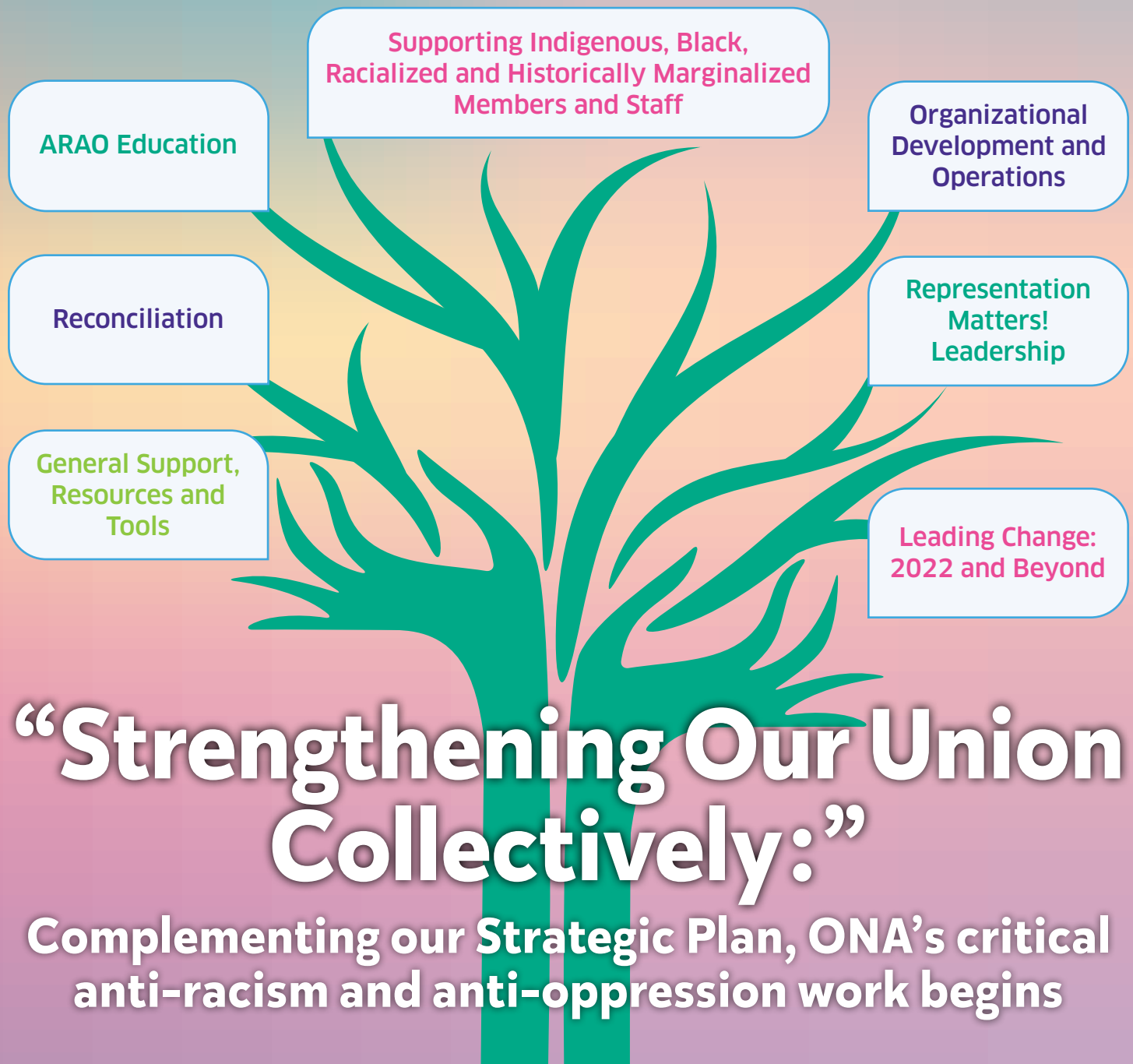


FRONTLINES

Anti-Racism and Anti-Oppression Action Plan Priorities





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ONA is the union representing
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 more than 18,000 nursing student
 affiliates providing care in hospitals,
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Fair is Fair

The following are snippets of a letter to Premier Doug Ford and Health Minister Sylvia

Jones from a retired RCMP officer, who provided a copy to ONA and granted permission to share with you here.

I am writing in support of our nurses. Bill 124, when combined with inflation, has proven to be a pay cut for nurses, and the collateral damages related to it have been detrimental to the overall health care of the people of Ontario. Thankfully, this bill will soon expire, and hopefully the government will bargain in good faith with ONA.

Staffing is a real problem and only getting worse. Nurses are exhausted and experiencing burnout. Morale is at an all-time low, and they feel neglected and disrespected by your government. As a result, many are leaving the profession.

Nurses need to be compensated fairly. I agree money will not cure what is ailing the Ontario health-care system, but it's a start. Nurses have been called heroes for far too long. Talk is cheap. If you pay them what they deserve, it's likely many won't retire early or quit. Hopefully, those who have left for jobs in other jurisdictions will come back. It's great the government is building new hospitals, but where are you going to find the staff to work at them?

Because of your Bill 124, nurses have fallen further behind other essential employees such as municipal police officers and firefighters, who are exempt. The OPP who fall within the jurisdiction of Ontario are also exempt. The issue of pay equity between nurses, police officers and firefighters must be addressed.

A first-class constable with four years' experience with Toronto Police,

requiring a grade 12 education, earns \$106,590 a year. Once the constable reaches eight years of service, then again at 17 and 23 years, they receive an additional three per cent increase for retention pay, meaning that in 2022 a constable with 23 years of service earns a salary of \$116,707.

I doubt the general public is aware that nurses endure some of the highest levels of workplace violence and verbal abuse, not to mention exposure to airborne/blood borne illnesses and high rates of workplace injury and that after 25 years of service (only after completing a four-year degree), still earn less than the four-year constable. I hope you agree that's not right. Almost all police services and fire departments in Ontario follow this pay scale. How is that fair?

Furthermore, it seems COVID-19 isn't going anywhere, and we will need a strong, healthy workforce to continue the fight. Anything short of pay equity with police/firefighters is unacceptable. I'm not dismissing the work of police

and firefighters.

I'm saying the government should

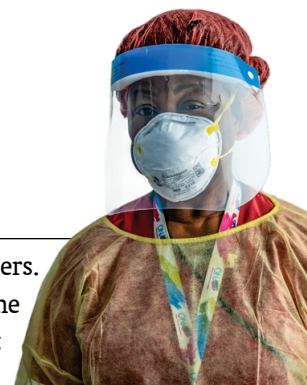
value the work of our nurses more.

All three are essential services – the only difference being that nursing is a female-dominated profession.

Please work with ONA and get this deal done. Nurses deserve it and the people of Ontario will benefit. Don't let health care deteriorate further under your combined watch.

It takes a very special person to do the work that a nurse does. I couldn't do it and I'm very thankful to those that can.

Richard Thompson



HAVE SOMETHING TO SAY?

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

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.

- ▶ **October 31:** ONA Human Rights and Equity Caucus
- ▶ **November 1-3:** ONA Provincial Coordinators Meeting/Education Session
- ▶ **November 6-12:** Medical Radiation Technologists Week
- ▶ **November 13-19:** Nurse Practitioner Week
- ▶ **November 21-27:** National Nursing Students Week
- ▶ **November 21:** National Indigenous Nursing Students 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
CATHRYN HOY, RN



Follow Cathryn at twitter.com/CathrynOna

Solutions Right in Front of Government

THIS MIGHT BE A CLASSIC CASE OF HEAD IN THE SAND.

While hospitals across the province were reducing or outright closing their emergency departments, intensive care units and other services this past summer due to a dire staffing crisis, the government released its Throne Speech, calling the frightening situation “temporary,” and a budget, largely untouched since it was first introduced in April, that offered zero solutions or an infusion of funds.

I don’t have to tell you this is far from temporary. Ontario has been grappling with a severe shortage of nurses and health-care professionals for years, but thanks to the discriminatory Bill 124, government legislation throughout the pandemic that has negatively affected you on the front lines, and severe underfunding of our health-care system, it has reached record levels and grows worse by the day. Nurses and health-care professionals are choosing to leave their professions instead of putting up with nonstop disrespect from the government and impossible workloads that put your professional standards in jeopardy and the safe care of your patients, residents and clients at risk. I’m not sure what the government thinks is going to happen to suddenly make this “temporary” situation go away. In fact, sometimes I wonder if Premier Doug Ford and Health Minister Sylvia Jones are living in the same province as the rest of us.

Particularly troubling is that since her appointment in June, Minister Jones has been largely absent – just when we need her the most. The few times she has emerged, it was to lament that the nursing shortage is a global problem, not unique to our province – no one is arguing that, but how is she going to address it here at home? – and to affirm that Ontarians will continue to access health care with OHIP cards while repeatedly referencing “innovation” in health-care delivery. We strongly suspect, and others have echoed this, that’s code for allowing private operators to provide care. Unfortunately, in a disappointing first meeting with Minister Jones, she said nothing to alleviate those fears. And like I said in what was named the quote of the day by *Queen’s Park Today*: “Your paycheque should not dictate whether you have the right to live or die.”

ONA and our allies will fight any forms of privatization tooth and nail, you can count on that.

