls out the government for prioritizing and implementing policies that promote alcohol consumption, such as buck-a-beer at corner stores, and higher speed limits over ensuring Ontarians have the health care they need. Through a series of hard-hitting and eye-popping ads beginning this summer in newspapers and magazines, such as the Toronto Star, Globe and Mail, Hospital News, Chatelaine and Hello Canada and transit shelters, and on social media, radio, and outdoor and digital billboards, ONA is asking our members and the public to let their MPP, Health Minister Christine Elliott and Premier Doug Ford know their health comes first.

“We have tried time and time again to work with this government by offering our consult before decisions are made,” said ONA President Vicki McKenna. “But those attempts have been largely rebuffed, with no meaningful dialogue taking place. Nor have we received any concrete details on what can only be described as the unravelling of our health-care system as we know it. And, we’re not going to take it anymore. We’re just not. The time has come to take a strong stand against this government’s wrecking ball approach to health care.”

That approach has seen out-of-the-blue decisions made in rapid succession. In the past few months alone, the government has announced a complete transformation of our health-care system under Bill 74, the People’s Health Care Act, 2019, which includes the dismantling of our 14 Local Health Integration Networks and the amalgamation of several separate agencies into a single super agency – Ontario Health – without any clear guidelines; the reduction of our 35 public health units into 10 regional...
public health entities and a decrease in provincial cost-sharing levels, which will reduce services and have a domino effect on hospitals; an overhaul of the Public Sector Labour Relations Transition Act, which 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; and the introduction of wage restraint legislation to cap public-sector salaries at one per cent per year for three years when new contracts are open, despite the fact we have long seen below-inflation wage increases.

Starving the System
“The government is also starving the health-care system of adequate funding, which is hitting members hard on the front lines,” added McKenna. “We are already seeing job losses in your workplaces. Members are feeling pressure from all sides due to overcapacity, short-staffing and violence. Yet, you still go to work every day and face these challenges head-on, doing the best you can for your patients with limited resources and support. But this is not how providing care is supposed to be – and it is not how ONA will allow it to continue without a strong push back.”

That pushback includes working with our allies, such as the Ontario Health Coalition, whose goal to protect our publicly funded and administered health-care system mirrors our own, and the Ontario Federation of Labour, which launched its own Power of Many campaign to demand the government stop the cuts to and privatization of public services that hurt families and hard-working Ontarians.

“But what we really need is all of you joining with us to advocate for the kind of health-care system you want to leave for your children and grandchildren,” urged First Vice-President Cathryn Hoy, whose portfolio includes political action. “We believe it will make all the difference.”

But don’t just take it from us. “When my Local executive met with our area MPPs in Sudbury, they emphasized that nurses need to speak up because it’s the only hope to save publicly funded health care,” Local 2 Coordinator Kristy Johnston said. “We need to be out there like never before! We cannot fail our patients.”

Local 7 Coordinator Melanie Holjak wholeheartedly agreed, noting that MPPs are accountable to their constituents and need to step up and advocate for families and individuals negatively impacted by the government’s plans – and it’s up to us to make sure they do.

“We must also have conversations with colleagues, families and friends about the priorities of our communities and patients. We need appropriate funding for health care, and investments in front-line nursing staff across all sectors. We need the government to prioritize these needs, and care about the health and well-being of us all!”

Until that happens, ONA will not back down. “If this is how they intend on handling health care, we need to keep the heat on Doug Ford and his government,” concluded McKenna. “They’re going to be hearing a lot more from us. In fact, this campaign is just the beginning.”

What You Can do
If we are going to turn the tide on the government’s shot-in-the-dark approach to health care, it’s going to take a movement involving each and every one of us. Here’s how you can help:

1. Talk to your family, friends, colleagues and peers about what is happening in your workplace.
2. Meet with your MPP to discuss how government cuts impact your patients, your community and your work.
3. Send a message to Premier Doug Ford, Minister of Health Christine Elliott and your local MPP at nursesknow.ona.org.
4. Attend rallies, town halls, or any other activity in your own community, like your fellow members on page 16!
Members already Jumping on the Bandwagon!

Nothing seems to have lit a fire under so many of our members like the government’s plans to transform our health-care system. And they are doing something about it. Take a look at this sampling of some of their recent activities, which we hope will inspire you to get involved too!

