

LAST CHANCE
TO WIN \$100! P. 33

FRONTLINES



We Know How it Feels:

Past and present members of ONA's Human Rights and Equity Team discuss their struggles and hopes, and why they want to ensure no one is left out

Stop the Bills: Members Protest Harmful Legislation P. 6

ONTARIO NURSES' ASSOCIATION
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ONA is the union representing 68,000 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.

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The Ties that Bind

I loved the feature section that accompanied the spring issue of *Front Lines* on family ties. I wish I had submitted something as my mother, who is now 87, worked as a nurse into her 70s, I am working as a nurse, and my son is in nursing school at McMaster University.

It was a very nice feature for Nursing Week.

JANE PENCINER, RN

Editor's Note: Don't worry, Jane, we'd love to tell your family ties story in a future issue of *Front Lines* too!



I wanted to send a note to say how much I enjoyed the "Family Ties" insert in the spring magazine. It was particularly nice to see Liz Romano, our rep at Toronto General Hospital (and Local 97 Coordinator). I have been a nurse there for 32 years.

Thanks again.

MARILENA RUTKA, RN



Communicate and Advocate

Thanks to ONA President Vick McKenna and the entire ONA team for supporting us all during this epic pandemic outbreak, which has been so devastating to our communities. Keep up the wonderful work!

I love receiving your frequent updates, and because of this, I made great strides in our department in making sure we get appropriate fit-tested masks and personal protective equipment (PPE), and have encouraged my coworkers to not let their guards down. I have also been posting your updates.

DELVIES DANIEL, RN



Thank you for your thorough updates on COVID-19.

I pray every day for the safety of our members and the clients we serve. ONA is doing such a fabulous job of advocating for us all.

MARIANNE BLAIS, RN



HAVE SOMETHING TO SAY?

We'd love to hear from you! Send your comments to our *Front Lines* editor at frontlines@ona.org.



Stand and Deliver

I am not a nurse, but work in a hospital as a therapy assistant. The communications, PPE supplies, and staff safety throughout the pandemic have been a disaster. We non-nursing staff have gone to our managers with our safety concerns with little to no response.

Your union fought for your nurses, and your nurses, with your support, stood their ground and wore masks when we were told not to. Because of this, management finally gave in and allowed us all to wear masks.

I want you to know that everything your union is fighting for is also for non-nursing staff. So, from all of us, thank you ONA!

Name withheld by Front Lines

Events and Observances



The following are key happenings and commemorative dates until the next issue, which we are acknowledging and/or celebrating provincially (and you can do so locally). Please note that due to COVID-19, these events may be cancelled or held in different ways.

- ▶ November 3: Human Rights and Equity Caucus (Zoom)
- ▶ November 4-5: Provincial Coordinators Meeting (PCM) (Zoom)
- ▶ November 6 (half-day): PCM Education Session (Zoom)
- ▶ November 8-14: National Nurse Practitioner Week
Medical Radiation Technologists Week

- ▶ November 11: Remembrance Day
- ▶ November: National Nursing Students' Week (date to be confirmed)
- ▶ November: National Indigenous Nursing Students' Day (date to be confirmed)
- ▶ December 1: World AIDS Day
- ▶ December 3: International Day of Persons with Disabilities
- ▶ December 6: National Day of Remembrance and Action on Violence Against Women
- ▶ December 10: Human Rights Day



Check ona.org for more information

From ONA President
Chronique de la présidente, AIO
VICKI MCKENNA, RN



We Can – and Must – do Better in Long-Term Care

I AM APPALLED THAT IT LITERALLY TOOK A PANDEMIC for the government to finally start looking into the serious issues plaguing our long-term care (LTC) system – issues ONA has been bringing to the forefront for decades.

The stories are heartbreaking. The deaths tragic. The province has, quite simply, failed our elderly and vulnerable populations. While there is sadly nothing we can do to alter the damage that has already been done, we can – and must – continue to apply strong pressure at both a provincial and local level using every means possible (learn what you can do at action.ona.org).

The recent report on LTC staffing levels, launched by the Ministry of Health in response to a recommendation from the Public Inquiry into the Safety and Security of Residents in the LTC System, gives me hope. It adequately recognizes the urgency of the staffing crisis in this sector while appropriately identifying some of the root causes, such as low comparative compensation, staffing shortages, underfunding, and poor working conditions (see the full report at ontario.ca/page/long-term-care-staffing-study).

The recommendations identify the key components required for change, including a minimum four daily hours of direct care with appropriate skill mix, higher compensation, more full-time staff, an expanded role for NPs, and sick pay. That's a good start. But some important details are missing.

When discussing the “culture change” needed in LTC, the report sidesteps the abhorrent practice of for-profit homes, where so many residents needlessly lost their lives and we witnessed some of the worst personal protective equipment (PPE) atrocities during the pandemic, funneling money into their own pockets instead of care. There is limited mention of the need to recruit and retain more RNs, and no specific recommendation to match LTC compensation with hospitals.

The fact is this report, like so many before it, is destined to gather dust on a shelf if the government doesn't commit to swift action on its recommendations and the funding required to implement them.

The good news is the public is on our side. In a recent ONA-commissioned survey of Ontarians, 88 per cent of respondents agree that LTC facilities don't have enough staff, 81 per cent

are concerned about residents' well-being, and 75 per cent believe employers and the government could have done more to keep residents safe from COVID-19.

Armed with these statistics and your powerful stories, we are gearing up for the commission recently announced by the government, which will be investigating the spread of COVID-19 in LTC homes. Over the years, ONA has offered solutions to literally dozens of LTC inquiries and commissions and intends to do so again. During the pandemic, we also reiterated the need for proper PPE for LTC staff, appropriate staffing levels and infection control procedures, and raised the alarm about the number of staff forced to work two part-time positions in different facilities because full-time hours aren't available.

The commission, led by Honourable Justice Frank Marrocco, is expected to release its report in April 2021. We have set up a strong ONA team to demand action by ensuring your stories and voices are heard. Learn more at ona.org/commission.

I know those of you in this sector are passionate about your residents and the care you give them – so much of it above and beyond – and I am cautiously optimistic that the tide will turn in LTC. You and your residents have waited long enough.

Nous pouvons – et devons – faire mieux en matière de soins de longue durée

JE SUIS CONSTERNÉE. IL A FALLU UNE PANDÉMIE pour que le gouvernement commence enfin à se pencher sur les problèmes graves qui affligent notre système de soins de longue durée (SLD) – problèmes que l'Association des infirmières et infirmiers de l'Ontario met à l'avant-plan depuis des décennies.

Les histoires sont déchirantes. Les décès tragiques. La province a tout simplement laissé tomber nos aînés des populations vulnérables. Malheureusement, nous ne pouvons rien faire pour atténuer les dommages qui ont déjà été causés, mais nous pouvons – et nous devons – continuer d'exercer de fortes pressions, tant à l'échelle provinciale que locale, en utilisant tous les moyens possibles (découvrez ce que vous pouvez faire à l'adresse action.ona.org).

Le récent rapport sur les niveaux de dotation en personnel en SLD, publié par le ministère de la Santé en réponse à une recommandation de l'Enquête publique sur la sécurité des résidents des foyers de SLD, me donne néanmoins de l'espoir. Il reconnaît adéquatement le niveau d'urgence de la crise en matière de dotation dans ce secteur, tout en cernant certaines des causes profondes, comme

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Follow Vicki at twitter.com/vickivickim

From ONA First Vice-President
Chronique de la première vice-présidente, AIO
CATHRYN HOY, RN



Shining Bright in the Darkest of Days

TO SAY THIS WAS THE SUMMER OF OUR DISCONTENT would be a grave understatement.

It was a time when the government bypassed the democratic process and rammed through significant pieces of legislation, harmful to our members and those in your care, with little or no consultations from ONA, while the full force of another bill was realized. But it was also a time when we saw our members fight back like never before.

Top of the list were Bill 197, the *COVID-19 Economic Recovery Act, 2020*, which seems to have more to do with weakening health and safety measures and protections, and Bill 195, the *Reopening Ontario, A Flexible Response to COVID-19 Act*, which allows the government to continue pandemic emergency measures for years without needing approval from the Legislative Assembly. This includes sweeping powers to override portions of our collective agreements and take away the rights of our nurses and health-care professionals (see page 20 for details).

Let's remind ourselves that the government is talking about the same nurses and health-care professionals who have been working tirelessly on the front lines during the pandemic and who have been publicly praised by the Premier himself. As one member said to me: "We went from hero to zero with this government pretty darn fast." Even worse, we are continuing to see the erosion of RN positions throughout the province, the latest being at the Toronto Rehabilitation Institute, Southlake Regional Health Centre and Lakeridge Health (see ona.org).

While ONA expressed our outrage at these bills at every opportunity, including during a meeting with the Minister of Health, it fell on deaf ears. We were prepared to make significant noise at public hearings, but there were none. We will not let this sit. We are developing a legal strategy to challenge cases where employers rely on emergency orders, even if there is no actual emergency, to override our negotiated contracts. We strongly believe the government was already keen to water down regulations and cut red tape long before the pandemic hit, and this was their perfect excuse to do so.

Never have I seen a pair of bills – along with the wage-suppressing Bill 124, the *Protecting a Sustainable Public*

Sector for Future Generations Act, 2019 – rile our members to this extent.

To ensure your voices are being heard, throughout the province, you are rallying outside your MPP offices, workplaces and other locations, all while social distancing and/or wearing masks. You are safely educating the public and handing out flyers. You are displaying eye-catching lawn signs. You are writing letters to the editor and your elected officials. And you are getting their attention, with some agreeing to meet via Zoom. One of my favourite stories is of a member who single-handedly interrupted Premier Doug Ford's press conference to voice her extreme displeasure at Bill 124 (you can read her story and many others starting on the next page). While I don't expect every member to go to that extreme, there is much you can do. I encourage you to visit action.ona.org and learn how. ONA's member mobilizing team can help!

As your First Vice-President, fellow unionist and RN, I am so proud of these actions. You have proven that even in our darkest days, you shine bright, figuratively standing shoulder to shoulder in a dazzling display of solidarity.

Savoir briller pendant les jours les plus sombres

AFFIRMER QUE L'ÉTÉ A ÉTÉ MARQUÉ PAR NOTRE mécontentement serait un grave euphémisme.

Pendant cette période, le gouvernement a fait abstraction du processus démocratique et a fait adopter à toute vitesse d'importantes mesures législatives, qui ont nui à nos membres et aux personnes dont vous prenez soin, sans consulter l'Association des infirmières et infirmiers de l'Ontario ou presque, alors qu'autre projet de loi entrainait en vigueur. Mais c'est une période pendant laquelle nos membres se sont battus comme jamais auparavant.

En tête de liste figurent le projet de loi 197, la *Loi de 2020 visant à favoriser la reprise économique face à la COVID-19*, dont l'objet semble être l'affaiblissement des mesures et des protections en matière de santé et de sécurité, et le projet de loi 195, *Loi de 2020 sur la réouverture de l'Ontario (mesures adaptables en réponse à la COVID-19)*, qui permet au gouvernement de continuer d'appliquer les mesures d'urgence en cas de pandémie pendant des années, sans avoir besoin de l'approbation de l'Assemblée législative. Cela comprend des pouvoirs étendus permettant de passer outre certaines parties de nos conventions collectives et de retirer les droits de nos infirmières et de nos professionnels de la santé (voir les détails à la page 20).

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Follow Cathryn at twitter.com/cathrynhoy



MEMBERS GET LOUD!

« My hope is that members realize they must participate to be heard. It has to come from us all. »

—Local 83 Grievance Chair Sandy McEwen

Stop the Bills: Members Protest Harmful Legislation



Carleton MPP Goldie Ghamari's constituency office



Nepean MPP Lisa MacLeod's constituency office

When ONA member Sandy McEwen learned that the hands of the arbitrator deciding our recent hospital award were tied due to Bill 124, she knew she needed to do something about it.