We have kept these burning issues in the news nonstop, appearing in dozens of media interviews and stories (see page 23) and speaking at many in-person and virtual media conferences with leaders from both the federal and provincial NDP, the President and CEO of the Ottawa Heart Institute and with our fellow unions, the Canadian Union of Public Employees/Ontario Council of Hospital Unions and the Service Employees International Union Healthcare. During that event, we reiterated our five-point plan to address the staffing crisis once and for all and keep hospitals open: support the existing workforce; increase wages and repeal Bill 124 (see page 10 for information on our Charter challenge on that bill); provide financial incentives to discourage retirements and enhance hiring and retention; recruit with incentives for the nurses and others who are licensed and not working; and significantly expand post-secondary spaces for health disciplines and waive tuitions (read the five points in their entirety at ona.org/news-posts/20220805-five-point-plan/). So, while the government states the actions to address this, again, “temporary” crisis have not been determined, we have literally put the solutions right in front of them!

I wasn’t exaggerating when I recently told the media, in a quote that was carried far and wide, that we are like the Titanic, sinking fast. While it sadly appears the Ford government would rather let nurses and health-care professionals drown than hand us a lifeline, they better get used to seeing my face in the news. I will never stop advocating for you and those under your care. If you can join me, all the better! By pushing back with one strong voice, we will rise to the surface and make positive change. We absolutely must believe that.

Des solutions évidentes pour le gouvernement

IL S’AGIT FORT PROBABLEMENT D’UN CAS TYPIQUE DE TÊTE DANS LE SABLE.

Alors que les hôpitaux de la province réduisaient ou fermaient carrément leurs services d’urgence, les unités de soins intensifs et d’autres services l’été dernier en raison d’une grave crise de dotation en personnel, le gouvernement a publié son discours du Trône, qualifiant cette situation inquiétante de « temporaire », avec un budget, pratiquement inchangé depuis sa présentation en avril, qui ne proposait aucune solution ou injection de fonds.

Je n’ai pas besoin de vous dire que la situation est loin d’être temporaire.

SUITE À LA PAGE 33



From ONA First Vice-President
Chronique de la première vice-présidente, AIO
ANGELA PREOCANIN, RN



Follow Angela at twitter.com/4angiepreocanin

Best Few Minutes You Can Spend!

I DON'T HAVE TO TELL YOU that these are challenging times to be a nurse and health-care professional in Ontario.

Even at the best of times, you were run off your feet trying to provide quality care to your patients, residents and clients. But add a never-ending pandemic and a dire provincial shortage of at least 22,000 nurses – we think the number is much higher – to the mix, not to mention harmful employer policies and regressive government legislation forcing so many to quit, and things became a whole lot worse.

I want to remind you that the one thing that has remained steadfast throughout all this upheaval is the commitment of your union. While we – and so many of you – are out there lobbying the government and our employers on all of the above, we are also here to help with professional practice issues in your workplaces.

Perhaps your employer has introduced a model of care that jeopardizes your ability to meet your standards of care and puts patients at risk. Perhaps you're dealing with short-staffing (almost a given these days), surge capacity (also a frequent reality) or issues with infection prevention and control – the list is endless. Our professional practice and labour relations staff can work with you and your employers to find resolutions. But first we need to know what's going on – and that starts by members filing out a professional responsibility workload report form, which details the situation.

Some members say to me, “but I’m so busy and tired and filling out a workload form is just one more thing to do,” and trust me, I get that. But I also know that the few minutes you spend on that form can reap enormous benefits to both you and those under your care. Let me give you a recent example.

Our long-term care members at Perth Community Care Centre were faced with chronic staff shortages, insufficient baseline hours, poor leadership and communication, and equipment and supply issues – to name a few. After countless meetings with the employer, ONA filed a notice of advancement to an Independent Assessment Committee, the final step in the workload process – and that got their attention! They agreed to mediation and after seeing our strong case, made possible by the whopping 345 workload forms members completed, agreed to several binding recommendations. They include adding a permanent full-time

RN resource nurse, above baseline RN hours; the permanent addition of an extra three days for the RAI coordinator; significant improvements to equipment, health and safety, education, leadership and communications, and orientation; amendments to RN and RPN job descriptions to recognize professional standard accountabilities; and an employer commitment to explore recruitment of internationally educated nurses. So, as you can see, positive change is possible, and our workload forms can help get you there!

You can read more about this success and others like it in our new quarterly *Practice Matters* eNewsletter, chock-full of professional practice resources and stories, delivered right to your inbox.

And if you want to learn more about the workload process, you'll find a wealth of material on our website at ona.org/pp. The most popular session in our Ask a Specialist webinars, available to all members, is *Identifying Standards of Practice in Professional Responsibility Workload Report Forms*. Sign up for this session and see what else we offer at ona.org/ask.

I don't deny that fighting for a safer work environment and standing up takes a lot of time, effort and courage, but with everything ONA has to help you through the process, I know you've got this!

Quelques minutes cruciales!

JE N'AI PAS BESOIN DE VOUS RAPPELER QUE LES INFIRMIÈRES ET LES professionnels de la santé de l'Ontario traversent une période difficile.

Même dans le meilleur des cas, vous avez dû vous démenier pour fournir des soins de qualité à vos patients, aux résidents et à vos clients. Ajoutez à cela une pandémie interminable et une grave pénurie provinciale d'au moins 22 000 infirmières – nous pensons que ce nombre est beaucoup plus élevé –, sans parler des politiques néfastes des employeurs et des lois gouvernementales régressives qui ont forcé tant de gens à démissionner, et vous conviendrez avec moi que les choses se sont aggravées.

Je tiens à vous rappeler que l'engagement de votre syndicat est la seule chose qui est demeurée inébranlable tout au long de cette période de bouleversement. Même si nous – et bon nombre d'entre vous – faisons pression sur le gouvernement et nos employeurs quant à toutes ces questions, nous sommes aussi là pour vous aider à régler les problèmes liés à la pratique professionnelle dans vos milieux de travail.

Votre employeur a peut-être adopté un modèle de soins qui compromet votre capacité de répondre à vos normes de soins et met les patients en danger. Vous devez peut-être composer avec un manque de personnel (presque inévitable ces jours-ci), une capacité d'intervention réduite (également une réalité fréquente) ou des problèmes de prévention et de contrôle des

SUITE À LA PAGE 33





MEMBERS GET LOUD!

“You can’t stop fighting,” Member Urges

Local 124 Coordinator Donna Oliver has an important message for her fellow members: if you want to bring about change, you have to get involved in the union.

She knows of what she speaks. Earlier this year, she was part of a team of critical care nurses, respiratory therapists, the Local executive and other members from Southlake Regional Health Centre that was instrumental in making positive changes to the employer’s pre-sponsorship program after they announced they would be moving to a team-based nursing model in the chronically understaffed intensive care unit (ICU) – the cardiovascular ICU and cardiac care ICU were also concerned the model would be coming – and hiring 13 RNs into the program with just 15 days of training (the original plan called for only five) instead of the normal 12-week course.

“I’ve been an RN at my hospital since 1990 and have been involved with ONA for probably 25 of those years,” Oliver said, noting she’s served as Secretary, Unit Rep, Grievance Officer and fills in for the Bargaining Unit President when needed. “But this political action work really charged me. There has always been a feeling in the back of my mind that you need to stand up. If you sit by and don’t participate in those conversations, educate yourself and others on the issues or physically show up in a show of force, you don’t have the right to complain. It doesn’t matter if it’s political action around Bill 124 or violence in the workplace or supporting critical care nurses – it’s all about respect and keeping us and our patients safe.”

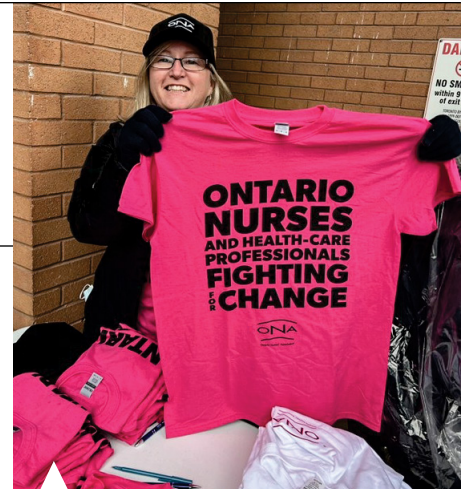
And, Oliver stressed, this work need not be intimidating or overwhelming. She used the example of the Ontario Federation of Labour’s recent May Day rally in Toronto where several area Locals volunteered their time.

“At first, I thought, ‘it’s a Sunday, my day off, how am I going to make that happen?’ But then it was, *who can volunteer to do the noisemakers?* I said, ‘I can do that!’ And *who can hand out t-shirts?* ‘Sure, I can do that too; I can come early!’ Then other people said, ‘I’m going to do my part.’ Some were stapling signs to wood and others punching holes asking, ‘what else do you want me to do?’ There was a job for everyone. It doesn’t mean others have to do what we do; it doesn’t even mean you have to come to a rally. What it means is you get involved at the level you’re at.”

Oliver noted that for some, that might be sitting on a committee, participating in ONA education or filling out a workload form in solidarity with other nurses and health-care professionals to say you stand for safe work. She also highlighted the importance of getting the younger generation involved at the start of their careers.

“If we bring them to a rally and they see the commitment ONA makes to its members and to educate the public on the realities they only know if they end up in emerge or need a service and see the cuts, they can experience what it feels like to be part of something bigger than their workplace. It makes them think differently. And they always learn something.”