Grey Bruce Health Services Bargaining Unit President Pam Lobsinger, Local 4 Vice-Coordinator Linda Dow-Sitch and retired Local leader Julia Lobsinger joined the third rally in as many weeks outside Bruce-Grey-Owen Sound MPP Bill Walker’s Owen Sound office to protest health-care changes and insufficient hospital funding on April 22. “We’re concerned the government doesn’t understand the impact of its actions on Ontarians, not just in hospitals, but also long-term care facilities, public health units, and on paramedics,” Lobsinger (Pam) told the media. “It’s alarming.”

Local 97 Coordinator Liz Romano joined an Ontario Federation of Labour media conference at Queen’s Park on June 5 to send a strong message to the government on its agenda. “The ability for nurses to deliver care is more challenging than ever,” she said. “The government’s wage cap bill will make it more difficult to attract nurses to stay in or come to Ontario. Hospitals are issuing layoff notices because of the lack of adequate government funding. Care will be impacted with fewer front-line nurses.”

On May 9, Haldimand Norfolk Health Unit public health nurses Margot Fournier, Alison Dunn and Melanie Holjak didn’t let a little rain stop them from attending a peaceful protest on cuts to health care, education and autism funding outside a PC fundraising event attended by Premier Doug Ford. “Every person will be impacted in some way by the cuts,” said Holjak, who is also Local 7 Coordinator. “Local political action sends a clear message to MPPs that these cuts hurt the community and their constituents.”

On May 24, Sudbury-area MPPs to their meeting on May 24 to talk about their struggles to provide care in our health-care system. “It was an amazing opportunity and experience for our leaders,” said Local 2 Coordinator Kristy Johnston, adding they also invited the Sudbury Star, which wrote a story about the meeting. “It was so powerful that I can say they are fully engaged and want to do even more.”

“It is important for nurses to stand up and be part of the discussion as the Ford government continues to make changes to our public systems,” said Local 35 First Vice-Coordinator Charlene Stinson, who attended an OFL Days of Action rally and march to MPP Rick Nicholls Chatham’s office on June 7 with her children, Chatham-Kent Health Alliance Bargaining Unit President Kim Marlatt, Chatham-Kent Public Health Unit Co-Bargaining Unit Presidents Nadeane Brull and Sonya Russchen, and some of their members.
Mathers Named Permanent CEO

It’s official! After seven months as interim ONA Chief Executive Officer, Beverly Mathers, RN, will take on the role on a permanent basis.

“I am thrilled to announce that the ONA Board of Directors unanimously endorsed the hiring of Bev as our permanent CEO at our June meeting,” said ONA President Vicki McKenna. “She has been a tremendous support to the Board as we navigate through these challenging times of health-care restructuring and political upheaval with the Ford government. I know she also has the support and respect of ONA staff.”

Mathers has a long, rich history with our union, having served as Bargaining Unit President at Hamilton Health Sciences before moving onto staff as a “temporary” Labour Relations Officer, then manager of the North, West and South District Service teams, and Senior Director of Labour Relations (read more about Mathers in the November/December 2018 issue of Front Lines or on our website at ona.org).

“I am as proud of this union today as I was when I first became a member 35 years ago,” said Mathers. “I reiterate what I said back in November when I was named interim CEO: My commitment to the nurses and health-care professionals of this province is to represent you to the best of my abilities. I will never waver on that. We have a tough road ahead of us, but I am determined that if we stand united, we will come out the other side even stronger.”

“Please join me in congratulating Bev on her permanent hiring as CEO,” concluded McKenna. “I know she will serve our union well for many years.”

Pharmacare Report Victory for Canadians: CFNU

The Canadian Federation of Nurses Unions (CFNU) is applauding the final report by the Advisory Council on the Implementation of National Pharmacare, which recommends an end to the current costly and dysfunctional patchwork system of coverage in favour of a single pharmacare system that covers all Canadians.

In its final report, A Prescription for Canada, Achieving Pharmacare for All, released on June 12, the council recommends a new drug agency that would be responsible for developing a national list of prescription drugs, known as a formulary, beginning with common or so-called essential medicines by January 1, 2022. It also recommends that the initial formulary expand to a “fully comprehensive formulary” no later than January 1, 2027.