In fact, McEwen and hundreds of members like her throughout the province, have been holding rallies outside your MPP offices and places of employment (often joined by members of the ONA Board of Directors), writing

letters to and setting up meetings with those MPPs. You have been participating in Ontario Federation of Labour events, and educating the public about your grave displeasure with the bill, which limits wage increases to one per cent per year for three years for some public-sector workers, including ONA members, but not others, such as municipal police or firefighters.

While ONA has protested the bill using every available means since it was introduced late last year, including launching a Charter challenge, Arbitrator Stout was not able to award compensation to our hospital members above its limitations this past June. This was difficult news to receive due to the countless sacrifices our members have made throughout the COVID-19 pandemic, oftentimes without the personal protective equipment and other safeguards you need, and while being hailed as heroes by the government.

“Bill 124 targeted women and nurses, which I find extremely

frustrating,” said McEwen, who works at the Heart Institute of The Ottawa Hospital (TOH) and serves as grievance chair. “Whatever the economic state, nurses and health care always seem to be the first cut.”

It was one of her fellow members asking for help with organizing a rally that got the ball rolling for McEwen and Local 83, supported by Local 84, also in Ottawa. They initially picketed



Local 83 Grievance Chair Sandy McEwen helped spearhead a rally at Kanata-Carleton MPP and Minister of Long-Term Care Merrilee Fullerton's constituency office.



Ottawa West-Nepean MPP Jeremy Roberts' constituency office



The Ottawa Hospital

all three sites of TOH (Civic, General and Riverside) this past July. And, after the Local 83 executive received training from ONA's member mobilizing team, they followed up with two rallies held outside each of the constituency offices of local MPPs Lisa MacLeod (Nepean), Jeremy Roberts (Ottawa West-Nepean), Merrilee Fullerton (Kanata-Carleton/Minister of Long-Term Care), and Goldie Ghamari (Carleton).

"The training was quite enjoyable," noted McEwen. "We went over the MPPs' portfolios, how to reach out to

them and talk them into coming onto our side, so to speak. We discussed other plans, including leaflets because people come up and ask why we're there. The public is very interested in the fact that we're nurses."

That hard work appears to be paying off, with MacLeod asking for material and Ghamari requesting a Zoom meeting with members and the opportunity to walk around TOH with a nurse. While that has been put on hold due to privacy and pandemic-related issues, the Locals are continuing to keep

up the pressure on Bill 124 and three others: Bill 197, the *COVID-19 Economic Recovery Act, 2020*; Bill 195, the *Reopening Ontario, A Flexible Response to COVID-19 Act*; and Bill 175, the *Connecting People to Home and Community Care Act, 2020*, pushed through the Legislature before the government adjourned for the summer (see pages 5 and 20).

"We're trying to get members in the same constituency to go through a briefing on how to meet with their MPP, and then actually have a Zoom meeting with that MPP in groups of five or six," said McEwen, who added she has gained many skills throughout this process. "They want training so they can practice a bit, but they are more than willing to do it."

The Locals are also brainstorming ways to get more members engaged, including additional targeted rallies, templated MPP emails and lawn signs.

"I learned from the staff mobilizers that you really have to call members and have a conversation," said McEwen, whose ultimate goal is for the government to repeal Bill 124 or for ONA to win our Charter challenge. "Let them express their anger, and explain that's why we have to keep fighting and why they need to vote and be aware of what they're voting for. My hope is that members realize they must participate to be heard and are inspired to do other things for their profession. It has to come from us all."

Read on to learn how other ONA members are applying the pressure!

 [Get involved at action.ona.org](https://action.ona.org)

Her Own Words

When it came to keeping up the pressure on Premier Doug Ford over Bills 124, 195 and 197, health care cuts and personal protective equipment, Local 83 Coordinator Rachel Muir decided to pen not one, not two, but four strongly-worded letters to him (such as the sample below). "I was hoping for an opportunity to discuss our concerns with him," Muir said, adding that she only received form letters in return that stated her comments would be sent to the appropriate department for a response. "Premier Ford has always said he is available to all of us – a man of the people, so to speak. I feel strongly that the issues we are facing are very important, and for many members of Local 83 – and indeed all ONA members province-wide – life-altering. If Premier Ford is truly as concerned as he says, he should come out and talk to us. ONA members need to know we are taking their concerns to the provincial leaders and demanding answers."

Once more your actions have spoken louder than any grandiose statements you make about the heroes nurses are. I do not wear a cape and I do not save the world. I am a nurse and I am worthy of far more than you say. I am worth more than a 0.93 per cent raise and more than a bill (195) that says I cannot be trusted to do the right thing when Ontario is in crisis.

Member a “Sponge” for Political Knowledge

A member's thirst for political knowledge is helping her assist her fellow activists with the anti-Bill 124 and 195 rallies that are also taking place in the Greater Toronto Area.

Lori Lopes, site rep at the Scarborough Health Network, said participating in the protest outside the constituency office of MPP Peter Bethlenfalvy (Pickering-Uxbridge) – ONA members in the region also rallied at the constituency office of MPP Lorne Coe (Whitby) – is a natural progression from all the political information she has gleaned throughout her career.

“I started paying attention to politics when I was in college, during (Ontario Premier) Bob Rae days when Prime Minister Brian Mulroney signed the North American Free Trade Agreement,” she said. “My mom saw the writing on the wall: that jobs would be an issue for my generation. And sure enough, when Mike Harris was Premier and I graduated from nursing, there were no jobs initially. My first hospital job was a non-union nursing one. I’m certainly not an expert, but I was always very politically aware – and when Tim Hudak ran for Premier, I started paying more attention.”

It was after Lopes moved into a unionized job and learned of ONA's strong advocacy role that she became even more interested, this time in the platforms of the various parties.

“With so much political information at our finger tips thanks to social



Lori Lopes (fifth from left in the first row and, inset, at a Queen's Park climate change rally last year) joined fellow members at a protest outside Pickering-Uxbridge MPP Peter Bethlenfalvy's constituency office.

media, I became a sponge and wanted to know where different political groups stood on health care and education – things that are most important to me,” said Lopes, noting she volunteered with her candidate during the last provincial election. “I then realized I knew nothing about municipal politics, and so I immersed myself in that as well, and worked on a few campaigns to help get candidates elected.”

Last fall, when ONA offered a secondment program for up to 25 members to work on the federal election campaign, Lopes jumped at the chance.

“I had already studied every single candidate in Ontario, and specifically in

my area. I researched 30 years of health-care spending and cuts, and I went into the secondment being non-partisan and open-minded. I knocked on doors for various parties across the Durham region and learned what local people believed in. I went to every debate humanly possible. I was exposed to so many different parties and candidates that I was not open to before, such as the Green party.”

As members play an important role as patient advocates, Lopes encourages them to also learn as much as they can as our battle against government legislation escalates.

“I truly believe the government is doing a lot of harm with these various bills,” she said. “And it’s not just ONA members they are hurting, it’s everyone.”



ONA members from Region 4, including St. Mary's Hospital, protested outside the Elmira constituency office of Mike Harris Jr. (Kitchener-Conestoga), the son of former Ontario Premier Mike Harris, whom many hold responsible for the current state of our province, municipalities and health-care system.



“Local 6 supported our members’ desire to hold the government accountable for violating their chartered rights to negotiate their wages through collective bargaining,” said Local 6 Coordinator Jane Penciner (second from left) at a socially-distanced picket outside of Don Valley North MPP Vincent Ke’s constituency office in Toronto. “We wanted to show the public and our MPP that Bill 124 needs to be repealed. Nurses should not be discriminated against because we work in a female-dominated profession; we should have the same ability to freely bargain as police and firefighters. Our constitutional rights have been violated. Premier Ford said he values nurses, but if this were true, he would exempt us from Bill 124!”

Going Solo: “I Want to be the Voice for Nurses who Haven’t Yet Found Theirs”

If you had told member Colleen MacPherson that she would one day single-handedly hold a protest during an announcement by the Ontario Premier himself, she might not have believed you.

But then came Bill 124.

“I was very angry with this bill, and I don’t think there’s any mistaking that its authors chose to exempt police and firefighters and not female-dominated professionals,” said MacPherson, an intensive care RN. “Working in a sexist patriarchal-run grocery store at age 25 made me decide to get a better education and career. But now, everything old is new again. I love my job – and I’d be wealthy if I had a dime for every time a patient’s family says they don’t know how I do it – but my daughter is a nursing graduate and I want to leave the profession in better shape for her.”

It was for that reason that MacPherson, who had only participated



This grainy still taken from a video by a fellow member shows a very determined Colleen MacPherson applying the bird-dogging technique – asking a public official or aspiring candidate to do something she cares about in person and in public – to protest Bill 124, as one of the many security guards, police, bylaw officers and hospital staff sent to speak with her walks by.

in mass rallies up until then, drew on the strength she said her mother and grandmother gave her when a fellow member asked if anyone could attend a July 28 press conference where Premier Ford was announcing the building of a new 320-bed long-term care home. After seeking advice from ONA Board members and staff, and armed with a handmade sign and her own strong voice, MacPherson arrived at the press conference, which happened to be near her home, and circled the group from the public sidewalk, yelling a number of clever anti-Bill 124 chants.

“I’ve never done anything like this in my life,” she said. “But I wanted to be the voice for nurses who haven’t found theirs yet, or who were working that day, or who don’t live close by. I always follow my gut and knew this was my best opportunity to get anyone in Ford’s camp to hear me. It wasn’t going to be a two-way conversation, but I really wasn’t interested in what they had to say anyway because this isn’t just a PC issue, it’s a cultural issue about nursing oppression. We have to stand up for our value and importance in society.”

And she certainly did, with her hour-long picket resulting in the hospital calling a Code White from the field and issuing a noise complaint, and many others showing up, including hospital security guards, three police cruisers, a hospital media relations person, two separate sets of Premier Ford’s security guards and a bylaw officer.

“All this for one nurse with a sign,” MacPherson laughed. “They threw everything they could to get me to be quiet, and even though I had butterflies in my stomach as they each approached, I used that as an opportunity to educate them too.”



Warming up at a Queen’s Park rally earlier this summer.

For example, when queried by a police officer about why she was protesting, MacPherson told him she faces dangerous situations every day at work – and right now an invisible threat in COVID-19 – just as he does. When she asked if he wanted to be the one to arrest the face of 68,000 ONA members across the province, he said he supported her, as did the bylaw officer. She wasn’t so gentle with Premier Ford’s security, who attempted to hand her a business card in the hopes she would go away and contact his office later.

“I told them thousands of nurses already have and from what I hear, just received a form letter talking about how we’re still getting our scheduled pay raises. I said if Premier Ford has anything to say to us, he’s in the middle of a press conference and should do so now!”

He didn’t, of course, but MacPherson knows her point was made.

“It was such an empowering experience to know I had the knowledge and courage to do this,” she said, noting it has prompted her to run for a position on her Local executive. “I want other members to know that it only takes one person at each of these events to collectively bring our voices together – and the more who speak out, the more our politicians hear. Members are the force behind our union, and we all have to get involved.”

Keeping up the Fight:

Member Stories of Resilience During the Pandemic

In the last issue, we shared some heroic stories of our members battling a virus on the front lines the likes of which we have never seen. As COVID-19 numbers began to rise again (at press time) after our province slowly reopened, the fight is far from over. As such, we are continuing to share your experiences, advocacy, frustrations and hopes. Please keep your stories coming to frontlines@ona.org.



Read the latest on COVID-19 at ona.org/coronavirus

No one Should be Left out, Members Say of Pandemic Pay

Any appreciation our members might have felt this spring when the government announced a temporary pandemic pay premium for nurses and health-care workers of \$4/hour was quickly replaced by anger when they realized it didn't apply to everyone.

And, ONA members don't like unfairness. Take Local 7 Coordinator Melanie Holjak, for example. After learning public health nurses would be added to the eligibility list (they weren't initially, and ONA learned in late summer that not all public health nurses would be eligible after all), her first thought was of her fellow members.