And it’s not just political action work, Oliver added.



“I recognize more than ever that time is precious,” said Local 124 Coordinator Donna Oliver, seen here handing out t-shirts at the Toronto May Day rally. “The pressures in the last two years have been overwhelming, and we all have limitations. But we must make time for the things that we hold important. If you’re not involved in a capacity that you can handle, you’re not part of the solution.”

“I was mentored by the person who asked me to be the Unit Rep and had me tag along to meetings, and then later by another leader who encouraged me to be the Grievance Officer. Both emphasized to me that we have to fill the shoes of people who are retiring or leaving, so it’s about educating our members to want to get involved in this work. I send members snippets of the collective agreement and say, ‘have a look at this.’ Encourage them to read the language. It has power.”

She urges others to recognize who is out there, what they can do and then start mentoring them, noting, “we find them at political action and Local meetings. We find them in the weeds. It’s not an easy task because a lot of members don’t want to get involved. They believe it’s a ‘you’ job. That is, until they are reminded – and here’s the kicker – that somebody has to do it. We are all ONA.”

“It takes all of us to make change,” she concluded. “It’s just different levels. You can’t stop fighting and lobbying in a peaceful manner that makes a difference. We all need to ask ourselves what we are willing to do.”

Member Pens Poem on Nurses' Realities

When member Shezal Gibon wanted to express how she feels about her caring profession, she took out her pen and paper.

"I would like to share this poem with my fellow nurses," she said. "It is a reminder to all of what we as nurses do and are capable of. It's a reminder of the impacts that are made as we dedicate ourselves to this profession."

Nurses

*Nurses are the glue that hold
and uplift the health care system.*

*Most days we do and see it all,
just to wake up to do and see it all again.*

We care for

Plan for

Educate for

Understand for

Implement for

Advocate for

And so much more.

*Nurses show up every day deciding
to make the health and wellbeing of community members,
and sometimes perfect strangers, a priority.*

*We carry the weight of hope
in our hands.*

*Our minds free from biases
and stereotypes.*

We care to help, and help to care.

*Empathy is our strong suit,
as well as efficiency.*

*We make the time for those who are ill physically, mentally, socially,
emotionally and spiritually.*

We cover all bases. Yet still endure loss.

Regardless, we stand firm in our decision;

*Our lifelong calling to serve and bring forth good and optimal health
in others.*

*We do a lot, and we BE a lot
for those in our care.*

Simply because we care.

*Nurses are human beings with unique
and necessary skills in many areas.*

*We are continuously practicing science
and art holistically.*

*We are human beings working tirelessly
to uplift our fellow human beings.*

*Fueled by purpose and
made possible with love.*

In this profession, we are doing our best.

Signed,

One of many nurses



"We need action now," Member Tells OFL Rally

Flanked by fellow ONA members and the Board of Directors, Shelly Ormsby, who most recently served as a Region 3 seconded for our provincial election work, outlined our key issues during the Ontario Federation of Labour's *Listen Up! Workers Demand an Ontario for all* rally at Queen's Park. Timed to coincide with the convening of the Legislature on August 8, the rally, which drew hundreds of union members and other supporters, demanded a \$20 minimum wage, 10 paid sick days, well-funded public services, affordability and better access to a union. "Premier Doug Ford continues to fail the people of Ontario when it comes to health care," Ormsby told the crowd. "He has created a health-care system where nurses cannot afford to stay. Nurses and health-care professionals are feeling the impacts of Bill 124, a bill that has unfairly suppressed our wages. As a result, Ontario is currently facing a nursing crisis like no other. As a nurse, I'm directly feeling the impact of this nursing crisis. Approximately two weeks ago, my ICU closed due to a lack of staff to fill the shifts and provide necessary patient care. The staff were issued short-term layoff notices and our future has been left up in the air. I'm now working on a unit I did not apply for, but I had no other choice. After years of fighting a pandemic, demanding the repeal of Bill 124 combined with the inaction of Premier Ford, nurses are fed up! Ontarians, nurses and health-care professionals across the province need action now! We can't afford to wait."

“She is my angel,” Mother Says of ONA Member who Saved Choking Baby

When ONA member Sophie Barrette dropped by Costco to pick up a few items, she couldn't possibly have known she would end up saving a life.

But that's exactly what happened when Barrette, who works in the Mobile Crisis Unit in The Ottawa Hospital's mental health department, answered the call over the store's speaker for any nurses or doctors to immediately come to the aid of a choking infant. Using CPR, she was able to save the child's life. The infant's mother, Katie, was so grateful, she sent a letter to the hospital's Department of Patient Relations singing Barrette's praises, a copy of which was shared with *Front Lines* (see below), and made a donation through the hospital's Gratitude Award Program.

“I worked in the intensive care unit at the Montfort Hospital for seven years, so I am experienced with CPR,” said Barrette. “It really was about being at the right place at the right time. I feel very grateful to be a nurse and, in that moment, lucky to have such a skill set that could save a life.

Nurses often take for granted what we are capable of and the impact we make on our patients' lives. I'm proud to say that two other nurses also rushed over, willing to help with compressions, although we were fortunate that we had a response in the first two minutes.”

For that reason, Barrette stresses the need for people to undergo and keep up to date on CPR/First Aid training because “you never know when you will need it or can possibly make a difference in someone's life.”

She certainly made a difference in Katie's life, calling her “a beautiful person. For this mother of four young children to take the time to write such a letter is very meaningful to me. It was completely unnecessary, but I very much appreciated the gesture. She has kept me updated and I'm just so happy to share that her son is thriving.”



Baby Van is thriving, ONA member Sophie Barrette tells us.

Below are segments from a young mother's letter of gratitude for ONA member Sophie Barrette, “which is affirmation of how much impact nurses have on our community and in our health-care institutions in general,” said The Ottawa Hospital Bargaining Unit President Rachel Muir.

I was shopping at my local Costco with my two-year-old infant. We were trying all the samples when I noticed that he was shocked after I gave him a frozen strawberry. I told him it was cold and to be careful. Then I realized the shock was not from the cold; it was because he could not breathe. The strawberry was lodged.

I started tapping his back, but noticed his colour changing. I panicked, pulled him from the cart and started the Heimlich maneuver. My baby became unconscious in my arms and people ran to assist. I passed him to another to try the maneuver. Watching my baby limp and blue, I started screaming for someone to help. Thankfully, a Costco member sprang into action and went to the store speaker to ask for any nurses or doctors to come to our area. I am told three nurses came running.

The whole situation is so blurry and I have a very hard time remembering all the details, but I will never forget seeing Sophie start CPR on my baby, whom I honestly thought had already passed. After a few minutes, a man checking for vitals turned to me and said, “he's breathing!” Sophie told me to come and be there for him. I witnessed a miracle and know those around us felt the same. I remember seeing Sophie's shaking hands as she started explaining things to the paramedics. I kept rubbing her puffer coat saying, “you are my angel.” She didn't waver and

systematically recalled every detail to the paramedics in such a calm, confident manner. I'm sure I was just staring at her with my jaw dropped in awe.

We are now settled back into normal life and I still break down thinking of Sophie doing her shopping and running to us – leaving her own baby with a bystander to save mine. It's so hard for me to wrap my head around what her presence meant that day. The heart that woman has to run to someone in danger. The courage she has to spring into action. The knowledge/expertise she has to know exactly what to do. I will never be able to pay her back. I know without a doubt that if Sophie was not at Costco that day, our family's life and happiness would be changed forever. I don't know if I could have ever forgiven myself if I had lost him. I have already booked my family and I to attend a CPR course and bought choking devices for my diaper bag and at a friend's house. If I can help anyone else the way Sophie helped me, it's another way I can honour her and what she did.

In today's world, we are constantly brought down with negativity, but the truth is there are so many wonderful selfless people around us and Sophie is at the absolute top of that list. She is incredible and deserves recognition.

Members Explain Why They Fight

Because many Locals chose to forgo face-to-face Nursing Week events due to COVID-19, we asked members via social media to share your realities on the front lines, using the hashtag #WhyIFight. The contest tied in with our Nursing Week theme of *Dedicated to Care. Fighting for Change*, which struck the perfect balance between your commitment to your patients, residents and clients and the need to fight for your workplace and union rights as you continue to be challenged with Bill 124 and a slew of other regressive government legislation.

Here, in our continuing series, are more of your deeply personal and at times heartbreaking stories.



This pandemic brought on unprecedented nursing shortages as we balanced fearing for our lives without proper PPE, nurses leaving in droves to the U.S. where they are making two to five times what we make here or leaving nursing altogether. Although there are moments that bring us joy, there is heartbreak in dealing with short-staffing, backordered equipment and increasingly complicated cases. Nursing is a calling, there is no doubt. You have to be made of tough stuff just to deal with the endless bodily fluids that we get covered with and clean up on a constant basis. Traditionally, we are shown as angels. The community has clapped for us. But now with the threat of health-care privatization, Bill 124 and Bill 106, we feel undervalued, underappreciated and completely exhausted, physically and mentally. I am easy going and can roll with a lot of things, but even I am struggling right now. It doesn't have to be this way.