“Our council heard the stories of thousands of Canadians and listened to a wide range of perspectives,” former Ontario Minister of Health and council lead Eric Hoskins said in the report. “Let’s complete the unfinished business of universal health care. That can be our promise and legacy to each other and all future generations.”

A pharmacare plan will provide access to prescription medications for all Canadians, including the estimated one in five who are either uninsured or underinsured, the report states, adding that once implemented, the plan will result in an estimated $5 billion in savings, and an average savings of $350 per year for Canadians.

“This report is a victory for Canadians,” said CFNU President Linda Silas. “Once and for all, it closes the debate about the best model of pharmacare for Canada. The ball is now in the Trudeau government’s court to make this a federal election priority and to move as fast as possible towards full implementation.”
June PCM Delivers Strong Message of Unity

It was a June Provincial Coordinators Meeting (PCM) like no other.

While our standard union business and Board reports were part of the agenda, a strong theme quickly emerged: ONA is in the fight of our lives with the changes being made at Queen’s Park and if we are going to turn the tide, we must all join forces in a strong show of solidarity (see cover story on page 14 for details on how we are doing precisely that).

“It’s difficult to tell whether this year has gone quickly or slowly; I suppose it depends on your perspective,” ONA President Vicki McKenna said in kicking off the PCM, hosted by Region 3 at the Markham Suites Conference Centre and Spa on June 18-19. “But I think we can all agree that Premier Doug Ford’s social and health-care changes have been swift and ruthless. ONA will not stand for cuts. Now is the time to lead the charge.”

That sentiment was echoed by guest speakers Ontario Health Coalition Executive Director Natalie Mehra, who discussed the devastation left in the wake of government cuts, Canadian Nursing Students’ Association Research and Education Committee Chair Megan Simpson, who expressed grave concern about the government’s decision to allow colleges and universities to let students opt out of paying democratically determined membership fees for student unions and other organizations, and Canadian Federation of Nurses Unions President Linda Silas, who noted we also need to focus our attention federally to get politicians to stop chipping away at public health care (see page 19).

But it was our members’ personal stories of activism and resilience that had the biggest impact. Local 2 Coordinator Kristy Johnston and former Local 49 Coordinator Jenny Hodgins, who is now on ONA staff, spoke about their experiences last year being seconded for provincial election work, inspiring delegates to get involved. Long-term care (LTC) RNs Frances Nelson and Shelley Vandenberg, who were featured in our summer LTC campaign, passionately spoke about the realities for nurses in this sector and how they are speaking out for their residents who cannot. And brave members from the Windsor-Essex County Health Unit – Barb Deter, Dana Boyd and Jennifer Johnson – described how the strong moral and financial support from the Board of Directors, fellow members, staff, other provincial and Canadian unions, and their own community got them through nine long weeks on the picket line.

But what would a June PCM be without a community engagement initiative, which has become the norm over the past four years? This time, members gathered after the first day to put together dozens of laundry baskets full of household items for abused women and their children leaving shelters and beginning new lives. With the assistance of Basketeers, a volunteer organization that supports this important work, all baskets were donated to Yellow Brick House, a nearby shelter.
“We Can’t do it Alone,” CFNU Biennial Convention Hears

With staffing issues, violence in the workplace and threats to universal health care top of the agenda, Canadian Federation of Nurses Unions (CFNU) President Linda Silas delivered an important message at CFNU’s Biennial Convention this past June: We need your help.

“Nurses have a trusted voice and must speak up about the need to implement a national pharmacare plan, combat climate change, and fight for a more equitable society,” she said in her keynote address to approximately 900 delegates from across the country, including a strong ONA contingent (pictured above), during the week-long meeting in Fredericton, New Brunswick. “Our message is getting out there, but the policy-makers aren't listening. This has to stop. But I can’t do it alone. My 12 Board members can’t do it alone. We need your help. We all need to get active and get involved.”

That begins with the upcoming federal election, which will be a key opportunity for nurses to influence public opinion and health-care policy, she added. At a rally during the convention, CFNU unveiled its federal election campaign, Choose Care, Not Cuts, which focuses on reinvigorating the public’s passion for universal public health care, urging politicians to invest in it (visit StopPretending.ca for more).