"Our addition was greatly appreciated, but I would be remiss if I didn't express my deep disappointment that more health-care workers weren't included," said Holjak, listing public health inspectors, dietitians, assistants, support staff, health promoters, epidemiologists, secretaries, and health promoters as just some examples. "Our health unit would cease to function without them. Health-care professionals across the province are working long hours, missing holidays, birthdays and time with family because their expertise and skills are needed as we collaboratively support the work of this pandemic. I urged all members to reach out to the government to advocate for a more inclusive list of eligible workers."

Many did exactly that. In fact, members at North York General Hospital, their fellow unions, family and friends took to the streets outside the facility on June 16, waving handmade signs and chanting "PPE! Pandemic Pay Equality!" to demand fairness, noting it takes everyone in the health-care system to fight COVID-19 and no one should be left out.

"We were there to support our unionized and non-unionized coworkers and, of course, our own anesthesia assistants and pulmonary function technicians to receive pandemic pay," said Local 6 Coordinator Jane Penciner, referring to the first health-care professionals from the hospital to join our union. "There was no rhyme or reason as to who would receive it. Anesthesia assistants who intubate patients and are at the highest risk for exposure were excluded, while cooks who never come face to face with any patients were included. This is another example of Premier Doug Ford picking and choosing and creating have and have-not workers throughout our workplaces and province."



Local 6 members demand pandemic pay for all at a rally outside of North York General Hospital this past June.

In an open letter to London Health Sciences Centre (LHSC) CEO Paul Woods and LHSC Foundation CEO John MacFarlane, leaders of five union locals, including ONA Local 100, called for money raised in the foundation's COVID-19 campaign to go to top up the pay of staff who do not qualify for pandemic pay.

"The disparity created by the exclusion of many of our front-line colleagues from receiving the temporary pandemic pay has left them feeling under-appreciated by the province," states the letter, which the CEOs did not answer in writing at press time. To date, the unions also don't know how the money has been spent on the front lines.

"Although all members of my Bargaining Unit received the payment, it was important for nurses to publicly recognize the contributions of all health-care providers who put personal safety concerns aside to continue to provide the best possible care to our patients," said Local 100 Coordinator James Murray, who proposed and composed the letter in an act of solidarity.

ONA is filing grievances where eligible members have not received pandemic pay. Please note that union dues are not taken (debited) from this money.

COVID-19 Brings out Worst in for-Profit Homes, Member Says

While many of the province's long-term care (LTC) homes have done a good job of protecting our members and their residents throughout the pandemic, we have seen some truly despicable atrocities (personal protective equipment (PPE) under lock and key and nurses and other staff substituting with whatever they could find, including garbage bags) – most prominently at for-profit homes. An LTC member, whom we are keeping anonymous, tells us her experiences at one of them.



LTC homes have always taken a back seat to acute care hospitals. No matter how hard we have lobbied for better staffing and conditions, it falls on deaf ears.

ONA has always advocated for the concerns of nurses working in this sector, which we have raised to all participating homes at the bargaining table. Unfortunately, big business (privatization) is only concerned with lining their pockets.

COVID-19 sadly made its way to the vulnerable residents in the facilities that they call home and where they should feel safe. Staff were not given proper PPE to protect ourselves and our residents. Safeguards were not put in place. Residents died without their loved ones around. Staffing reached critical levels as those front-line workers became exhausted and overwhelmed – and sadly, many got sick and some lost their lives.

ONA attempted to bring forth these concerns. Again, for-profit homes turned a blind eye. The bottom line was profits, not resident care. Fortunately, ONA was able to arbitrate a decision for those of us working in this sector. But some of the for-profit homes are reluctant to share their information.*

When will privately run homes take accountability for their misgivings?



How many more vulnerable residents will we lose? Those of us working in this sector advocate for our residents daily. Privately run homes need to do some soul searching and begin to show compassion and concern for the residents living in their facilities. Only by working together towards a common goal will we ensure that our residents are kept safe.

*Arbitrator Stout ruled that those LTC homes must follow Ministry of Health directives, the ONA collective agreement, and occupational health and safety laws regarding access to PPE, communications, testing, cleaning, staffing, cohorting of residents and self-isolation.

The More You Know...

When it comes to online viewing parties, ONA's frequent town hall meetings that cover a variety of pressing issues, including COVID-19, top the list!

For member Julie Bailey, the town hall meetings, which are hosted by ONA President Vicki McKenna, First Vice-President Cathryn Hoy and CEO Beverly Mathers and can be listened to via telephone or watched on Facebook via ONA's page, are must-see events for her and her fellow nurses. So much so, in fact, that she has made a regular date out of them!



"Facebook has an option for live videos being streamed to start a 'watch party,'" she said. "I do this when ONA streams the town halls for my nurse

friends who may not know a town hall is playing, and they can join in if they want. Several have done so. I believe that together we can get through this!"

Member Named Outstanding Labour Leader for PPE Advocacy



Congratulations to ONA member Sheryl Lou Millan, who proudly displays her 2020 Outstanding Labour Leader Award from Local 115!

An ONA member who was redeployed from her office position to work at a COVID-19 assessment centre has received Local 115's first-ever Outstanding Labour Leader Award for her fight to ensure nurses have access to much-needed personal protective equipment (PPE).

"I felt fearful and worried about the uncertainties of this new virus," said Sheryl Lou Millan. "It brought on many mixed emotions and heightened my fear about its spread and modes of transmission, and I was confused about the constant 'new developments' in research."

Mixed Emotions

Millan said in the first few months of working at a COVID-19 assessment centre there was a constant flow of individuals that needed to be swabbed. She found herself physically and emotionally burnt out, and the worry of bringing home the virus to her family weighed on her. Nonetheless, she knew how important her role was and pushed through.

"I believe that nurses have this unique talent to adapt to situations on the fly, which is really what all nurses and health-care professionals have had to do throughout this pandemic," explained Millan. "For me it was simple. I had to adapt."

When ONA notified members about the new directive allowing hospital and long-term care nurses to conduct a Point-of-Care Risk Assessment (PCRA) to determine the need for PPE, Millan was "elated" that a nurse's clinical judgement was being valued and she would have access to the proper PPE to perform COVID-19 swabs. After completing her PCRA, Millan identified that she needed an N95 respirator, but was denied access.

"At first, I was disappointed because I noted that front-line workers at other organizations had access to an N95, and I felt strongly that our nurses should be able to use one," explained Millan. "I didn't want to wait, and I knew I wanted to tackle this obstacle right now."

Positive Outcome

Millan eventually received access to an N95 respirator, but it was not an easy feat. She worked tirelessly with Local 115 and after many meetings, was successful.

Local 115 was so impressed with Millan's advocacy they decided they had to reward her in some way. And just like that, the Outstanding Labour Leader Award was born, with Bargaining Unit President Monika Chahal announcing that Millan would be awarded the first one. For her efforts in advocating for nurses to have access to the appropriate PPE based on their clinical judgement, Millan was presented with a certificate and a token of appreciation from her union.

"Sheryl has shown strength, advocacy, perseverance and determination, and ONA is extremely proud of the work she has done," said Chahal, noting the Local looks forward to presenting this award to outstanding labour leaders during Nursing Week each year.

Boost of Confidence

As for Millan, "surprised" would be an understatement to describe how she felt about receiving this acknowledgement. She said she never expected to win an award for something that she knew was the right thing to do, but it gave her a boost of confidence that she was heading in the right direction to build her skills and abilities as a leader.

"When I received the 2020 Outstanding Labour Leader Award, I was shocked and overjoyed," she said. "To be recognized as a leader for advocating for nurses to have access to the appropriate PPE is very special. I believe this award represents that standing up for what is right and staying true to yourself will have positive outcomes."

Join ONA's Members-Only Facebook Group!



ONA has launched a members-only Facebook group and you're invited to join!

While our current Facebook page ("Ontario Nurses' Association") isn't going anywhere, it is public, meaning anyone can join. The new page ("ONA Members"), administered and moderated by ONA, is a convenient and private space for members only to share ideas and engage with one another on health care and labour relations issues. From time to time, we will also provide important information, facts and content specifically tailored to you.

Only members with entitlements who answer two mandatory questions and agree to the group rules will be permitted to join. So please consider coming onboard; we'd love to have you!



Sign up at facebook.com/groups/onamembers



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Members Explain Why Nursing is Your Calling

Because so many face-to-face Nursing Week events were cancelled this year due to COVID-19, we asked members via social media to share your alternative plans for celebrating and why you love your chosen career, tying in with our theme, *Our Calling: Care, Compassion, Comfort*.

Here, in our continuing series, are more of your creative, heartfelt and deeply personal stories.

ONA Ontario Nurses' Association

YEAR OF THE NURSE 2020

CARE • COMPASSION • COMFORT

Sometimes all it takes is one word.

That's what Kim Nichols, who works at the South West Local Health Integration Network, found when she was given an assignment for school: describe a challenge when working with seniors.

"Given the current climate and everything we are facing, not only working in health care, but in everyday life, and COVID-19 affecting not just seniors, but people of all ages, I reached out to my colleagues to help. The ask? Please give me one word to describe your feelings right now working in health care."

The answers? Courage, terrified, worried, isolated, horrified, discouraged, vulnerable, shaken, uncertain and drained – to name a few. In fact, the response was so overwhelming, Nichols' completed assignment is a video of members holding up their words to music, which is posted on her personal Facebook and YouTube pages.

"I am so thankful for everyone who participated and sent me their photo," she said. "Care, compassion, comfort. We are there for you and for each other."



View the video at https://www.youtube.com/watch?v=yo_f3y6CXBg&feature=youtu.be



Nursing is our calling. In fact, it's in our blood.

A mother, her daughters and granddaughter are proud to celebrate Nursing Week 2020: Irene Hogan, my mother and retired ONA RN; Dawn Gordon (myself), RN, Local 70 General Site Vice-President; Maureen Williamson, RN, Local 70 Bargaining Unit President; Deanna King, RN, ONA Labour Relations Officer; and Christine Gordon, RPN.

Collectively, we have more than 130 years of nursing experience – and still going strong! We didn't know when we met our calling that nursing would be one of the most important and dangerous professions in the world. Yet, somehow, we knew this is where we wanted to be.

A huge thank you to ONA, the key force, for its unwavering support during our careers in ensuring that we can continue to provide the quality care our patients deserve.

As a family of nurses and mothers too, we often share stories that demonstrate our humour, diversity, passions and professionalism. There is no doubt being a nurse is a rewarding career that has made us strong, courageous and empathetic caregivers.

Dawn Gordon, RN



I want to tell you what we did in our emergency department in Georgetown's Halton Healthcare to celebrate ourselves during Nursing Week.

I partnered with Canadian Union of Public Employees member Lisa Chapman, RPN, and made our own celebration. With the help of my daughter, I decorated the department and union board with union/Nursing Week posters. My daughter, a teacher, gave back to nursing as we supported their fight just a few months ago.

Lisa did our awards, where we nominated and named 26 nurses for the work they do. Some of the awards were crazy! We brought treats, our community gave us love, and our manager put up a huge nursing banner! We made our own fun and we lifted each other up.

Our posters and our shout-out board are still up to hold us up! I feel it was one of the best Nursing Weeks ever.

Local 238 Vice-Chair Kim McDonald, RN



I enjoy nursing as my career because I am able to help the less fortunate and the senior population. Not only am I a nurse, I am a care provider, a team player, and an educational mentor. I enjoy the thank yous from my residents and their family members. I enjoy working with all my coworkers each day. We are a team. I have loved being a nurse for 22 years!

Karen Ferreira, RN



At the age of 10, I already knew what I wanted to be: a nurse. At that young age, I always wanted to be the nurse in the school play. I competed at the regional levels with a speech about a nurse called, "The Chronicle of Time." I was wearing a white dress and cap.

At the age of 21, I graduated in the Philippines and practised nursing. I specialized in cardiology, and worked at one of the country's prestigious hospitals (and the only cardiac hospital at that time), the Philippine Heart Center.

I worked as an RN for six years. However, when I immigrated to Canada in 2011, my Bachelor's degree in Nursing wasn't accepted. But I didn't give up. I worked as a personal support worker while working on my nursing degree. I got eligibility to write the national exam for an RPN, so I did a self-review and passed. I worked as an RPN in the cardiovascular unit while continuing to attend university. I graduated in 2015 and worked in a cardiology unit before studying critical care. I am currently working in the intensive care unit (ICU). It is now a COVID ICU.