Melissa Lynn Peters



As a nurse, I have brought newborns into the world, held parents' hands as they watched their baby take their last breath, taught them the basics of caring for their new family member, and cared for survivors of sexual assault and domestic violence. My job is possible because I have an amazing team of nurses, doctors, health-care professionals and a nurse manager that keep our unit functional and safe, and generally make each shift enjoyable. We are a team and a family. When I started my first job as a fully licensed RN, I was full of love and excitement over my new job and profession. Unfortunately, over the past three years, I have seen members of my work family leave the hospital or the profession due to burnout and the constant disrespect shown to us by the government. Bill 124 and Bill 106 undermine our ability to bargain for our worth, while the government continues to tout us as "health-care heroes" and the "backbone of health care."

Alicia Chhin



In 2005, I was in 12th grade trying to figure out my future. My beloved grandpa (Amang) was battling gastric cancer and although his treatment team worked hard to give him a little more time, he was eventually transferred to palliative care. As a young girl, I was tasked by the home care nurses to learn how to manage his G-tube feeds and site dressings. One of the last things he said to me was, "thank you for being my nurse." I had the great honour of singing to him as he took his last breath. I was forever inspired. I started nursing school in 2006, and 16 years later, am still standing and practising as an RN in both the community (Monday to Friday) and the hospital (weekends and holidays). #WhyIFight? Every moment working with my patients brings me close to my Amang. I care and advocate for my patients as if they were my own family. I fight for your family even if no one else is there. Even when people tell me to slow down or do less, I continue to answer the call. I show up. I'm still standing and I'm still smiling when I interact with my patients. I'm so proud to be part of an amazing professional community that has been so resilient during unprecedented times.

Bethel Lascano



WHAT ARE YOU GETTING LOUD ABOUT ON THE FRONT LINES OR IN YOUR COMMUNITY?

SHARE IT WITH US!



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KNOW YOUR RIGHTS

Our Day in Court: Bill 124 Charter Challenge Gets Underway

Just as *Front Lines* headed to print, our Charter challenge on Bill 124 began.

ONA and several other affected public sector unions launched the Charter challenge in 2019 after the legislation, which caps total compensation for some public sector workers, including ONA members, at one per cent for three years, was passed by the Ford government. Since that time, ONA's legal team (Kate Hughes, Danielle Bisnar and Janet Borowy) has been busily preparing for the hearing before the Ontario Superior Court of Justice, which began on September 12 and continued for two weeks.

Drawing on the thousands of pages of evidence we filed, our legal team spoke before Justice Markus Koehn about how Bill 124 violates our rights, which are enshrined in the *Charter of Rights and Freedoms*. They specifically highlighted the discriminatory nature of the bill, which targets female-dominated professionals, such as nurses and teachers; that it has resulted in a significant pay cut when inflation is factored in; and how it interferes with our right to freely bargain and negotiate our compensation. Read a

summary of the court proceedings at ona.org/about-bill-124/.

Just before the proceedings got under way, ONA joined the Ontario Federation of Labour and several other public sector unions, which also presented to the Court, for a media conference to express our deep concerns with Bill 124. ONA President Cathryn Hoy noted that the bill has had an enormous impact on the province's ability to recruit and retain nurses and health-care professionals and has been the "breaking point for many, who are



ONA President Cathryn Hoy speaks at an Ontario Federation of Labour media conference in Toronto on September 12 about our concerns with Bill 124, just as the Charter challenge on the legislation begins.

leaving their profession demoralized and angry."

If we are successful in our Charter challenge, not only will Bill 124 be repealed, but ONA will also be able to reopen previous contracts affected by the bill to try to claim lost wage increases.

While we don't know how long the Court could take to rule on our Charter challenge, we urge you to check ona.org/about-bill-124/ and ONA's social media platforms (see page 2) for any breaking news.

Labour Day 2022: 150 Years of Strength and Power!



After a virtual event in 2020 followed by one on wheels last year, (then) Region 3 Vice-President DJ Sanderson, Local leaders and members were finally able to walk the route of the 2022 Toronto and York Region Labour Council's Labour Day Parade on September 5. Under the parade theme, *150 Years Together*, the ONA contingent joined hundreds of other union members and their supporters marching to the grounds of the Canadian National Exhibition, also returning for the first time since the pandemic hit, to demonstrate and celebrate the strength and power of the labour movement. The theme is a shout-out to the fact that the first Labour Day parade was held in December 1872, organized by the (then) Toronto Trades and Labour Assembly in support of the Toronto Typographical Union's strike for a 58-hour work week. All these years later, the tradition continues!

The Importance of a Giving a Land Acknowledgement

For the past several years, ONA has started our provincial, Local and staff meetings by acknowledging the traditional lands on which we are gathering. With the serious issues impacting Indigenous peoples being brought more and more to the surface, never has this been so important.

“We do a land acknowledgement to honour the past treaties, which we as settlers, colonizers or Indigenous persons were part of,” said Region 2 Vice-President Bernie Robinson. “Treaties weren’t, as many thought, a sale of land; they were an agreement to share the land peacefully. And that piece of history was not passed on very well. Instead, the government restricted Indigenous peoples to ‘reserves’ and tried to encompass them on their own little bit of land instead of acknowledging that all the land was inhabited by them. So, a land acknowledgement is our acceptance of truth and reconciliation and our commitment to share the land peacefully.”

Robinson, whose grandmother was Indigenous, sits on the Ontario Federation of Labour’s (OFL) First Nations, Métis, Inuit Committee (referred to as The Circle) as ONA’s representative. The committee, which is comprised of Indigenous leaders from several unions and meets quarterly, discusses issues in Indigenous communities from a labour relations perspective, such a clean water, and suggests policy changes and puts forth resolutions to the OFL executive and/or the Canadian Labour Congress to address them.

“We always do a land recognition at The Circle, and we have received education on it,” she said, noting she brought back this information to the entire ONA Board of Directors and the Board’s Quality of Services Committee that she chairs. “I started to learn more about the importance of it and why we do it as I attended more meetings of The Circle. And now, at many connects that I’m on, say with the government or other organizations, I encourage making the effort to do a land recognition.”



“A land recognition is an awareness that Indigenous peoples have been restricted by our society,” said Region 2 Vice-President Bernie Robinson. “I’m not really sure how everyone gets back to an even footing, but we all have to start somewhere.”

In fact, ONA conducts land recognitions at the beginning of all provincial, Board, Board Committee and staff meetings and strongly encourages our members to do the same at their meetings, including Area Coordinators Conferences, and Local executive and Bargaining Unit meetings.

“It’s important to start by acknowledging the space that you’re in, which means the ground under your feet – those who came before and those who are present – and have a clear focus that we need to leave things better than we found them,” Robinson advised. “You need to be mindful of the Indigenous issues that are relevant to either your area or the meeting itself because there’s always something we can tie into a land recognition. It’s about learning about those issues and having awareness. For Indigenous peoples, quality of life is such a big thing because they’ve been left in some conditions that don’t provide that. They don’t have adequate housing and clean water, and sometimes they don’t have adequate food sources and access to education. For example, they may be in communities where they’re not receiving supplies, or the supply chain is running behind because of the weather or other factors, making them vulnerable.”

However, the most important thing you can do in your land acknowledgement is be genuine, she said, adding this recognition need not be intimidating (see sample below).

“It must be a sincere gesture of reconciliation by recognizing your part. That means acknowledging if you’re a settler or a colonizer or an Indigenous person. That is important in helping us know where our place is in this puzzle of truth and reconciliation. Your land acknowledgement doesn’t have to be long or flowery, but sincerity is the key.

I can’t stress that enough.”

What to Say During a Land Acknowledgement

We encourage all ONA Local leaders and members to begin meetings with a land acknowledgement. Here is an example, taken from our own provincial meetings, that you can adapt by identifying your own territory (to find out what lands you are meeting on, go to native-land.ca):

We at ONA acknowledge and recognize the lands we are meeting on today are on the traditional territory of many nations,

including (identify the appropriate territory) and is now home to many diverse First Nations, Inuit and Métis peoples.

By providing this land acknowledgement, it gives time for reflection and demonstrates recognition of the Indigenous lands, treaties and peoples. It also gives us the opportunity to think about what happened in the past and what changes can be made going forward in the process of reconciliation.

(Then provide an example of an Indigenous issue in your area or that pertains to your meeting, if possible.)

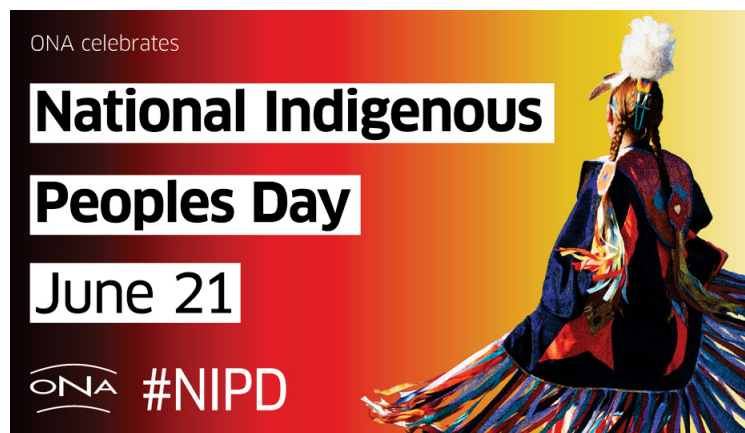
If you need help preparing your first land acknowledgement, Region 2 Vice-President Bernie Robinson and Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity, encourage you to get in touch with them at bernier@ona.org or dawna@ona.org.