The campaign also brings attention to the nursing shortage and violence in the health-care sector, which figured prominently at the convention. CFNU delegates took to the streets for another rally, calling on governments to take measures aimed at ending violence in the workplace, and both a full plenary panel and the National Executive Board’s session on key nursing issues focused heavily on staffing challenges.

“Safe staffing is a huge issue,” ONA President Vicki McKenna told delegates. “It’s a fight and a battle. Facts and research are important, but each and every one of us are going to have to stand up and make a difference.”

Nurses can also make a difference on climate change, as a highly anticipated CFNU report released during the convention finds. Climate Change and Human Health: It’s Time for Nurses to Act outlines the scientific, human health and public policy implications of the global climate crisis, and spells out why nurses must use their voice to demand real action. Read more at nursesunions.ca/research/climate-change-and-health.

Under the simple but timely theme of LEAD, the convention also featured a series of guest speakers and education workshops, including one on political action, facilitated by Local 2 Coordinator Kristy Johnston.
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Ontario Remains Last in RN-to-Population Ratio

The results are in and they’re not good.

A recent report from the Canadian Institute for Health Information on RNs in Canada shows that Ontario has the lowest RN-to-population ratio in the country for the fourth year in a row.

In 2018, the province had just 690 RNs per 100,000 Ontarians, compared to the Canadian average of 831. Newfoundland and Labrador, by contrast, had the best ratio with 1,123 RNs per 100,000 residents. For Ontario to reach the average RN staffing ratio in Canada, the province would need to hire 20,147 RNs.

“Ontario continues to risk the care of our patients by not adequately staffing health-care facilities with RNs,” said ONA President Vicki McKenna. “It is inexcusable that this province has fewer RNs per population than any other province, especially with the overwhelming evidence that increased RN staffing improves patient outcomes and provides savings to the health-care system.”

Ontario Nurses’ Association

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HOME * CAR * TRAVEL

690 RNs per 100,000 Ontarians
Work Shouldn’t Hurt: New MSD Prevention Guideline Rolled out at Safety Caucus

Arm pain. Back pain. Shoulder pain. These types of ailments often occur to health-care professionals and can account for many days off work. The burden of these issues – also known as musculoskeletal disorders (MSDs) – is significant for workers and employers.

At ONA’s spring Health and Safety Caucuses, held in all five regions, a new, evidence-based MSD Prevention Guideline produced by many health-and-safety system partners was taught to our members. More than 430 members learned how to identify, assess, control and evaluate hazards related to MSDs.

“Our members suffer so many MSD injuries, which are very difficult to identify and control,” said ONA President Vicki McKenna. “Our caucuses provided a great venue for our members to receive dedicated education and training on how to use the new guideline, the accompanying tools and resources to better protect our members from MSDs.”

Brenda Mallet, an ergonomist from the Ontario Health Clinics for Ontario Workers, identified several areas in which health-care professionals and workplaces can work together to prevent MSDs.

She noted that developing a joint MSD prevention plan with employer and worker representatives is most effective. According to the Ministry of Labour’s evidence-based website (msdprevention.com), developing a risk assessment procedure is optimal. Consider RACE:

- **R**ecognize or identify an MSD hazard.
- **A**ssess its risk to workers or eliminate the hazard.
- **P**ut in place **C**ontrols to reduce the risk.
- **E**valuate the effectiveness of the control.

Action Alert!

Hundreds of members initiated their own political action at the Health and Safety Caucuses by writing letters to their local MPPs about the devastating changes to certification training.

The government is now allowing employers to provide one day of online training to replace three days of training, which includes occupational health and safety law; rights, duties and responsibilities; hazard recognition, assessment and control; and evaluation of hazard controls.

This is concerning because the training will not provide a fulsome overview of what’s required and expected of employers and employees and there will be no opportunity for workers to engage in learning by applying their knowledge.