In this unprecedented time, I am grateful and blessed to work with my colleagues because I couldn't imagine fighting this crisis alone. With my family, friends and colleagues' support, I am proud to say, I am a nurse and a COVID-fighter!

It is indeed my calling to be a nurse. Without a doubt and without giving up despite all the obstacles, I was a nurse, I am a nurse and I will forever be a nurse!

Laarni Abaya-Haczkievicz, RN

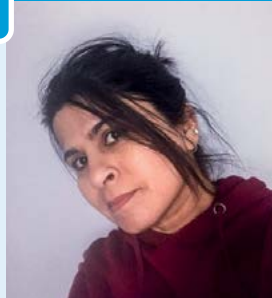


Nursing is Preserving:

*Preserving life,
Preserving dignity,
Preserving quality,
Preserving safety,
and
Preserving well-being.*

It is my passion and an exalted action to an inner calling. I am honoured to be able to help preserve the dignity, quality of life, safety and well-being for people in their most vulnerable times.

Proud to be a nurse!



Laila Rafique, RN



Our calling is an innate and deep-seated inner voice that has drawn us to the profession of nursing.

Our vocation has given us the privilege to use our talents and strengths with leadership, compassion and healing. This allows us to develop relationships where we connect and interact with patients in a variety of uniquely personal ways.

By nurturing, empathizing and doing our absolute best in any given situation, we realize the essence of our calling as a nurse is one of great significance.

To acknowledge Nursing Week, I am sharing a photo of Timmins and District Hospital Critical Care Unit RNs Lucie Raymond and Nicole Cicchetti, deployed from the operating room.

Local 10 Coordinator Marcella Lawlor-Paquette, RN



I love nursing because I have been a patient and also work in the intensive care unit. I have experienced both sides. Being a patient taught me how vital being a nurse is because if it weren't for the nurse who triaged me, I probably wouldn't be here today.

Jessica Richards, RN



KNOW YOUR RIGHTS



Election of Bargaining Teams Ongoing

With the conclusion of bargaining in our hospital, nursing home and Victorian Order of Nurses (VON) sectors, ONA members are electing new central teams for the next round.

These new teams – Hospital Central Negotiating Team, Nursing Homes Central Negotiating Team and VON Central Negotiating Team – will receive orientation early in 2021, set their priorities based on the results of our *Have Your Say* bargaining survey (see box below) and then work tirelessly on your behalf to negotiate with their employer groups for renewed contracts. ONA's President, First Vice-President

and CEO will serve as ex-officio members of the teams, also supported by ONA staff.

Members of the VON team have been acclaimed. If you work in the hospital or long-term care sectors, you will have received information in the mail on the candidates running and how to cast your vote by telephone or computer, along with your PIN needed to vote. Candidates' information is also available on our website. We are including an insert with this issue of *Front Lines* containing information on

members who put themselves forward for a position on the two teams, as well as members of the VON team, so you can see who they are and read about their priorities (where provided by press time).

Election results will be posted on our website and included in the next *Front Lines*.



Learn more at ona.org/bargaining



Local 19 celebrates a socially distanced Labour Day!

Have Your Say: Fill out our Bargaining Survey!

ONA is conducting another *Have Your Say* online bargaining survey and never has it been more important to make your voice heard.

The survey asks members in all sectors for your top priorities for the next round of bargaining with your employer, other items you want ONA to negotiate, and what you would like to see in your next collective agreement overall.

Your confidential responses will guide your negotiating teams at the bargaining table, and every single one of your comments will be read and considered.

Fill out our bargaining survey from October 5 to November 30 and have your say!



See ona.org/bargaining

Labour Day Takes on Greater Meaning

While every Labour Day is significant to ONA, this one might have been just a little bit more meaningful.

Acknowledged on September 7 this year, Labour Day is dedicated to recognizing the efforts of the early leaders of the labour movement who fought to ensure better rights, wages and working conditions for all workers.

This year, we have seen the labour movement in action as unions around the world fight for the health and safety of health-care workers on the front lines of the COVID-19 pandemic. ONA members have lobbied the government for access to proper personal protective equipment and to demand protection for their vulnerable patients, residents and clients.

Due to the pandemic, Labour Day 2020 was acknowledged differently, with several members, including those from Locals 19 and 70 participating in car parades (see photo on page 2), other socially-distanced activities and virtual events. ONA also created a special Labour Day video (<https://youtu.be/ip3upbSWGIQ>) and, in collaboration with the Ontario Federation of Labour and fellow unions, contributed a powerful ad and article to the Labour Day insert in the *Toronto Star*.

"Throughout the pandemic, we have learned that society places the least value on some of the workers we depend on the most," said ONA President Vicki McKenna. "This is why solidarity and vigilance matter. Vigilance is also the best defense against the attack on rights and freedoms we're seeing right now in Ontario with Bills 124, 175 and 195. ONA and our members are protesting these measures to ensure the fight continues."

No Parade? No Problem! Local Finds Way to Keep Pride Alive

When you're a Local that "prides" itself on your creativity, the cancellation of a significant annual parade can leave a huge void.

Luckily, Local 73, which plans their theme for the Thunder Pride parade, such as *birds of every feather, skeleton love, crayons out* and *every day heroes*, months in advance, didn't let that stop them from coming up with another way to acknowledge this important occasion.

"Our hospital was looking for something to post from ONA on Pride," said Local 73 Human Rights and Equity Rep Jackie Chesterman. "I prepared a write up (see box below) and was going to include a picture or two. I then started making a video on my iPad just to see how it would go, and I didn't stop! I wanted to add photos from our past Pride parades and arrange them in order, but the hardest part was getting those photos – I couldn't find any from the first year I participated until I was almost finished. We had wanted to add a photo to the video from this year's Pride with social distancing, but ran out of time and the restrictions were still in place, and we didn't want to break the rules. I also had to make adjustments so the photos lined up with the song, which was a bit tricky. It took me about five or six hours until I was happy with it."

Seems like everyone else was too! Chesterman sent the video to her hospital to post on their website, and also shared with the Thunder Pride group, which added it to their Facebook page as well.

"I have received great feedback regarding the video," she noted. "Everyone is loving it!"



View at <https://cast.tbrhsc.net/videos/ona-pride.mp4>

ONA Proud

Local 73 Human Rights and Equity Rep Jackie Chesterman originally wrote the following piece on the importance of Pride to ONA before switching to a video format, which she shared with *Front Lines*.



I have always known the strength and support that comes with being a part of ONA. My first exposure was on a Local level at the first Pride parade I participated in with Local 73 (the Thunder Pride parade in 2014). However, it did not stop there. That sparked my interest and opened the door for me to see ONA's support of LGBTQI2S members on a provincial level by joining the Human Rights and Equity Team. Seeing ONA's involvement in equal rights for LGBTQI2S members in the workplace and within the union was inspiring. I knew that ONA was a community that I was grateful to be a part of.



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LEAP Before You Speak! Do not Talk to the Police Before Getting Legal Advice

From time to time, ONA members are confronted with the difficult decision of whether to speak to police who have questions about their work as health-care professionals.

As a good citizen, your first reaction may be to immediately offer to help. However, it is never a good idea to provide statements of any kind to the police until you obtain legal advice from ONA's Legal Expense Assistance Plan (LEAP) Team.

If you are approached by the police, there are two types of dangers:

- 1 You might disclose personal health information (PHI) of a patient/resident/client to someone outside of the circle of care without authorization.
- 2 You might provide information that can be used against you in a criminal proceeding.

If the Police Want to Speak with You as a Suspect

The *Canadian Charter of Rights and Freedoms* affords us all certain legal rights. While Canadians do not have a "right to silence" as Americans do, you do have the right to retain and instruct counsel without delay, and not be compelled as a witness in your own prosecution. These rights mean you do not have to speak to the police at any time, including about charges they are contemplating or have laid against you.

If the police approach you and want to ask questions, you should not speak to them until you speak with a lawyer on ONA's LEAP Team. You should exercise your right to seek legal advice. Despite what the police might say, your decision to speak to a lawyer first cannot be seen as evidence of guilt.

You might think you can help



yourself and the police investigation by simply explaining what you know. However, this approach is risky for several reasons: you are not legally trained; you may be nervous or emotional, which could lead to errors and make matters worse; and you might disclose PHI without authorization to do so.

We encourage you to politely and respectfully decline a request from the police for an interview or to provide a statement of any kind. Simply state: *"I am happy to cooperate. However, I will need to consult with a lawyer before I say anything further."* After that, your immediate next step should be to contact the LEAP Team on our intake line (see box). We will provide you with preliminary advice and, if necessary, connect you with a criminal lawyer.

If the Police Want to Speak with You as a Witness

Even if the police want to question you only as a witness, it is still important to contact LEAP before talking to

them. Any statement you give will be recorded and may be relied on during the criminal investigation and possibly in later court proceedings. A LEAP advocate can advise you on how to be a good witness.

You need to ensure your statement is accurate and you may need to review your documentation from the clinical record to do so. However, it is important that you not access clinical records without the approval of your manager or Privacy Officer.

How to Contact LEAP

- Call LEAP Intake at (416) 964-8833 or 1-800-387-5580 (enter 0 for the Toronto office).
- After hours, call Board Intake (for work-related criminal or coroner's matters only): (416) 964-8833, (enter 7775) or 1-800-387-5580 (enter 0, then 7775).
- Email: leapintake@ona.org.

Safeguarding PHI

When police attend at a facility or your home to conduct an investigation, they would prefer to access information quickly and without obstacles. They can be very persuasive and adamant that you speak with them and provide information without delay. However, in most cases, your professional obligations with respect to confidentiality of PHI outweigh the need for police to get quick answers to their questions.

As a health-care professional, you are entrusted with ensuring the confidentiality of your patients'/ residents'/clients' PHI. This obligation is set out in the standards of your regulatory college and in the *Personal Health Information Protection Act (PHIPA)*. You cannot disclose PHI to anyone outside of the circle of care – including the police – without proper authorization. It is important to remember that PHI is defined very broadly.

Unless police have a patient's/ resident's/client's consent they need a court order or warrant to access their health records, which they can obtain quickly in an emergency situation. You can politely remind the officer that you cannot provide access to PHI without the proper legal authority. Your employer is the custodian of PHI. You should contact your manager or the Privacy Officer of your facility and advise them of the police request for access.

Taking some time to ensure that you are not making an unauthorized disclosure may be an inconvenience to the police, but it will allow you to uphold your obligations as a regulated health-care professional. Your primary concern is to protect the privacy of your patient/resident/client, uphold your duties under *PHIPA* and avoid potentially breaching your College standards.

ONA Urges Government to Drop Legal Fight against Pay Equity after Landmark Ruling

On the heels of a landmark pay equity ruling for the Association of Ontario Midwives, ONA is urging the provincial government to drop its prolonged legal fight against pay equity for female-dominated professions, including those professions of many ONA members.

This past June, the Ontario Divisional Court upheld the Ontario Human Rights Tribunal's decision that the Ministry of Health discriminated against midwives on the basis of sex when setting their compensation. This decision confirms that the government has a proactive obligation to prevent systemic gender discrimination, which includes ensuring that funding policies, programs, and formulas are designed based on a substantive equality analysis, and regularly monitored.

"We congratulate midwives on this important victory, made possible by their sheer perseverance," said ONA President Vicki McKenna. "Nurses and health-care professionals stand in solidarity with them."

That's because ONA RNs working in private nursing homes face a similar, prolonged battle with the government to maintain pay equity. Last year, ONA won a fight for pay-equity maintenance for these RNs with no male comparators in their workplace (see the June/ July issue of *Front Lines*, page 23). The government, along with 143 private nursing homes, appealed the decision, prolonging the now 14-year court battle. It heads to the Ontario Court of Appeal this fall.