ONA Marks National Indigenous Peoples Day

National Indigenous Peoples Day this past June was another opportunity for ONA to showcase our strong commitment to supporting Indigenous members and the serious issues they face.

Each year, Indigenous peoples and communities celebrate their culture and heritage on or near June 21, the summer solstice, the longest day of the year. In honour of the occasion, members participated in events throughout the province, including a sacred Sunrise Ceremony at Toronto's Nathan Phillips Square, attended by (then) Region 3 Vice-President DJ Sanderson (see photo below). A Sunrise Ceremony is a deeply spiritual and personal ceremony performed to welcome the beginning of a new day and express appreciation for life and nature.

"While National Indigenous Peoples Day is an important day to celebrate, recognize and honour the distinct heritage, cultural practices, spiritual beliefs and outstanding contributions of First Nations, Inuit and Métis peoples across the country, I want to be very clear: this is not something we acknowledge for 24 hours only," said Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity. "It is imperative we continue to confront our legacy of oppression and violence towards Indigenous peoples and take responsibility for reconciliation, justice and equity."



ONA produced a visually-stunning poster and shareable (see image above), and provided a plethora of information and resources on our website (ona.org/news-posts/2022-nipd/.)

"This past year has caused significant emotional traumas for all Indigenous children and adults around the former residential schools," added Armstrong. "Indigenous peoples continue to face oppression and systemic barriers that hinder their access to high-quality, well-funded public services, including health care and safe water. Advocating for access also means supporting and recognizing the unique experiences of First Nations, Inuit and Métis ONA members and staff. We all have an important role to play in that."



To learn more, visit the National Centre for Truth and Reconciliation at nctr.ca

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Out Again! Members Make Colourful Return to Pride

After a two-year hiatus due to the pandemic, ONA members were only too happy to once again display their true colours at the Toronto Pride parade.

The parade, the biggest in the country and one of the largest in world, brought together all members of the ONA Board of Directors, along with dozens of ONA members and staff (parade organizers capped the number of marchers per delegation to 100), who either rode our beautifully decorated float or walked

(some danced!) alongside it to promote self-affirmation and expression, acceptance, acknowledgement and respect for diversity of sexual orientation and gender identity.

This page contains a collage of just some of the vivid images from the day. We'd love to hear how you celebrated Pride in your Local/community – and maybe see a photo or two – at frontlines@ona.org.





QUEEN'S PARK UPDATE

Read ONA submissions at



ona.org/submissions

Five-Point Plan to Stay Open

On August 18, the government introduced a “five-point plan” to stay open as a second phase of Ontario’s re-opening. Most of these measures do not align with the actions proposed by ONA and our sister health-care unions, such as repealing Bill 124, reducing workloads and bringing in safe staffing ratios and conditions.

Instead, ONA President Cathryn Hoy characterized the government’s plan as “shuffling deck chairs on the Titanic.” The government stated they will be increasing OHIP-covered procedures offered at private hospitals and relying on controversial legislation allowing hospitals to move Alternative Level of Care patients to long-term care homes without their consent (see details below).

The announcement also referenced making Paxlovid, COVID-19 vaccines, flu vaccines and antigen tests available; expanding the 911 models of care, which allow paramedics to treat patients in the community; and pushing for the College of Nurses of Ontario to expedite the licensing of internationally educated nurses (see far column) and the waiving of registration fees for recently retired nurses who return to the field.

Bill 7 – Taking Choice Away from ALC Patients

The government has rushed through new legislation, the *More Beds, Better Care Act*, which doesn’t create more beds or deliver better care. Instead, it allows hospitals to assess Alternative Level of Care (ALC) patients without their consent and apply to long-term care (LTC) homes on those patients’

behalf, also without their consent. Advocates fear the law will be used to discharge ALC patients to homes they have not selected, far from their communities and loved ones.

ONA and other health-care stakeholders were not consulted on the legislation or the regulations and field guidance document that allow for ALC patients to be placed in LTC homes up to 70 kilometres away from their homes in southern Ontario and up to 150 kilometres away in the north. Hospitals will now be required to bill discharged patients \$400 for each day they remain in hospital.

ONA has spoken out loudly and publicly against this legislation. We also have serious concerns about the implications for placement coordinators who may be tasked with carrying out assessments without a patient’s consent. We know this legislation does absolutely nothing to address the root causes of the hospital crisis in Ontario, which is a crisis of nurse and health-care staffing.

Health-care Privatization Looming under Ford

Premier Ford and Health Minister Sylvia Jones have been very clear that they will be expanding the number of surgeries and diagnostic procedures

conducted in private, for-profit health-care facilities. This, despite spending the entire election denying they had any plans to privatize.

ONA, alongside other unions, has spoken out strongly against this plan, which will see the lowest risk, most profitable patients treated in private hospitals, while complex patients with higher acuity are left in a hollowed-out public system. Private care will also divert staff from the public system, making staffing issues even worse.

ONA will be fighting tirelessly to prevent the privatization of our public health-care system and to support investment in the necessary resources to make our public health-care system succeed.



Expediting Licensing for IENs

In August, the government directed the College of Nurses of Ontario (CNO) to propose ways to expedite the licensing of internationally educated nurses (IENs) to address the nursing crisis in our health-care system. As a result, the Ministry of Health has given the CNO the go-ahead to proceed with regulatory changes to allow IEN applicants who have completed nursing education approved in another country to be temporarily registered while



completing the full registration process. Temporarily registered nurses must be monitored by an NP, RN or RPN.

ONA is supportive of fast-tracking IENs to practise in Ontario and we continue to advocate for the government to bring back the Late Career Initiative so that recently retired nurses can provide mentorship and support.

The CNO will also be permitted to allow applicants two opportunities to pass their exam before a temporary licence is revoked.

Budget 2.0 Passed

After their re-election, the Ford Conservatives re-introduced their budget. It was almost identical to the version they used as a campaign platform.

One of the few changes was a new five per cent increase to Ontario Disability Support Program (ODSP) payments, which amounts to under \$50 a month. Advocates have noted this still keeps people with disabilities in "deep poverty," with just \$1,228 per month to cover housing, food and all other expenses. That's 30 per cent lower than the province's own poverty line of \$20,000/year.

Opposition parties continue to call on the provincial government to double ODSP rates, noting that poverty is the single largest determinant of health.

New Cabinet

Ontario has a new Deputy Premier and Health Minister – Minister Sylvia Jones.

Sylvia Jones was previously the Solicitor General and has been elected as the MPP for Dufferin-Caledon since 2007. Since her appointment, Minister Jones has spoken consistently about the need to privatize even more of our health-care delivery.

Paul Calandra continues to serve as House Leader, Minister of Long-Term Care and Minister of Legislative Affairs. Monte McNaughton kept his role as Minister of Labour, Immigration, Training and Skills Development.



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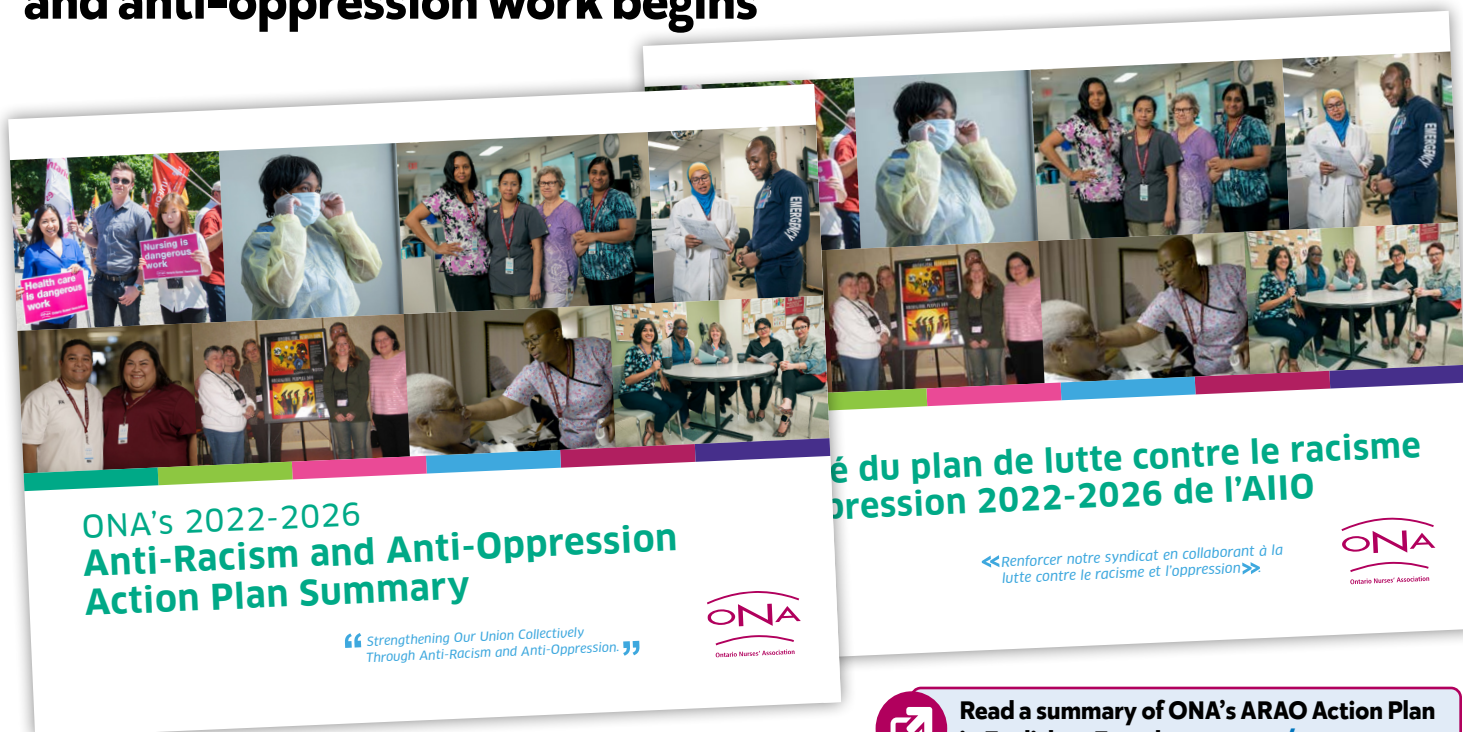
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“Strengthening Our Union

Complementing our Strategic Plan, ONA’s critical anti-racism and anti-oppression work begins



Read a summary of ONA’s ARAO Action Plan in English or French at ona.org/arao

We must do better.