Our members were happy to take action to tell their MPPs that these cuts will put workers at great risk of illnesses and injuries.
Nous avons opté pour une approche légèrement différente dans le cadre de notre campagne estivale concernant les soins de longue durée (SLD), laquelle a été lancée dans les semaines qui ont précédé la publication très attendue du rapport final de l’Enquête publique sur les SLD au 31 juillet. Bien que préconiser une augmentation du financement et du personnel dans ce secteur trop souvent oublié constituait un élément clé de cette initiative, nous avons également voulu mettre en valeur le travail extraordinaire qu’accompagnent nos membres du domaine des SLD et les raisons pour lesquelles ils et elles adhèrent à leur travail par une série d’histoires personnelles touchantes, en plus d’un rapport de recherche dressant un portrait détaillé de leur réalité aux premières lignes (ces histoires et le rapport sont disponibles sur la page ona.org/CareNow). Malheureusement, bon nombre de nos membres du domaine des SLD nous ont dit avoir eu l’impression que l’Enquête publique leur portait ombrage, mais la réaction du public par rapport à notre campagne sur les SLD nous laisse croire le contraire.

Cela ne m’étonne pas du tout. Nous savons que, d’année en année, les infirmier(ère)s trônent au sommet du palmarès des professionnels les plus dignes de confiance au pays. Lorsque nous prenons la parole, le public nous écoute et nous croit. Et il veut que nous défendions ses intérêts. Avec les restructurations radicales qui s’opèrent dans nos Bureaux de santé publique, nous serons appelés à faire plus. Pensez au système de santé que vous souhaitez avoir pour vos proches. Ne vous laissez jamais aller à penser que votre vote ne changera rien. Il changera tout. Si vous ne votez pas, vous ne changerez rien. Si vous votez, vous pouvez changement.

Bien qu’il y ait de nouvelles régles relatives à la publicité, nous avons le droit, et nous vous encourageons à en faire usage, d’écrire des lettres à l’éditeur de vos journaux locaux, de discuter avec vos collègues, vos familles, vos amis et vos voisins de ce que signifie cette élection pour l’avenir des soins de santé et de partager vos idées politiques sur nos comptes personnels de réseaux sociaux. Chaque petit geste contribue à diffuser l’information.

Mais ce qui est le plus important et que vous pouvez tous et toutes faire, c’est d’aller voter. Ne vous laissez jamais aller à penser que votre vote ne changera rien. Il changera tout. Pensez au système de santé que vous souhaitiez avoir après l’élection, à qui est le mieux placé pour vous le donner et, le 21 octobre, faites votre part pour la démocratie.
ONA has won an important arbitration decision challenging a Region 3 hospital’s excessive reliance on agency nurses.

Grievances were filed after ONA learned the hospital had entered into private contracts guaranteeing hours to agency nurses. To meet those guaranteed hours, the hospital pre-booked agency nurses regardless of the availability of regular staff.

ONA argued that the hospital’s use of agency nurses violated the collective agreement in three ways:

1. The hospital was contracting out Bargaining Unit work, resulting in a loss of hours for union members.
2. The hospital failed to make best efforts to reduce the use of agency nurses.
3. The hospital failed to provide ONA with satisfactory reporting of its use of agency nurses.

The hospital argued that its use of agency nurses was not contrary to the collective agreement, and that it was making efforts to reduce agency usage, specifically pointing to a number of steps it was taking to address retention and recruitment, including attending job fairs.

In his May 19 decision, Arbitrator Stout agreed with all three of ONA’s arguments, finding that the language in Article 10.12 of the collective agreement “does not permit the creation of a parallel contingent workforce in the workplace.” He found that guaranteeing agency nurses work and pre-booking them irrespective of the availability of Bargaining Unit nurses was a violation of the collective agreement. The only permissible use of agency nurses was as “ad hoc use” for single shift coverage of vacancies due to illness or leaves of absence.

He also found the hospital failed to make best efforts to reduce reliance on agency nurses and engage with ONA on the issue of staffing or to provide sufficient information about agency use. Finally, he found that the hospital’s reporting to ONA was insufficient.

The arbitrator ordered the hospital to engage with ONA on how to recruit and retain RNs, and to provide us with quarterly reporting on hospital-wide and unit-by-unit information on agency usage. He also ordered the hospital to ensure that anyone responsible for scheduling was aware that agency was to be used only as a last resort, after offering both regular and overtime hours to Bargaining Unit nurses.

This is a very important decision to ONA as it is the first one interpreting the agency language of the hospital central collective agreement (Article 10.12(b) and (c)).
ONA is continuing to support a member who has faced numerous attacks on her credibility and character after an elevator incident left her unable to work.