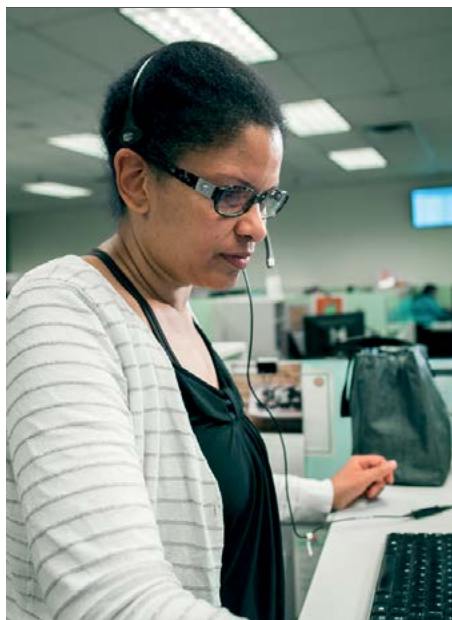
"In the wake of the midwives' victory, ONA urges the government to drop its prolonged legal fight against pay equity for female-dominated professions and instead truly value the vital work performed by nurses, midwives and other sex-segregated health-care professionals," added McKenna. "Now is the time for action, not litigation. The province has spent many years and far too much money in the courts in battles that it repeatedly loses. This is 2020, and gender discrimination against professions that are predominantly female is unacceptable, and that includes legislation such as Bill 124, which limits wage increases for nurses and health-care professionals, while exempting male-dominated professions such as municipal police and firefighters. We will never stop demanding – and expecting – fairness."



QUEEN'S PARK UPDATE



Read all ONA submissions
at ona.org/submissions



Home and Community Care Bill 175 Passes

Bill 175, *the Connecting People to Home and Community Care Act* received royal assent on June 9 and is now law. This was a key legislative component in the government's long-planned restructuring of home and community care.

ONA has been consistently raising concerns around losing the important role of care coordination and the dangers of further privatization. We are especially alarmed that the legislation suggests care coordinators must be part of the *Regulated Health Professions Act*, which significantly impacts care coordinators who are social workers. Crucially, it is a very "skeletal" bill, removing essentially everything from existing legislation and putting it into regulation, which has not yet been finalized.

To date, ONA has prepared several submissions on Bill 175 to demand that the government meaningfully solve the problems in home and community care, starting with staffing and working conditions.

After months of meetings and lobbying on behalf of social workers, representatives from the Ministry of Health informed us just as *Front Lines* headed to print that it was not the intent of the government to exclude social workers from working as care coordinators under the new home care regulation that is being drafted – a huge win for us!

As the government continues to consult on regulations, ONA Local Health Integration Network members will keep up our key advocacy role by putting pressure on your local MPPs. It's making a difference!

Ford Attacks Unionized Workers with Bill 195

In July, Bill 195, *the Reopening Ontario, A Flexible Response to COVID-19 Act*, 2020 passed, which allows the government to extend or amend some emergency orders, even though many workplaces do not have COVID-19 cases and the state of emergency has been declared over.

ONA has been clear that Bill 195 is a draconian, sweeping grant of power to employers to override collective agreement provisions and the grievance arbitration procedure. Outside of a state of emergency, health-care employers should not be awarded sweeping powers to cancel leaves and vacation; redeploy and reassign staff; suspend scheduling provisions and change the hours of work; and employ extra part-time, temporary staff or contractors to perform Bargaining Unit work.

ONA members have been protesting outside of MPP offices and advocating for the repeal of this legislation (see pages 6-9). Notably, MPP Belinda Karahalios

(Cambridge) made headlines as the only Progressive Conservative MPP to vote against Bill 195. In remarks to the media, she echoed ONA's position that the legislation is an "unnecessary overreach on our parliamentary democracy." She also stated her vote was influenced by her constituents who "resoundingly" opposed the bill, and that there were other PC MPPs who were raising concerns behind closed doors.

As a next step, ONA is developing a legal strategy to challenge, through the grievance process, cases where employers are relying on these continued emergency orders to override collective agreement provisions and the grievance arbitration procedure. We are also participating in the government's consultation process to review orders for retirement homes that permit employers to override collective agreements and limit staff to working in one retirement home.

Bill 197 Could Water Down Workplace Health and Safety Measures

Also in July, the government rammed Bill 197, *the COVID-19 Economic Recovery Act*, through without any public input. This is omnibus legislation, which, among many other measures, also amends the *Occupational Health and Safety Act* to enable the government to update health and safety standards without having to formally introduce regulatory amendments. ONA has joined other unions in opposing these changes that have nothing to do with economic recovery and could allow health and safety measures to be watered down in workplaces.

New Ontario Health Teams Announced

Five new Ontario Health Teams (OHTs) were announced on July 23, including Algoma, Niagara, Ottawa East and Western York Region. In addition, there will be a Western OHT for patients with advanced chronic obstructive pulmonary disease and/or congestive heart failure. In total, there are 29 OHTs across the province that have been granted up to \$25.25 million for virtual care, supporting vulnerable populations and individuals with COVID-19, human resources, and purchasing tools to measure performance and outcomes.

Public Health Nurses Support Re-opening of Schools



The province has provided \$50 million to hire up to 500 school-focused nurses in public health units for one year. In addition, the federal government is funding an additional 125 public health nurses. These are temporary, one-year positions for nurses to provide rapid-response support to schools and boards in facilitating public health and preventative measures regarding COVID-19, including screening, testing, tracing and mitigation strategies.

Recruitment for these temporary positions was conducted locally by

each public health unit, supported by the Chief Provincial Nurse's secretariat. The emphasis for hiring is registered nurses, ideally with public health experience. The rates of pay are determined by each public health unit in accordance with the respective collective agreement.

The government has also announced \$47 million in one-time mitigation funding for public health units for both the 2020 and 2021 funding years. This is a major policy reversal, and if not for COVID-19, the government would have continued with its plans to underfund our health-care system, and, in particular, to cut public health funding.

ONA Supports Expansion of Nurse Practitioner Scope of Practice



ONA has prepared a submission on the proposed expansion of the scope of practice for nurse practitioners (NPs) and pharmacists.

Our submission states, in part: "ONA is supportive of the expansion and recognition of the NP scope of practice. We support the proposal to amend Regulation 682 to authorize NPs to independently perform a broad range of point-of-care tests to assist with diagnosis and the formulation of treatment plans for their patients."

New Investments for Made-in-Canada N95s

The Ontario and federal governments announced a deal in August with 3M Canada for the provision of 50 million respirators annually, beginning in early 2021, to meet current demand for front-line health-care workers. The respirators will be produced at the 3M plant in Brockville, and shared equally between Ontario and Ottawa. Each level of government is investing \$23.3 million to support 3M's capital investment of \$70 million. This builds on the July announcement that Cambridge-based Eclipse Innovations Inc. is receiving \$1,408,475 to scale up its operations to manufacture N95 respirators.

New COVID-19 Alert App Launches

The government has launched the new COVID Alert app to warn Ontarians when they may have been exposed to COVID-19. The app works only on phones released in the last five years as it needs a relatively recent operating system. Learn more at <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/covid-alert.html>.





Current and former members of ONA's Human Rights and Equity Team gathered at ONA's provincial office before the pandemic hit. Pictured are (left to right): Former racially diverse equity group rep Manpreet Kaur Randhawa, former members of Indigenous descent equity group rep Tracey Lee-Bourassa, Francophone equity group rep Karina Saavedra, former disabilities equity group rep Anda Cojocaru and LGBTQI2S equity group rep Jasen Richards. This has been a time of transition for the 2020-21 team, with three positions vacant at press time.

We Know How it Feels:

ONA member Manpreet Kaur Randhawa, a former racially diverse equity group rep on our Human Rights and Equity Team, will never forget the day she was called a heinous racial slur in the workplace.

"When that happened, I didn't know what to do, where to go or what my rights were," she said, explaining that she worked as a nurse in India before immigrating to Canada in 2014 and obtaining her license to practice two years ago. "I don't want other nurses to be in that same position."

Freedom from Harassment

It is for that reason that Randhawa and so many of her fellow ONA members wanted to participate on the team, which has a mandate to enhance and promote the equal treatment of workers and freedom from discrimination and harassment in the workplace – be it from the employer, colleagues and/or patients and their families – through building relationships and spearheading action.

The team's work has taken on even more importance this year in light of the deaths of George Floyd, a 46-year-old African-American, after being arrested on May 25 in Minneapolis; Regis Korchinski-Paquet, a 29-year-old Afro-Indigenous woman, who was in police custody in Toronto after her family

Past and present members of ONA's Human Rights and Equity Team discuss their struggles and hopes, and why they want to ensure no one is left out

« *Now more than ever, we need a Human Rights and Equity Team so we can have a voice and make changes.* »

—Former racially diverse equity group rep Manpreet Kaur Randhawa

called for mental health assistance on May 27; and Chantel Moore, an Indigenous woman from Tla-o-qui-aht First Nation, during a police "wellness check" in New Brunswick just eight days later. These deaths sparked outrage and a string of anti-racism protests and rallies throughout North America and the world (see sidebar on page 23).

"Any form of intolerance is completely unacceptable to our union," said ONA President Vicki McKenna. "We don't want one more member to have to endure a despicable racial slur or another form of discrimination in the workplace. That is why our Human Rights and Equity Team was set up in the first place and why its critical work continues to expand."

"Being a member of this team is an opportunity that I am excited to have, so I can help others in this area," said Jasen Richards, the current lesbian, gay,

bisexual, transgender, queer, intersex, two-spirited (LGBTQI2S) equity group rep, who also experienced bullying and harassment earlier in his career.

"I was called the f-word on a regular basis and was accused of turning patients gay. I was not in a good place," said Richards, who is not new to advocacy, sitting on his Joint Health and Safety Committee, assisting members with return to work, participating in groups such as a Rainbow Coalition and Pride Committee, and working on a community survey about the experiences of LGBTQI2S people. "I have also seen patients beaten and bloodied, too afraid to come out. We've come a long way, but we can do better, especially around terminology."

Tracey Lee-Bourassa, a former members of Indigenous descent equity group rep, couldn't agree more, noting that when she hears negative

stereotypes about “those Natives” or “those Indians,” it makes her sad.

“My parents raised me to be proud of my roots, but my grandmother and her siblings were made to feel ashamed, and that it needed to be hidden,” she said. “They were hardworking people, who contributed to their community, and it’s unsettling that some people are raised with those stereotypes, even in this day and age.”

While current Francophone equity group rep Karina Saavedra, who speaks three languages, takes tremendous pride in working at a French hospital, she finds it difficult to get a hold of external material to post in both official languages, as per her employer’s policy.

“When I go to vendor tables at events, I always ask, ‘do you have this in French,’ and they seldom do. It’s unfortunate there’s so much great information out there that I can’t share with my members because it’s only available in English. Some of my colleagues struggle with English, so I say, ‘OK, let’s do more things in French,’ but it’s hard when you don’t have the tools.”

That’s something that former members with disabilities equity group rep Anda Cojocar, who has a severe allergy to scents, including perfumes and cleaning substances, can relate to.

“It’s been challenging to deal with this issue over the years and constantly reinforce it to others,” she said. Before COVID-19, “I was always offered masks, but sometimes it’s too late to put them on or you can’t pinpoint where a smell is coming from. And there’s nothing you can do about alcohol in the disinfectant.”

« If I can be part of this important work in any way, shape or form, I’m more than happy to do that because of what ONA has given to me. »

— LGBTQI2S equity group rep
Jasen Richards

Beyond Good Intentions: Confronting Racial Discrimination Through Solidarity

ONA Takes Strong Stand on Anti-Racism in New Position Statement

While ONA has always been a leader in human rights and equity by proactively driving change, recent events have us looking at discrimination with a more focused lens. As such, we have developed a powerful position statement, Beyond Good Intentions: Confronting Racial Discrimination through Solidarity (taken from the theme of ONA’s 2020 Human Rights and Equity Caucus), which also contains specific actions and helpful resources. Here are some key snippets from that statement (the full version is available at ona.org/hre).

We are deeply saddened and angered by the recent tragic deaths in the Black and Indigenous communities. ONA members understand that anti-Black racism, discrimination and hate have no place in health care or in broader society.