That simple but powerful sentiment is the driving force behind ONA’s anti-racism and anti-oppression (ARAO) work, which kicked into high gear two years ago when the world had a long overdue wake-up call following the death of George Floyd at the hands of a Minnesota police officer, and resulted in the recent release of our four-year ARAO Action Plan (ona.org/arao).

ARAO Approach

“ONA has always believed that every member has the right to equal treatment and freedom from discrimination and harassment in the workplace,” said Region 1 Vice-President Dawn Armstrong who holds the portfolio of human rights and equity. “Traditionally, we used a human rights and equity approach to guide this work, which we will continue to do. But through this process, we learned that we must also implement an ARAO approach to identify and address intersectional forms of racism and advance equity. What does that mean? It means focusing on the different ways people from Black, Indigenous, racialized and historically marginalized groups experience racism. We already know

they are at an increased risk of poorer health outcomes – the pandemic has certainly shown that. But it’s also about actions that we can take individually and collectively to address racism. I’m so proud to help oversee this crucial work, which the Board of Directors is 100 per cent behind.”

So much so, that ONA released a powerful position statement on anti-racism, *Beyond Good Intentions: Confronting Racial Discrimination through Solidarity*, in June 2020 that called for a series of concrete actions, including the formation of a consulting group of members to strengthen policies and approaches to forms of intersectional racism, noting, “We will listen to those with lived experiences. We will educate ourselves. We will not be silent.”

How the Action Plan Came to be

And we certainly haven’t. ONA’s Anti-Racism Advisory (ARA) Team was formed soon after, comprised of up to three Black members, up to three Indigenous members and up to three members from racialized groups, many of whom say they have experienced racism firsthand and want to be part of change (read more about the current team and how you can join on page 20).

Collectively:”

“Racism impacts us every day in terms of our work, how we connect with others, and to what degree we feel we belong,” said ARA Team member Cheshta Sharma. “This is our chance to create something different for our members.”

“This team sparked my interest because I want things to be better,” concurred fellow member Brittany Hertz. “Indigenous peoples have and still are enduring so much: rights and access to land, residential schools, missing and murdered women, child welfare issues, lack of clean drinking water, education and health care, and the Sixties Scoop, which many of my family members are still healing from.”

The ARA Team is supported by ONA’s ARAO Working Group, made up of Armstrong and ONA staff and led by consultant Tomee Sojourner-Campbell, who brings a wealth of experience, having been involved in ARAO work for more than 25 years, 24 of which were spent as either a union member, consultant or employee. Her role as lead consultant involves collaborating with the staff working group in examining how ARAO impacts different levels of the union, conducting research and gathering data to determine what ONA needs, and then, working with membership, developing educational content and structures to make sustainable change.

“Everyone on the working group brings so much knowledge about the internal workings of ONA and both their lived and professional experiences,” said Sojourner-



“ONA members are driving so much change and whatever we can do to support them in their day-to-day work is important,” said ARAO Lead Consultant Tomee Sojourner-Campbell.

Campbell, whose mother was a public health nurse. “I did a lot of research into what was already available, for example, ONA’s *Have Your Say* bargaining survey, looking at some of the issues that have been brought up by those with direct lived experiences of racism and intersectional forms of racism within our communities and in the workplace, as well as what was happening within the broader health-care sector addressing issues around racism. We didn’t have to do a lot of surveying at this point because there have been decades of work happening at ONA on the ground, both publicly and internally.”

With that information, Sojourner-Campbell started drafting ideas of what an ARAO action plan could look like, making note of the gaps and limitations within ONA, and brought proposals and priorities back to the staff working group, which meets weekly.

“As the working body of the ARA Team, the ARAO Working Group began

« Indigenous peoples have and still are enduring so much. I want things to be better. »»

— ONA Anti-Racism Advisory Team Member Brittany Hertz, RN

this work,” said ARAO Coordinator Sophia Ruddock. “But throughout the process, we consulted with the ONA members on the ARA Team, and they reviewed the draft action plan.”

In fact, the contributions of members with lived experiences on the ARA Team proved invaluable. Team member Ingrid Garrick, for example, has “contributed to committees at my hospital for more than 30 years and I am currently a member of the Black Legacy Committee. We have developed and implemented anti-racism policies and contributed to mandatory anti-racism education for all staff as well as ensuring there is an anti-racism component to the orientation of new staff.”

This collaborative effort resulted in the final four-year ARAO Action Plan, which was then approved by ONA’s Board of Directors.

Priorities and Actions

The action plan, a summary of which is available on the ONA website at ona.org/arao, was released this past summer. It lists 34 concrete action items under seven key priority areas – 1. Reconciliation; 2. ARAO Education; 3. Supporting Indigenous, Black, Racialized and Historically Marginalized Members and Staff; 4. General Support, Resources and Tools; 5. Organizational Development

Learn more and view resources at



ona.org/arao

Want more information or have a question or comment about the ARAO Action Plan?



Send an email to arao@ona.org



"Anti-Black and anti-Indigenous racism and hate have no place in our union, our health-care system or our society," said Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity. "The Board is 100 per cent committed to this work."

and Operations; 6. Representation Matters! Leadership; and 7. Leading Change: 2022 and Beyond (see image on page 19 for more) – that "will guide us forward as we build our infrastructure, challenge systemic racism and strengthen internal capacity to integrate evidence-based ARAO practice into every level of ONA's services, work environment, workplace culture and leadership." The plan, which outlines how each priority ties into ONA's broader Strategic Plan, will also help ONA develop tools and resources to evaluate our existing systems, services, education, policies, procedures and practices.

"There isn't one priority that's over everything else because they really work together," noted Sojourner-Campbell. "So, Priority 1 is creating a reconciliation plan. Working on decolonization is a priority for the entire organization but lends itself to everything else. We realize it's more how things move together, and some will kick in later. For example, Priority 7 is about ONA leading the way, but ONA is initially doing work that needs to be done internally. We staged the action plan out to what we see as feasible over year zero, which is now

« Systemic racism in our society impacts everybody in every moment that we're in a community together. And now, more than ever, we need to work collectively. »»

– Tomee Sojourner-Campbell, ARAO Lead Consultant

until May 2023, and then will move incrementally throughout to ensure we touch on all priorities. We developed an incredible list of action items that are about accountability and trust-building, and they're broad enough that the work will get done within their parameters."

While we're currently in the very early stages of the implementation process – the group is looking for an Indigenous consultant to help with Priority 1 – the working group is quick to point out that the action plan, which we encourage all members to read, is fully adaptable.

"We recognize as a working group that change always happens," explained Sojourner-Campbell. "So, things will ebb and flow as the plan progresses, but the core actions won't be taken away."

"While the timelines and how we get there may be flexible, the destination is going to be consistent," added Ruddock.

Also consistent is the need for the working group to obtain member feedback as the plan rolls out. The working group has set up an email box (arao@ona.org) for members to provide comments and ask questions about the plan and detail what you need within your own regions.

The Plan in Motion

Member feedback is important because the action plan states that "without individual and collective action, racism in all its different forms will continue to threaten the health and safety of so many in our profession, work environments and the communities we call home."

"I want members to use this work, not only in their role as union member, but to have it integrated into their personal and professional lives as well," said ARAO Coordinator Amleek Mahngar-Kainth. "There are three aspects to that: Reflect, educate and speak up. We encourage members who are not from Indigenous, Black or racialized communities to become allies. Our ARAO web page contains a lot of information. Education really is central in this plan – understanding the lens of anti-racism and anti-oppression – and so introductory education is now available on the ONA eLearning platform (ona.org/education) and in the fall we're looking to have our first half-day course for all members and staff, which does talk about what you can do."

"That's a really big part for me: for everybody to learn," added Sojourner-Campbell. "Even if you have lived your own personal experience, there's learning to do. I've learned a lot; it's not a bystander process. People have to really be committed to educating themselves, being engaged and being comfortable with being uncomfortable. For marginalized people and members of Black and Indigenous communities, we need to have conversations and build and rebuild trust. That's what this work is about."

Something else it's about? Integrating this work into political action at all levels, she said, "so even the messaging that's happening when you go into bargaining – are there particular issues that are coming up for Black and Indigenous nurses in the

ONA's Anti-Racism and Anti-Oppression (ARAO) Action Plan Priority Areas

“ Strengthening Our Union Collectively Through Anti-Racism and Anti-Oppression. ”

ARAO Education

Provide ARAO education to address intersectional forms of racism.