While the Workplace Safety and Insurance Board (WSIB) initially allowed the claim of this member – a 32-year RPN veteran – who suffered neck and upper back strain, concussion and post-concussion syndrome when an elevator she entered at work dropped and stopped abruptly, the employer successfully appealed that decision, arguing the accident could not have happened as the member described, and presenting “evidence” from an outside engineering company that ran elevator tests three months after the accident.

ONA argued the WSIB had not investigated the claim at all, instead taking the word of the employer at face value, and that the report from the engineering company showed only that the elevator was operating within Code requirements several weeks after the accident and should be discarded. WSIB agreed and reversed the denial in April 2018.

“No Actual Evidence”
ONA pointed out the equivocal nature of the engineer’s reports, as each of their opinions were prefaced by conditional phrases such as “possibly,” “highly unlikely,” and “relatively impossible,” and that additional reports provided no actual evidence other than what was previously submitted: that the elevator was operating within Code requirements three months after the accident.

We argued that if the employer had conclusive evidence – such as the elevator maintenance report or witness statements – they would produce it rather than rely on second- and third-hand reports and denigration of the member’s character.

The Appeals Resolution Officer (ARO) denied the employer appeal, pointing out the consistency of the member’s written statements and reports, and the medical findings and diagnoses. The ARO also addressed the fact that the witness statements did corroborate the member’s account, and none were provided to contradict it.

The employer has filed a Notice of Appeal to the Workplace Safety and Insurance Appeals Tribunal (WSIAT), and ONA will represent our member at that proceeding. We have also filed another appeal on the WSIB’s decision to deny ongoing entitlement and a permanent impairment for the post-concussion syndrome. While Loss of Earnings (LOE) benefits were paid by the WSIB, covering a period of under four months while the member was hospitalized, she was denied any further benefits because one report on discharge said there were no additional symptoms, even though she was prescribed months of rehabilitation and psychiatric treatment for post-traumatic stress disorder.

Because of the worker’s age (more than 65), she is legally only entitled to two years of LOE benefits, but has been in rehabilitation for nearly three years and unable to return to any work in the career she loves.
Ontario Launches Review of WSIB

The government is launching a review of the province’s Workplace Safety and Insurance Board (WSIB), the agency that administers compensation for injured workers across Ontario.

(Then) Minister of Labour Laurie Scott said two special advisors have been hired for the review, which will focus on WSIB's financial oversight, administration and efficiency to “help ensure the sustainability of the agency and help prevent fraud.” The review will not be looking at how the WSIB makes claims decisions, benefit levels, or individual claims, she added.

A report is expected by the end of the year.

Subjective Member Testimony Must be Given Considerable Weight, LTD Case Shows

ONA has successfully appealed a long-term disability (LTD) denial, which shows that Medical Disability (MD) Guidelines are often unreliable in cases of mental health and do not take into consideration individual circumstances.

The insurance carrier denied initial entitlement to a member because the medical on file did not support the severity of the mental health symptoms she reported as she did not see a psychiatrist. The internal medical consultant stated that the MD Guidelines, which is a tool used by insurance carriers and disability/workers’ compensation program administrators to diagnosis and assess patient therapeutic treatment timelines, are 28 to 60 days for depression and seven to 28 days for anxiety. The insurance carrier also argued that her absence from the workplace was, in part, due to workplace stressers.

ONA argued that the MD Guidelines are unreliable and unreasonable, and that obtaining a consult with a psychiatrist in her region took several months.

The psychiatrist agreed with the diagnosis and the member’s counselling, and provided a different medication to trial. ONA also provided subjective journalling information from the member related to her activities of daily living and the resultant limitations and restrictions as a direct result of her mental health illness, arguing that such testimony from the claimant must be given considerable weight, as there are no qualitative tests for how depression and anxiety limit one’s ability. We also provided information on the member’s active lifestyle prior to her disability, arguing that no one would choose to have such a drastic lifestyle change and that such disabilities are of no fault or exaggeration of symptoms by the member.

Although her occupation was sedentary in nature, we noted that sedentary refers mostly to physical tasks and does not take into consideration the very high cognitive requirements to fulfill the duties of her own occupation, which the member was lacking as a result of her disability. ONA also argued that the cause of her disability is not relevant; the symptoms related to her illness and resultant limitations and restrictions are.