We can do better. We will listen to those with lived experience. We will educate ourselves. We will not be silent. We will continue to take action to end anti-Black racism and discrimination in health care. The equal treatment of our members, and the freedom from any forms of racism, discrimination and harassment in the workplace are core tenets of our union.

ONA strongly supports achieving health equity in our system, and advocates for the examination of policy issues through a “social determinants of health” lens. The intersection of race, income, housing, and other social determinants of health place Black and Indigenous communities at great risk, as we are seeing through the disproportionate impact of COVID-19 on communities with higher percentages of visible minorities.

ONA’s priority is to continue to take proactive steps in the short and long term to address and take action against racial discrimination.

First, we are developing a group of members to strengthen policies and approaches to anti-Black racism. We will consult with the group to continue our work on addressing issues of racism and anti-Black racism. ONA’s commitment is to work actively with Board members, staff and members to take proactive and corrective steps to facilitate more opportunities to identify, address and educate on anti-racism.

A number of workshops, events and articles in 2020 and 2021 will focus on the role of race and racism in health care, as well as advancing human rights for nurses and health-care professionals.

The safety of our nurses and health-care professionals is of the utmost priority for ONA. If you are a member being targeted or harassed at work due to racial discrimination, contact your Bargaining Unit President (if you don’t know who that is, visit ona.org/bup).



Visit ona.org/hre

Role of Team Members

The team, which includes Chair and Region 1 Vice-President Dawn Armstrong, Project Manager Leanne Cooke, Human Rights and Equity Specialist Pauline Lefebvre-Hinton and support Lisa Siciliano, is also tasked with advocating and promoting its important work, empowering members to take on leadership roles, advocating for equity group members, promoting applications for bursaries and attendance at education, and soliciting stories for ONA publications.

But perhaps the biggest role of the team, which meets quarterly at ONA's provincial office in Toronto – the current team has continued to come together via Zoom since the pandemic hit – is planning and acting as facilitators at ONA's Human Rights and Equity Caucus, which kicks off a Provincial Coordinators Meeting or Biennial Convention each November – the very event that inspired many of them to get involved in the first place.

"When I attended the caucus, I realized I can be part of this, I can learn more about human rights and equity – and I thank ONA for that," said Randhawa. "I know some non-Caucasian nurses are stuck and nobody is there to help. I want to be that someone."

"I went to the caucus for the first time last year, and I couldn't believe all the things ONA does in this area," added Lee-Bourassa. "They started the meeting by thanking the Indigenous people who were there before the building for letting them use the land. It blew my mind because it wasn't like that before in our province; that acknowledgement just wasn't there. I was completely overwhelmed and happy, and still get emotional thinking about it."

For Richards, the effect was even more profound.

"Because of what I was going through, my Local leaders told me I should go to the caucus, so I got on

« When we do preparations at our Local budget meeting, we're going to try and make sure that internal things such as posters are also in French. But external material is still a huge challenge. »

– Francophone equity group rep Karina Saavedra

a train. I didn't even know ONA had anything to do with human rights; it just wasn't on my radar. I met with my Local Coordinator there and told him my story, and I can honestly say if it weren't for those leaders and ONA, I'm not sure I would be here today. That's how much ONA has impacted me. I've been to every caucus since."

This Year's Caucus

This year's caucus can't be held in person due to pandemic restrictions on large gatherings, but we are still planning for a fulsome discussion with delegates via Zoom. The caucus, to be held on November 3 (half-day) under the theme, *Beyond Good Intentions: Confronting Racism Through Solidarity*, will include three panel sessions: Race and the Social Determinants of Health – The Impact of COVID-19 on Racially Diverse Groups; Unveiling the Truth – The Thoughts and Experiences of ONA Members; and the Call to Activism – The Distinction Between Acknowledging Racism and Being Anti-Racist.

If things return to normal, the team is hopeful that next year's caucus can be held in person and will focus on understanding the systemic nature

of racial discrimination as well as the actions we can take to address stereotypes and unconscious bias.

Members are also encouraged to give back in their own communities, with last year's Human Rights and Equity Team volunteering at the Scott Mission in Toronto and taking an informative Black History tour of the city while gathering for meetings at ONA's provincial office.

"Members of the team are never all from Toronto, and our hope is that once they get some mud under their feet through our meetings that they take this out into their own communities, Bargaining Units and Locals and try to push the human rights and equity portfolio forward and all the good work that it does," said Cooke. "All team members have a passion for that. They wouldn't be here if they didn't."

Educating Others

Another thing they all have a passion for is knowledge. For that reason, human rights and equity education is an important component for team members, who are also encouraged to research and read on their own and share key learnings with the whole group.

Interested in Becoming a Member of the Human Rights and Equity Team?

Have a passion for human rights and equity issues? Want to speak out about the injustices inside and outside your workplace? Keen to help bring about change? ONA's dynamic Human Rights and Equity Team is just for you!

We are always looking for interested members to serve as representatives on the team's five equity groups – racially diverse, LGBTQI2S, disabilities, Indigenous and Francophone – when a rep's two-year term is up or to fill a vacancy.

Expression of Interest forms are available at ona.org/eoi.

"You can get into the mindset where you think there's nothing more you can do," said Saavedra. "But there always is. We just need to learn how."

"People can only get better when they are educated," agreed Cojocar, who researched why there are so many scent allergies. "You can't hide it under the rug and say these things don't exist. People have different problems and educating them gets them talking about those issues. It's key to improving the world. But first we have to educate ourselves."

With the dedication team members have shown over the years, that won't be a problem.

"As chair of the Human Rights and Equity Team, I want to thank all members who have put their names forward to be a part of this team since its inception and encourage others to do the same," noted Armstrong (see box on page 24). "It's always an exciting opportunity for each team to build on all the good work of the previous team, while bringing a new perspective and ideas to an ever-evolving portfolio. Human rights and equity can never be stagnant, as new challenges present themselves every day, which we have certainly seen this year. I promise that your Human Rights and Equity Team works hard for all members."



Learn more at ona.org/hre

How to Contact the Team

Because the Human Rights and Equity Team is here *for* you, they want and need to hear *from* you. Here's how to send them your questions, concerns and suggestions.

By Telephone

Call (416) 964-8833, ext. 7768 (in Toronto) or toll-free at 1-800-387-5580 (press 0 and ask for Human Rights and Equity). Leave a confidential voicemail and your call will be answered promptly.

By Email

If you have a query for a particular equity group member, contact them via email at:

- **Francophone members equity group** – HREGroup-Francophone@ona.org.
- **LGBTQI2S equity group** – HREGroup-LGBTQI2S@ona.org.
- **Members of Indigenous descent equity group** – HREGroup-Indigenous@ona.org.
- **Members with disabilities equity group** – HREGroup-Disabilities@ona.org.
- **Racially diverse equity group** – HREGroup-Racialized@ona.org.

Note that team members do not provide labour relations advice. Please contact your Bargaining Unit President for help with those questions at ona.org/bup.



Dawn Armstrong, RN
Region 1
Vice-President
Team Chair



Leanne Cooke
Team Project Manager



Pauline Lefebvre-Hinton, RN, LLB
ONA Human Rights and
Equity Specialist



Lisa Siciliano
Team support

Member Panel on Racism Helps "Unveil the Truth"

ONA knows we must all do much more to stem the tide of anti-Black and anti-Indigenous racism plaguing the world.

To strengthen this important work, we recently recorded a panel presentation via Zoom entitled, "Unveiling the Truth: The Thoughts and Experiences of ONA Members."

After an opening message from Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity, Black and Indigenous members answered compelling questions posed by moderator Kieran Maxwell, a staff Labour Relations Officer, on topics such as their first experiences with racism and ongoing discrimination in their workplaces; what cultural and racial healing looks like to them; other tactics to raise awareness; and their hopes for the future.

Watch their powerful, moving – and oftentimes heartbreaking – responses at ona.org/hre.





ONA Takes June PCM to Members Virtually

If there's one thing ONA has always been able to do well, it's adapt to any situation.

Such was the case with the June Provincial Coordinators Meeting (PCM), which is normally held over two days (with an additional half-day of education) and rotates among ONA's five regions. When COVID-19 made it impossible for Region 5 to host this year's event at Windsor Caesars, ONA members were instead invited to join a half-day virtual PCM via videoconference (Zoom) on June 17, where ONA President Vicki McKenna, First Vice-President Cathryn Hoy, CEO Beverly Mathers, the five regional Vice-Presidents and staff provided a high-level update on ONA's key activities and successes since the November Biennial Convention, focusing heavily on the COVID-19 pandemic.



ONA President Vicki McKenna, RN

"It has been a very tough few months," began McKenna, who asked for a moment of silence for member Brian Beattie, who lost his life to the virus. "To our front-line members keeping it all together for your patients, residents and clients, to our leaders advocating for safe care, to our staff who have been with us every step of the way, and to the Board, I thank you. I'm truly humbled by your continued selfless commitment. In this time of COVID-19, you have been taking great personal risks to deliver the care that is needed. I know some of you have stayed away from your

families to prevent the spread. I can't possibly imagine all of the personal sacrifices you have made."

Despite those sacrifices, McKenna noted that Bill 124 has imposed wage restrictions on some public-sector workers and encouraged delegates to push back (see page 6), with Hoy noting that "ONA is mobilizing our members and supporters like never before to harness our collective power and make our voices heard with government decision-makers."

Canadian Federation of Nurses Unions (CFNU) President Linda Silas made a surprise virtual appearance at

the PCM, displaying her organization's humorous mask to encourage the public to help keep their communities safe, highlighting the results of the CFNU's new report on nurses' mental health (see page 31), addressing anti-Black racism, and giving ONA a well-deserved pat on the back.

"Ontario is making worldwide news because of how it and employers are not implementing and interpreting proper policy during the pandemic," she said. "But ONA has shown the strength, leadership and knowledge the province needs because everything you learned from SARS, you kept – and we're all thankful for that."



Local leaders from across the province joined the PCM via Zoom, the method of meeting for many of us during the pandemic.

ONA Education a Click Away

Just because we can't bring PCMs and other ONA education to you in person right now, doesn't mean you aren't able to receive the information you want and need, with many of our workshops being delivered virtually. And our robust eLearning program, which allows you to learn online at your own time and pace, is always available. Learn more at ona.org/education.

While Region 5 missed their turn to host, they will still get the opportunity, as the June 2021 PCM will now be held in Windsor (barring any restrictions), with the regular regional rotation continuing in June 2022. The November PCM will take place via Zoom on November 4-5, with our half-day Human Rights and Equity Caucus on November 3 and the half-day education session on November 6. We are constantly reviewing our business activities and member events and meetings based on information we have at the time on COVID-19. This information is kept up to date at ona.org/news-posts/status-of-meetings/.



CFNU President Linda Silas

Read the June PCM Highlights at <https://bit.ly/2FtFRAE>

ONA Communications, Campaign Win Prestigious Awards

Not only do our communication vehicles and campaigns grab the attention of members, stakeholders and the general public, they are receiving recognition throughout North America!

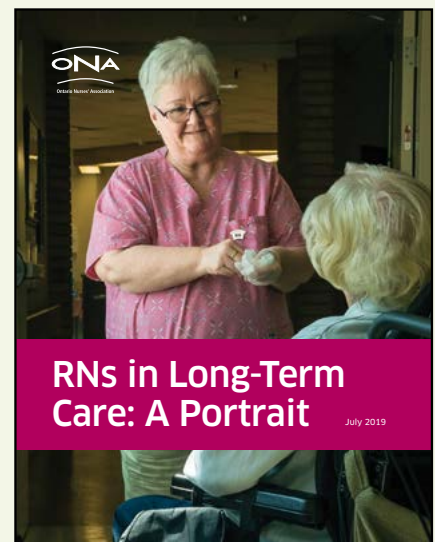
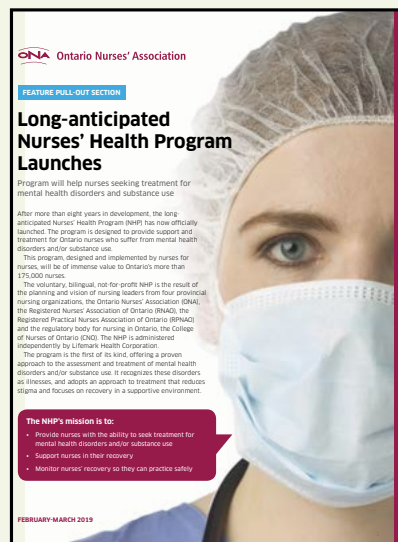
Front Lines was recently named the recipient of the Katie FitzRandolph Award for best overall regular print publication (staff produced) by the Canadian Association of Labour Media. When choosing *Front Lines* over hundreds of submissions from almost 40 unions throughout the country, the judges noted that the publication “demonstrates overall excellence in accessibility and content. With

clear font sizes and narrow columns, the reader is able to jump in at any point and pick up important information...Content is diverse, including news updates, political analysis, worker profiles and information on union resources.”