General Support, Resources and Tools

Provide ARAO support, resources and tools to members and staff who may not have direct lived experiences with intersectional forms of racism.

Organizational Development and Operations

Integrate ARAO practices into every level of operations and work environments.

Reconciliation

Develop ONA's Reconciliation Action Plan to strengthen our capacity to support Indigenous members and staff.

Representation Matters! Leadership

Increase the representation of Indigenous, Black, racialized and historically marginalized members at every level of leadership, including the Board of Directors.

Supporting Indigenous, Black, Racialized and Historically Marginalized Members and Staff

Develop systems of accountability to better support Indigenous, Black, racialized and historically marginalized members and staff.

Leading Change: 2022 and Beyond

Leverage ONA's leadership to advocate for the intentional integration of anti-racism and anti-oppression into Ontario's health-care system.

ona.org/arao | arao@ona.org

July 2022

communities and regions that you're a part of? When ONA does a campaign across Ontario seeking public support, you're going into communities that have been historically harmed by the health-care system. So, what lens do you put on that so your message resonates with those community members?"

What's Next?

While the plan has a four-year timeline, the working group provided suggestions to the Board of Directors on how ONA can build internal capacity to ensure that the core components of the action plan are implemented and that practices, policies and procedures consistently change with the needs of the organization.

"The work itself is legacy building and will last as long as ONA does," concluded Sojourner-Campbell. "We're just at the very beginning, the tipping point, while also recognizing that this work has been happening at the grassroots level at ONA for decades. This action plan wasn't created in a vacuum in our working group and put on the organization; it really is about the organization itself. It belongs to members, staff and the Board. The beauty of this work is its endless possibilities and iterations. As lead consultant, I am passionate about creative engagement. How do we get people to a place where they feel that it's fundamentally part of who

they are to do this work? ONA is a leader around doing things differently and mobilizing members to get engaged in areas they may be too busy to be engaged in otherwise. I hope this is no different."

And perhaps ARA Team member Angel Paniagua-Perez summarized it best.

"My hope for the team is that our ideas are implemented and that ONA transforms our concerns into positive lived experiences for other marginalized people behind us to let them know that we can be at the leadership table and part of change."

Front Lines will continue to cover this important work as this action plan unfolds.

ONA Members on Anti-Racism Advisory Team Excited to be Part of Change

ONA's anti-racism and anti-oppression work would not be possible without the commitment, passion, lived experiences and creativity of the ONA members who form our Anti-Racism Advisory (ARA) Team. Here, in their own words, the members, who represent different sectors and ONA regions, explain why they wanted to be a part of this change and their hopes for a better world.



Cheshta Sharma, RN

"I joined the advisory team because there is a strong need for understanding within our society and profession. Racism is not an easy topic to talk about; it's uncomfortable, it's difficult. But what we as an organization want for

our future and have set out to create requires uncomfortable conversations. It requires that difficult things be explored so they can be changed. I would like to see some major changes in terms of the introduction of education, access to resources and understanding the need for racism to be addressed throughout the organization."



Monica Paola Rivas Barbosa, RN

"Beginning this conversation, thinking about strategies and creating action plans is a good starting point to develop workplaces that are free from inequities and any form of racism. I am an immigrant, and hopefully my experience

can help change the process and in four or five years, we can see strategies put into action, and people can feel they belong, have an opinion and are part of a workplace that takes into consideration who they are and where they come from."



Brittany Hertz, RN

"I want a safe world that is accepting of me and my family, so we can share our Indigenous culture and knowledge for a better understanding. As someone who has experienced racism in the workplace and society, I believe there is a lot more

we could do to support BIPOC (Black, Indigenous, People of Colour) communities. By being on this team, I hope to learn from and offer the perspective of an Indigenous woman working in a health-care setting and suggest how we can improve and be more inclusive and supportive to all. We are on the cusp of something really powerful, and I'm excited to see what's to come on this journey."



Angel Paniagua-Perez, RN

"As a member of a minority and of colour, I saw joining the advisory team as an opportunity to help develop a strategy to assist other members like me. I hope my lived experiences, trauma and fears help shape ONA at the leadership level to increase our representation at the table and show other marginalized groups that we can bring change within the union."



April Kakekagumick, RN

"I am from North Spirit Lake First Nation, which is north of Red Lake, and was encouraged by my colleagues to join the advisory team. The difference I want to make is to identify racial issues within ONA and create a plan for a more inclusive work environment."



Ingrid Garrick, RN

"I have a burning desire to see better outcomes for the health of BIPOC in the health-care system, and improvements in the fairness and equitable dealings with our BIPOC ONA members across the board. I hope to make a difference by bringing to the table my past

experiences and for this team to grow as more members realize the positive impact it has on the outcomes for those communities and to be part of that change. I'm looking forward to the implementation of the plans we have come up with and the impact they will have."

Want to Get Involved?

Interested by what you've read so far and eager to participate? ONA is always looking for dedicated members to join the Anti-Racism Advisory Team, comprised of up to three Black members, up to three Indigenous members and up to three members from racialized groups. As ONA's ARAO Action Plan is implemented, there may be other roles in our ARAO journey that could be of interest of you.



Learn more and fill out an Expression of Interest form at ona.org/eoi-form-provincial/



NURSING NEWS

Karen McKay-Eden, RN,
took over as Region 3
Vice-President on October 1.



GTA Members: Meet Your New Region 3 VP!

ONA members working in the Greater Toronto Area have a new Regional Vice-President.

During a three-week vote in August, (then) Mount Sinai Hospital Bargaining Unit President Karen McKay-Eden, RN, was voted by Region 3 members to the ONA Board of Directors. A by-election was necessary to fill the vacancy created when former Region 3 Vice-President DJ Sanderson shifted to a key staff position (see below).

McKay-Eden brings a wealth of nursing and union experience, having started her career at Toronto General Hospital in 1982 and immediately getting involved with ONA.

"I remember first reading the collective agreement – a daunting document for a fresh 21-year-old, but I understood the impact it would have on my career," she said. "I attended my first annual general meeting and was hooked. I was going to be an active union member!"

And she certainly has, serving many roles during the past 40 years, including Local Coordinator, Bargaining Unit President, Unit Rep and Grievance Chair.

"I have a passion for advocacy for my patients, colleagues and anyone not treated with respect and compassion," she

added. "I spoke up consistently and loudly whenever I witnessed inequity. I have an extraordinarily strong moral compass and can't stay silent when things are wrong."

That includes the serious inequities marginalized nurses and health-care professionals face, which McKay-Eden said she became increasingly aware of early in her career and extensively researched to "try and understand the culture differences, systemic biases and racism that existed in the workplace. As a leader, I strive to ensure everyone has what they need to succeed. I am prepared to walk the walk."

She is also prepared to do whatever it takes to engage all members in the work of ONA – she has an impressive track record at the Local level – and our Strategic Plan, and to be a strong resource.

"I will bring my passion, leadership skills, integrity and all I have learned to serve and advocate for members loudly and tirelessly," she concluded. "You can count on that!"



Read more about McKay-Eden at ona.org/board

New Role for Sanderson

Former Region 3 Vice-President DJ Sanderson hasn't gone far!

Sanderson agreed to take on the role of Executive Lead, Provincial Services, overseeing ONA's professional practice, health and safety, Workplace Safety and Insurance Board, long-term disability and member education work.

After years of serving as Local 124 Coordinator and Bargaining Unit President for Southlake Regional Health Centre, Sanderson was elected to the ONA Board of Directors in November 2019, holding the portfolio of Labour Relations.

"Over the past few months, the Board and Senior Leadership Team have worked to transform ONA to better meet the needs of our members and staff, which has included some internal changes to align with our Strategic Plan," said ONA President Cathryn Hoy. "This critical new position is part of that. Although DJ's presence on the Board will be missed, I am thrilled to have him in this staff leadership role as we continue to serve our members the best way possible."



Former Region 3 Vice-President and new Executive Lead, Professional Services DJ Sanderson poses with Federal NDP Leader Jagmeet Singh after a meeting in ONA's provincial office in Toronto. "We discussed short-staffing, mentorship for new nurses and health-care workers, workplace violence, respect for collective bargaining, federal funding for public health care – and much more," said Sanderson. "It was a great discussion!" Singh indicated the NDP is seeking a commitment for an immediate injection of funds to the provinces to address the health care crisis, as well as a long-term plan to increase the transfers. He also expressed his gratitude for the dedication of ONA members throughout the pandemic.

Together Again: June PCM Held in Person

One of the most notable aspects of the June Provincial Coordinators Meeting (PCM) was that it was first one in person since the pandemic began.

The PCM, hosted by Region 5 at Caesars in Windsor (where it was originally slated to be held in 2020 until COVID-19 had other plans), was also offered virtually, with ONA Board members and staff hosting special events to ensure members joining online were afforded experiences as similar as possible to those in person.

"I can't tell you how much I have missed our in-person catch-ups and the chats that happen when we are on break, lining up for coffee and during our gatherings at the end of the day," ONA President Cathryn Hoy said in opening her President's remarks, livestreamed over Facebook. "Don't get me wrong: we needed to use technology to continue the vital work of our union. You went out of your technical comfort zones, and I know that was not easy."