ONA was successful in this appeal, and the member received retroactive monies of $48,000 and $4,400 monthly ongoing.

While we have seen an increase in approval of mental health illness appeals, they are unfortunately still among the majority of our claim denials. The symptoms and resultant limitations and restrictions are, for the most part, subjective and difficult to argue with objective medical. It is important that insurance carriers give subjective member testimony appropriate recognition when determining entitlement to LTD benefits.
## Financial Statements for the year ended December 31, 2018

### Balance Sheet

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<tr>
<td><strong>Total Current</strong></td>
<td>$28,456,093</td>
<td>20,672,386</td>
</tr>
<tr>
<td><strong>Capital assets</strong> (at net book value)</td>
<td>4,615,856</td>
<td>5,407,252</td>
</tr>
<tr>
<td><strong>Marketable investments</strong> (at market value)</td>
<td>23,704,433</td>
<td>24,120,146</td>
</tr>
<tr>
<td><strong>Investment in ONA Liability Insurance Ltd.</strong> (equity method)</td>
<td>22,587,796</td>
<td>22,821,730</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$79,364,178</td>
<td>73,021,514</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$11,180,604</td>
<td>$10,182,756</td>
</tr>
<tr>
<td>Current portion of capital lease obligations</td>
<td>121,569</td>
<td>355,417</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>$11,302,173</td>
<td>10,538,173</td>
</tr>
<tr>
<td><strong>Capital lease obligations</strong></td>
<td>-</td>
<td>121,569</td>
</tr>
<tr>
<td><strong>Employee future benefits</strong></td>
<td>7,101,500</td>
<td>6,742,500</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>18,403,673</td>
<td>17,402,242</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in capital assets</td>
<td>4,494,287</td>
<td>4,930,265</td>
</tr>
<tr>
<td>Invested in ONA Liability Insurance Ltd.</td>
<td>22,587,796</td>
<td>22,821,730</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>29,160,353</td>
<td>23,952,623</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4,718,069</td>
<td>3,914,654</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$60,960,505</td>
<td>55,619,272</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$79,364,178</td>
<td>73,021,514</td>
</tr>
</tbody>
</table>

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2017 and December 31, 2018. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
Financial Statements for the year ended December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$64,216,860</td>
<td>$60,913,041</td>
</tr>
<tr>
<td>Investment income</td>
<td>872,944</td>
<td>759,109</td>
</tr>
<tr>
<td>Other</td>
<td>759,308</td>
<td>743,458</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>65,849,112</td>
<td>62,415,608</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance/External vision</td>
<td>2,423,596</td>
<td>2,271,915</td>
</tr>
<tr>
<td>Membership services</td>
<td>2,004,286</td>
<td>3,702,072</td>
</tr>
<tr>
<td>Service teams</td>
<td>26,436,076</td>
<td>25,861,391</td>
</tr>
<tr>
<td>Support teams</td>
<td>16,444,884</td>
<td>15,195,547</td>
</tr>
<tr>
<td>Fixed costs</td>
<td>7,800,624</td>
<td>7,376,686</td>
</tr>
<tr>
<td>Building operations</td>
<td>935,273</td>
<td>961,627</td>
</tr>
<tr>
<td>Program costs</td>
<td>3,385,921</td>
<td>4,026,193</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>59,430,660</td>
<td>59,395,431</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>before undernoted items</td>
<td>6,418,452</td>
<td>3,020,177</td>
</tr>
<tr>
<td>Amortization</td>
<td>(1,170,882)</td>
<td>(1,338,059)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(647,703)</td>
<td>68,323</td>
</tr>
<tr>
<td>Share of net income of ONA Liability Insurance Ltd.</td>
<td>516,066</td>
<td>574,611</td>
</tr>
<tr>
<td><strong>Total Excess of revenue over expenses</strong></td>
<td>$5,115,933</td>
<td>$2,188,406</td>
</tr>
</tbody>
</table>

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2017 and December 31, 2018. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.
Priorities.

It's obvious that Doug Ford and his Conservatives do not understand what's important to the people of Ontario. Cheap beer in the corner store isn't a priority. But accessible, quality health care benefits every single person in Ontario. It defines what it means to live here.

Tell your MPP, the Health Minister, and Doug Ford, your health comes first.