And the accolades didn't stop there, with ONA also being handed two 2020 Apex Awards of Excellence for the feature report, *Long-anticipated Nurses' Health Program Launches*, which accompanied the February/March 2019 issue of *Front Lines*; and our 2019 campaign, *RNs in Long-Term Care: A Portrait*, which contained radio, print and social media ads, an in-depth report

outlining the first-hand experiences of our members, and member profiles on our website and in *Front Lines* to bring attention to the serious issues plaguing this sector.

Congratulations to our Communications and Government Relations Team for doing ONA proud!



Staffing for Nursing Home Care: COVID-19 and Beyond

The following, written by researchers Pat Armstrong, PhD, FRSC; Charlene Harrington, PhD, RN; and Dr. Margaret McGregor, BA, MD, CCFP, MHSc, COE, was provided to Front Lines by the Canadian Federation of Nurses Unions.

As we search for ways to deal with COVID-19 in nursing homes and to prevent such tragedies in the future, it seems obvious that we need to begin with staffing.

Indeed, that is where British Columbia (BC) began their efforts to control the spread of the virus in these homes, why Ontario called in the military, and where Quebec is going in its attempt to hire and train 10,000 health-care workers. Yet, there are still those who argue there is not enough evidence of a link between staffing levels and quality of care or on appropriate staffing levels to establish enforceable standards. We beg to differ.

First, there is a host of research demonstrating that adequate staffing is a necessary pre-requisite for delivering high-quality care. As is the case with all research, especially when it explores complex social phenomena, there are some mixed conclusions, but the overall results are clear.

Second, we have extensive research commissioned by the US Congress on minimum necessary numbers of staff. Conducted almost two decades ago, the resulting reports included time motion studies to measure how many minutes it takes to toilet, feed, bathe, etc. a resident in a given day. Researchers also looked at both the threshold staffing level below which adverse events occurred, and the staffing level past which there appeared to be no further improvements. The research led to a call for an enforced standard, setting the minimum staffing at 4.1 hours of nursing care per resident per day, with at least .75 RN hours per resident per



day. Although we do not have the same kind of extensive research on staffing in Canada, it is reasonable to assume this research is transferable, given the similarities in both the resident populations and the nursing home labour force.

Third, in the years since that research was done, multiple studies have reinforced the need for such standards, while documenting the increasing frailty of residents that mean even higher staffing levels are required just to meet their needs. Recent research by Charlene Harrington and others shows a clear link between staffing levels and COVID-19 outbreaks and the need to develop minimum staffing levels based on the assessed needs of residents, providing details on the number of staff in each occupational category. This research takes us well over the 4.1 hours of nursing care per resident per day, and demonstrates that it is not enough to set minimums. These minimums must be enforced, based on verified data. Indeed, the lack of such publicly

available, detailed data is one reason why we do not have equivalent research in Canada. As the Seniors' Advocate in BC points out, the data we do have from managers on staffing is not verified in ways that public accountability requires.

Fourth, appropriate staffing levels are a necessary but not sufficient condition to ensure safe, quality care. Team-based care, relevant, ongoing training, nursing leadership, staff feeling that managers respect and value their work, union protection, sufficient resources and the values of the organization providing care all contribute. Decent working conditions, as the military reports make clear, are essential. Workload is a major element of working conditions and there is good evidence of the association of high staff turnover with both lower staffing levels and poorer quality.

Fifth, quality means understanding the importance of relational care. The work of Pamela Ramage-Morin, one of the few researchers to have measured this, found that positive self-perceived health was associated with a lower risk of mortality, and that having a close relationship with at least one staff member was one factor associated with positive self-perceived health. Staff continuity and sufficient time are critical components in building such relationships.

So, should there be minimum staffing levels? Absolutely. Will meeting a minimum staffing level automatically result in high-quality care? Absolutely not, without the many other elements that comprise the "secret sauce" of high-quality relational care. But there is no doubt that failure to meet the minimum staffing levels *will* result in inferior care, and we need to do better for our most vulnerable seniors.



LTC Staff Shortages Leave Basic Care Needs Unmet: OHC Survey

The Ontario Health Coalition (OHC) has released the sobering results of its survey of more than 150 long-term care workers in which almost all report their homes are short-staffed.

The survey, conducted from July 10-17 in every region of the province, asked whether staffing is worse, better or the same since before COVID-19. Ninety-five per cent of the staff reported their homes are short-staffed, with 53 per cent of those noting there are shortages every day. A further 63 per cent stated that staffing levels are worse than before the pandemic hit, and it is undisputed there was a critical shortage already, the OHC states, adding homes are not ready for a second wave of COVID-19.

Respondents, who have been denied vacation, stat holidays and weekends under emergency orders put in place when the pandemic began, said there is not enough time to feed and hydrate residents properly, to reposition them to avoid bedsores and to toilet them when they need it, and not enough staff to do medication carts on time. There are more frequent falls as a result of lack of time and supervision, they added, along with few to no activities/entertainment, emotional support and rehabilitation, and inadequate laundry, leaving shortages of linens and supplies.

The OHC issued an open letter to Premier Doug Ford, which was signed by ONA and more than 200 organizations, calling for immediate action, including a minimum of four hours of care per resident per day. Yet, nothing has been done to address the staffing emergency.



Read more at ontariohealthcoalition.ca

ONA President Receives RNAO Lifetime Achievement Award



For those of us who have worked alongside her and under her strong leadership, the news came as no surprise.

This past summer, ONA President Vicki McKenna, RN, was named the recipient of the Registered

Nurses' Association of Ontario's (RNAO) Lifetime Achievement Award, bestowed on its long-standing members who exemplify outstanding contributions to the profession in the areas of practice, education, administration or research at the provincial, national and/or international level.

"For more than 20 years...McKenna has been an activist for nurses, living by the words of her father, who 'would have this mantra: pay attention to what's happening and help those around you,'" the RNAO noted. "As the President of ONA since 2018, and a member of RNAO since 2006, McKenna has done just that."

In choosing McKenna for its award, the RNAO singled out ONA's *RN Pride* campaign that McKenna helped spearhead in 2018 to raise awareness of everyone's right to dignity and equal treatment; the *RN Proud* campaign she launched in the same year to celebrate the skills, experience and education of RNs; McKenna's leadership role when ONA partnered with the RNAO, the College of Nurses of Ontario and the Registered Practical Nurses Association of Ontario (WeRPN) to launch the Nurses' Health Program, dedicated to helping nurses who seek treatment for substance use and/or mental health challenges; and the time and expertise she has dedicated over the years providing members with workshops, eLearning and annual leadership conferences through ONA.

"I would like to thank my colleagues at the RNAO for this special acknowledgement," said McKenna. "It is an honour and privilege to do this work for all ONA members. These are the most challenging times we have seen, with a pandemic gripping the world, rapid changes made to our health-care system, and harmful legislation being rammed through with little or no consultations from front-line nurses and health-care professionals. But I promise to keep doing what I always have done: put the needs of our members first."

ONA Student Scholarship Winners

In the final installment of our series on the 2019 ONA Nursing Student Scholarships, *Front Lines* is featuring the names and pictures of the recipients, along with snippets from their winning essays on “The Importance of the Ontario Nurses’ Association for Nurses.”



Read full essays at ona.org/students



MARISSA BELMONTE: Niece of Donna Terhorst from Local 20, North Bay/Parry Sound District Health Unit

“ONA is a collaborative union where employees and employers work as one in a safe, caring environment. ONA has established a respected and well-versed union dedicated to its nurses, who in turn are dedicated to their jobs. Their priority is safe practice and the well-being of all patients. They have high standards for nursing, and adapt quickly to the ever-changing needs of the health-care system.”



SAMMI BOYES: Daughter of Lisa Boyes from Local 17, Muskoka Algonquin Healthcare

“I am very aware of the stressful, extremely significant position nursing is in within our society. ONA is the reason the world of health care runs as smoothly as possible. Its achievements and goals have transformed nurses within the workplace from individual pieces towards a connected puzzle. Full of unity, confidence and successful service.”



JADE MARTIN: Daughter of Sonia Martin from Local 7, Brant County Health Unit

“The benefits of ONA not only serve as advantageous for its members, but also for the health of the general public. As nurses receive support from ONA, they are able to maintain a healthy population by providing accessible and high-quality care to their patients. ONA ultimately advocates on the nurses’ behalf, which benefits employee health, and provides the highest quality care to patients in doing so.”



BROOKLYN MCCULLOCH: Daughter of Darlene McCulloch from Local 67, South East Local Health Integration Network

“I am really looking forward to becoming part of this amazing union and having the right to participate in the activities, educational workshops and membership meetings just like my mother. I too am going to be very active in the union and learn how nursing students can become more involved to strengthen and support the hard-working nurses we will be learning from.”



KATELYN RITCHIE: Daughter of Noreen Ritchie from Local 134, Royal Victoria Regional Health Centre

“Over time, the nursing profession has become more challenging. The patient workload has increased, and patient acuity has changed as the general public is living longer with chronic disease. In addition, there have been health-care spending cuts by the government. ONA has continued to advocate for its members and public health care through their many media campaigns.”



HEALTH & SAFETY

Study Reveals Shocking Pre-Pandemic Levels of Mental Illness in Nurses



A first-of-its-kind study on mental disorders among Canada's nurses reveals widespread and severe symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, burnout and other conditions.

Mental Disorder Symptoms Among Nurses in Canada is based on pan-Canadian data from 7,358 regulated nurses (RNs, NPs and RPNs) collected in 2019 by the Canadian Federation of Nurses Unions (CFNU) and researchers from the University of Regina.

Specifically, the study found that:

- ▶ One in three nurses (36.4 per cent) screened positive for Major Depressive Disorder.
- ▶ More than one in four screened positive for Generalized Anxiety Disorder (26.1 per cent) and clinical burnout (29.3 per cent).
- ▶ One in three reported having suicidal ideation (33 per cent), with 17 per cent having planned suicide, and eight per cent attempting suicide during their lifetime.
- ▶ Many screened positive for PTSD (23 per cent) and Panic Disorder (20.3 per cent).

"Experts tell us these numbers are higher than those for the general population and, in many cases, higher than the rates reported from a parallel survey of public safety personnel such as correctional workers, firefighters and paramedics," noted CFNU President Linda Silas (see chart below). "The disturbing rates of mental illness revealed by this study were

recorded among thousands of nurses before the pandemic hit – we can only imagine how much more severe they would be now as nurses shoulder the stress of fighting COVID-19."

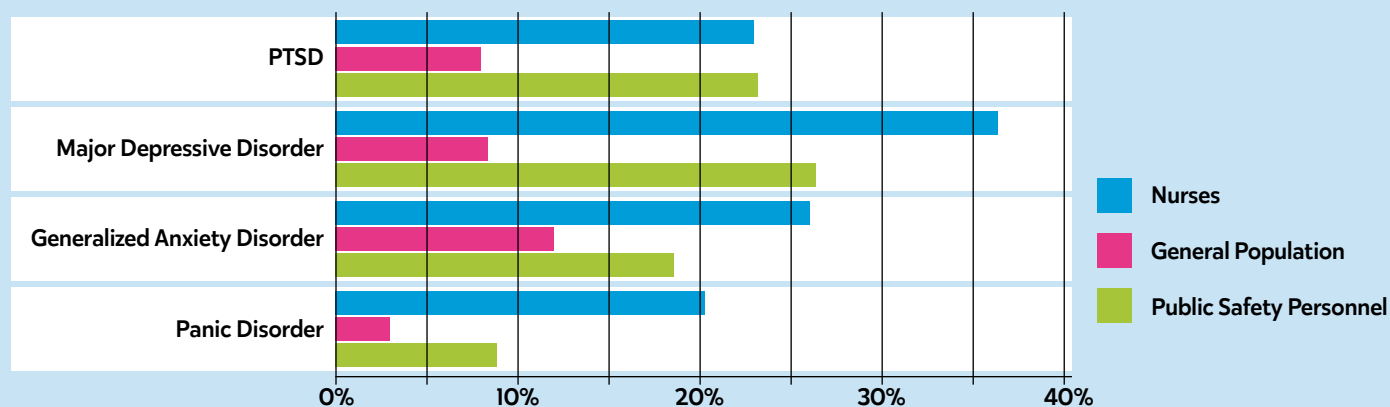
The source of extreme stress reported by nurses in the study was short-staffing, with 83.4 per cent indicating that the regular core health staff is insufficient to meet the needs of patients. Physical assault was the most frequently reported type of traumatic event (92.7 per cent), and nearly half of nurses (46.4 per cent) reported exposure to physical assault 11 or more times.

In light of these sobering statistics, the CFNU issued a series of recommendations for employers under the categories of early intervention and support, training, education, and proactive strategies and activities; and for the provincial and federal governments, including funding for mental health screening tools focused on health-care workplaces, online resources, and national research on nurses to produce more reliable assessments.

"The disturbing rates of mental illness in this study must be a call to action, not only to better support our front-line nurses, but to fix the chronic issues that have made health-care workplaces unsafe for workers and our patients," urged Silas.

To read the full report and a questions and answers document, which contains the CFNU's full recommendations, see nursesunions.ca.

Comparison of Mental Disorder Symptoms





Chronique de la
présidente, AIO
VICKI MCKENNA, RN

SUITE DE LA PAGE 4

la faible rémunération comparative, les pénuries de personnel, le sous-financement et les conditions de travail médiocres (voir le rapport complet à l'adresse ontario.ca/fr/page/effectifs-des-foyers-de-soins-de-longue-duree).

Les recommandations définissent les principaux éléments nécessaires pour favoriser le changement, y compris un minimum de quatre heures de soins directs quotidiens selon une combinaison appropriée de compétences, une rémunération plus élevée, un plus grand nombre d'employés à temps plein, un rôle élargi pour les IP et un congé de maladie payé. C'est un bon point de départ, mais il faut ajouter des précisions importantes.

Lorsqu'il est question du « changement de culture » nécessaire dans le secteur des SLD, le rapport ne fait pas état de la pratique odieuse des foyers à but lucratif, où tant de résidents ont perdu la vie inutilement. Nous avons aussi été témoins de certaines des pires atrocités commises relativement à l'équipement de protection individuelle (EPI) pendant la pandémie : l'argent s'est retrouvé dans leurs poches au lieu d'être utilisé pour les soins. On mentionne rapidement la nécessité de recruter et de maintenir en poste un plus grand nombre d'IA, et il n'y a aucune recommandation précise pour offrir la même rémunération dans le secteur des SLD que dans les hôpitaux.

En fait, ce rapport, comme tant d'autres publiés précédemment, prendra sans doute la poussière sur une tablette si le gouvernement ne s'engage pas à suivre rapidement ses recommandations et à assurer le financement nécessaire pour les mettre en œuvre.

Heureusement, le public est de notre côté. Dans un récent sondage commandé par l'Association des infirmières et infirmiers de l'Ontario auprès des Ontariens, 88 % des répondants conviennent que les établissements de SLD n'ont pas suffisamment de personnel, 81 % se préoccupent du bien-être des résidents et 75 % croient que les employeurs et le gouvernement auraient pu en faire plus pour protéger les résidents contre la COVID-19.

Armés de ces statistiques et de vos histoires percutantes, nous nous préparons à la commission récemment annoncée par le gouvernement, qui enquêtera sur la propagation de la COVID-19 dans les foyers de SLD. Au fil des ans, l'Association des infirmières et infirmiers de l'Ontario a proposé des solutions lors de douzaines, littéralement, d'enquêtes et de commissions sur les SLD et a l'intention de le faire encore une fois. Pendant la pandémie, nous avons aussi rappelé les besoins liés à l'EPI adapté au personnel des SLD, aux niveaux de dotation appropriés et aux procédures de contrôle des infections, et nous avons sonné l'alarme au sujet du nombre d'employés obligés d'occuper deux postes à temps partiel dans des établissements différents, car il n'y avait pas de possibilité de travailler à temps plein.

La commission, dirigée par l'honorable Frank Marrocco, devrait publier son rapport en avril 2021. Nous avons mis sur pied une équipe solide de l'Association des infirmières et infirmiers de l'Ontario pour exiger la prise de mesures, tout en veillant à ce que vos histoires et vos voix soient entendues. Pour en savoir plus, rendez-vous à l'adresse ona.org/commission.

Vous avez à cœur vos résidents et les soins que vous leur prodiguez, et je sais à quel point vous vous surpassez. Je crois avec un optimisme prudent que le vent tournera dans les SLD. Vos résidents et vous avez attendu assez longtemps.



Suivez Vicki dans twitter.com/vickivickim



Chronique de la
première
vice-présidente, AIO
CATHRYN HOY, RN

SUITE DE LA PAGE 5

Rappelons-nous que le gouvernement parle des mêmes infirmières et des mêmes professionnels de la santé qui ont travaillé sans relâche en première ligne pendant la pandémie et qui ont été applaudis publiquement par le premier ministre lui-même. Comme un député me l'a dit : « Nous sommes passés de héros à zéro très rapidement avec ce gouvernement. » Pire encore, nous continuons de perdre des postes d'infirmières autorisées dans toute la province, comme récemment au Toronto Rehabilitation Institute, au Southlake Regional Health Centre et à Lakeridge Health (ona.org).

L'Association des infirmières et infirmiers de l'Ontario a exprimé son indignation à l'égard de ces projets de loi chaque fois qu'elle en a eu l'occasion, y compris lors d'une rencontre avec la ministre de la Santé, sans succès. Nous étions prêts à nous faire entendre lors d'audiences publiques, mais ces dernières n'ont pas eu lieu. Nous n'avons pas dit notre dernier mot. Nous sommes en train d'élaborer une stratégie juridique pour contester les cas où les employeurs se fient à des décrets d'urgence, sans la présence d'urgence réelle, pour passer outre nos ententes négociées. Nous croyons fermement que le gouvernement s'apprête à affaiblir les réglementations et à réduire les formalités administratives bien avant la pandémie. Il a trouvé l'excuse idéale pour agir en ce sens.

Jamais des projets de loi – en plus du projet de loi 124, *Loi de 2019 visant à préserver la viabilité du secteur public pour les générations futures* – n'ont suscité la colère de nos membres à ce point.

Pour vous assurer que vos voix sont entendues, partout dans la province, vous vous rassemblez à l'extérieur de vos bureaux de députés, de vos lieux de travail et d'autres endroits, tout en respectant les mesures d'éloignement social. Vous sensibilisez le public en toute sécurité et distribuez des dépliants. Vous arborez des affiches accrocheuses. Vous écrivez à vos élus et publiez des lettres ouvertes. Et vous attirez leur attention, car certains acceptent un rendez-vous sur Zoom. L'une de mes histoires préférées est celle d'un membre qui a interrompu à lui seul la conférence de presse du premier ministre Doug Ford pour exprimer son mécontentement extrême à l'égard du projet de loi 124. Je ne m'attends pas à ce que tous les membres aillent jusque-là, mais vous pouvez en faire beaucoup.

Visitez le site action.ona.org pour obtenir des précisions. Un membre de l'équipe de mobilisation de l'Association des infirmières et infirmiers de l'Ontario peut vous aider!

En tant que première vice-présidente, collègue syndicaliste et infirmière autorisée, je suis très fière des mesures qui sont prises. Vous avez prouvé que, même pendant nos jours les plus sombres, vous brillez de façon éclatante, vous vous tenez debout côte à côte, dans un geste de solidarité éblouissant.



Suivez Cathryn at twitter.com/cathrynhoy

**LAST CHANCE
TO WIN \$100!**

ONA Census: Every Member Counts!

Submit your contact info and you could win \$100!

ONA is excited to launch the first ever census of our members!

To improve our services and communications, we need to hear directly from you, our members! Please take a moment and provide us with your up-to-date contact information, including your personal email address (not your employer's) and professional designation.

It couldn't be simpler to submit your info! Choose one of the following:

- ▶ **Complete the online form at *ona.org/census*. Be sure to have your ONA ID number handy.**
- ▶ **Call ONA Dues and Membership Intake at (toll-free) 1-800-387-5580, ext. 2200.**
- ▶ **Email your updated information to *memberchanges@ona.org*.**



*** Each member who submits updates to your contact info and/or professional designation will be automatically entered into a random draw for one of 100 cash prizes of \$100! Good luck!**

***All updates from any source will be included in the draw**



Financial Statements for the year ended December 31, 2019

Balance Sheet

Restated

2019

2018

Assets

Current

Cash and short-term investments (at market value)	\$ 20,648,684	\$ 19,089,039
Dues and other receivables	9,607,478	8,273,191
Prepays	1,125,138	1,093,863
	31,381,300	28,456,093
Capital assets (at net book value)	7,763,501	4,615,856
Marketable investments (at market value)	24,808,853	23,704,433
Investment in ONA Liability Insurance Ltd. (equity method)	22,683,516	22,587,796
	\$ 86,637,170	\$ 79,364,178

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 11,714,347	\$ 11,180,604
Current portion of capital lease obligations	170,108	121,569
	11,884,455	11,302,173
Capital lease obligations	993,414	-
Employee future benefits	24,345,000	23,655,300
	37,222,869	34,957,473

Net Assets

Invested in capital assets	6,599,981	4,494,287
Invested in ONA Liability Insurance Ltd.	22,683,516	22,587,796
Internally restricted	30,839,374	29,160,353
Unrestricted	(10,708,570)	(11,835,731)
	49,414,301	44,406,705
	\$ 86,637,170	\$ 79,364,178

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2018 and December 31, 2019. 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, 2019

Statement of Operations


	2019	Restated 2018
Revenue		
Membership dues	\$ 67,433,781	\$ 64,216,860
Investment income	995,777	872,944
Other	873,331	759,308
	69,302,889	65,849,112
Expense		
Governance/External vision	2,992,259	2,423,596
Membership services	3,732,775	2,004,286
Service teams	28,276,494	26,436,076
Support teams	17,340,393	17,931,384
Fixed costs	9,312,504	8,735,897
Program costs (Security/LEAP/Critical Illness/LTD/Supplementary)	4,186,621	3,385,921
	65,841,046	60,917,160
Excess of revenue over expenses before undernoted items	3,461,843	4,931,952
Amortization	(1,299,852)	(1,170,882)
Unrealized gain (loss) on investments	1,122,485	(647,703)
Share of net income of ONA Liability Insurance Ltd.	870,720	516,066
Excess of revenue over expenses	\$ 4,155,196	\$ 3,629,433

The above information is a condensed version of the Association's audited financial statements for the year ended December 31, 2018 and December 31, 2019. The complete financial statements, including the Auditor's Report and accompanying notes, are available at the Association's office.

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To read a financial primer on what these numbers mean, go to ona.org/frontlines



COVID-19 isn't the first time nurses have been called upon to meet a health-care crisis, and it certainly won't be the last. But this pandemic has stretched many of them to the limit and put their lives and the safety of their families at risk.

Doug Ford has called nurses heroes, but his legislation treats them unfairly and disrespects their value. As professionals who are always there for others, nurses are asking who will be there for them, while they're on the front lines and still fighting.

STILL FIGHTING



nursesknow.ona.org