Hoy went on to thank members for your continuing sacrifices during the pandemic, your advocacy throughout the recent provincial election and your steadfast efforts to push back against harmful employer policies, which is resulting in significant wins in your Bargaining Units. She noted that none of this would be possible without members going outside of your comfort zones and telling your stories.

"As your union, we will continue to voice your realities and concerns to the government, the media, the public and our stakeholders," she said. "We will do our best to work with the new provincial government to demand that changes be made to improve your working conditions and wages, and continue to make them aware that nurses and health-care professionals are not going to be disrespected anymore."

Please reach out to us about how we can help you with the advocacy and actions you may want to participate in or initiate. ONA is here for you."

During the PCM, held on June 14-15, delegates also received updates on all portfolios of the Board, the three Board committees, Operations, our Strategic Plan, bargaining in all sectors, and key arbitration wins (see page 34 for one such example). At a special half-day event on June 16 to wrap up the PCM, both in-person and virtual delegates were also encouraged to provide ideas on how they would like to see ONA celebrate our 50th anniversary in 2023 (see page 23) – and did they ever! Our Celebrate 50 Team is excited to be following up.

During these difficult times, members were also encouraged to give back at the PCM, donating almost \$3,000, matched by ONA, for the Grocery Foundation's Toonies for Tummies, a non-profit organization that funds school nutrition programs across Canada.

 **Read the June PCM Highlights at**
ona.org/news-posts/june-2022-pcm-highlights/



Next Year Marks ONA's 50th!

You only turn 50 once, and ONA is doing it in style!

On October 19, exactly one year before we hit the big 5-0, we are kicking off our anniversary celebrations, culminating in the November 2023 Biennial Convention. And we hope all ONA members will get involved!

We don't want to give away too much right off the bat but suffice it to say we have a Celebrate 50 Team in place, made up of members and staff, who have been working hard to ensure all members have a sensational year! There are a lot of fun activities, events, contests, special promotions, and other exciting things planned to acknowledge and celebrate where ONA has been and where we are going together. We can hardly wait to share it all with you as the year unfolds!

Upcoming issues of *Front Lines* will contain stories with much more information on our 50th anniversary, including archival photos, a brief history and interviews with some key players. In the meantime, we invite you to check out our 50th anniversary platform hub at eventmobi.com/celebrate50, where you will



find information on special upcoming events and activities, our history, games, contests, photos, etc. More will be added every month, so check back often.

ONA is our members, every single one of you, and we want you to celebrate alongside us. What are you celebrating from ONA's five decades of advocacy and support? Do you have any photos, stories or items to share? Please send your submissions to frontlines@ona.org. We want to hear from you!

Front Lines Wins Award of Excellence

ONA's *Front Lines* magazine has won a prestigious North American 2022 Apex Award, which recognizes excellence in publishing by professional communicators in the areas of graphic design, editorial content, and the ability to achieve overall communications greatness.

The Spring 2021 issue of *Front Lines*, which highlighted how members in all sectors and many classifications are still persevering on the front lines

of a pandemic more than a year in the making despite harmful government and employer decisions and their own sheer exhaustion, received an award for publication excellence in the Magazines, Journals and Tabloids – Print category.

More than 1,200 entries from across North America were received, with the Apex website noting that "this year's entries



displayed an exceptional level of quality. The Apex judges saw only the most promising publications that professional communicators could enter. From them, they had the truly challenging task of selecting the award-winning entries."

ONA in the News

ONA was cited **330** times in the news from **June 1 to August 31**. The nursing shortage remains the top topic being reported, including the impact of Bill 124 and resulting emergency department/unit cuts and closures. The Ford government's privatization plans were also broadly covered, and included ONA's position.



151 newspapers | **60** radio stations | **92** television stations | **24** online news sources

In addition, **three** opinion editorials submitted by ONA were published.

Nurses' Unions Urge Premiers to Address Staff Shortages

Premier Doug Ford may have left Ontario to attend the Council of the Federation meeting in Victoria this past July, but he could not escape the voices of the province's nurses and health-care professionals.



During the two-day gathering of the Council, comprised of all 13 provincial and territorial premiers, the Canadian Federation of Nurses Unions (CFNU) and British Columbia Premier John Horgan co-hosted a lobby meeting to engage the premiers on our solutions to address the dire shortage of nurses in the country and your challenging working conditions. Provincial nursing union leaders (pictured top right), including ONA President Cathryn Hoy and CAO Andrea Kay, were seated next to their premiers.



"Nurses are on the front lines of this crisis and know what the solutions are," said CFNU President Linda Silas, noting the premiers were very engaged in the discussion. "We need a federally supported plan to shore up staffing across the country, with what I like to call the three Rs: **retaining** nurses working in public health care, **returning** nurses to the profession and the public system, and **recruiting** the next generation of nurses."

The nursing unions also called for a national workforce body to improve decision-making through better data and coordination, and a public health system that meets the needs of Canada's aging population and gives nurses the support they need to provide patients with the best level of care.

While Premier Ford made no promises to repeal Bill 124 during the meeting, Hoy said "he took a lot of notes and appeared receptive to working together. Unfortunately, nothing has come of it since. Time will tell, of course, but you can bet we won't be letting him off the hook for a moment."

We were hopeful, however, at the conclusion of the Council meeting when the premiers called for a First

Ministers meeting with the Prime Minister on strengthening health care and alleviating the critical nursing shortage.

"We are encouraged that the premiers have formally called for a meeting that focuses on urgently delivering the supports needed to resuscitate our ailing public health-care system," added Silas. "Shortages are plaguing us coast to coast to coast, and we need all hands on deck to preserve our treasured Canadian health-care system."

In the lead-up to the Council meeting, the CFNU launched a powerful public awareness campaign, *Canada's Health Care: On the Brink of Disaster*. The campaign, which included print, digital, billboard and social media ads, along with a video explaining the crisis, aimed to engage the premiers and public around actions needed to fix the health crisis before it's too late. They also launched a letter writing campaign urging the federal government to solve Canada's nursing shortage (lend your support at act.newmode.net/action/cfnu/shortage).



For more details, visit nursesunions.ca

Nursing Crisis Needs Immediate Action, New Report States

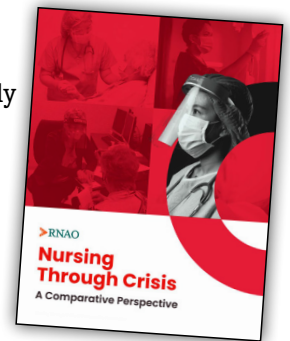
A staggering 69 per cent of nurses say they plan to leave their position within the next five years, which will have a profound impact on the profession, the health-care system and the quality of care Ontarians receive, a sobering new report from the Registered Nurses' Association of Ontario shows.

Nursing Through Crisis: A Comparative Perspective, which summarizes the responses from 5,200 Canadian nurses (most from Ontario) from May to July 2021 during the height of Ontario's third wave, found that among those who indicated they wanted to leave, 42 per cent were planning to exit the profession altogether and seek other opportunities or retire.

Other findings include:

- 73 per cent of nurses reported that their workloads increased moderately or significantly during the pandemic.
- 60 per cent were moderately or extremely concerned about staffing levels.
- 53 per cent were moderately or extremely concerned about workloads.
- 54 per cent were moderately or extremely concerned about skill mix.
- Only 35 per cent said they had adequate support services to spend time with patients.

Nurses struggled in all sectors and domains of practice during the pandemic, with hospital and front-line nurses reporting higher levels of depression, anxiety, stress and burnout.



Making it Stop

The report's recommendations to government echo many of ONA's, including:

- Repeal Bill 124 and refrain from further wage restraint measures.
- Immediately increase the RN workforce by expediting applications and finding pathways for 26,000 internationally educated nurses in Ontario.
- Increase enrolments and funding for baccalaureate nursing programs.
- Support nurses throughout their careers by expanding the Nursing Graduate Guarantee, reinstating the Late Career Nurse Initiative and bringing back retired RNs.
- Establish a nursing task force to make recommendations on RN retention and recruitment.

"These results are even more disturbing considering we went into the pandemic with a shortage of 22,000 nurses, which is quite likely much higher now," said ONA President Cathryn Hoy. "Nurses are the backbone of our health-care system, and if the government doesn't immediately act on retaining nurses in the profession and attracting thousands more, there will be a system-wide collapse. How much more evidence do they need?"



Read the full report at rnao.ca

ONA Mourns Passing of Former CEO

ONA is deeply saddened to learn of the July passing of former CEO Glenna Cole Slattery in her 90th year.

After a career in clinical nursing spanning three decades, Cole Slattery, a life-long grassroots activist and community leader, served as ONA's CEO from 1986 until her retirement in 1990. During that time, she successfully advocated for pay equity, was a prolific collective bargaining negotiator, and a master union organizer. Previous trade unionist positions were with the 1199 Service Employees International Union and the New Jersey State Nurses Association.

Cole Slattery also worked on many non-profit organizations, including the League of Women Voters, Junior League, the Skootamata District Rate Payers Association as a co-founder, Beartown Ski Club, Bailey Avenue PTA as President, and the Friends of Bon Echo. An avid reader, she appreciated fine art, music, gardening, sharing a bottle of wine with friends and her beloved dog, Chi.

We send our sincere condolences to her family, which includes two children, five grandchildren and three great grandchildren.



IN BRIEF...

ONA, CFNU Denounce For-Profit Plasma Collection Deal

ONA and the Canadian Federation of Nurses Unions (CFNU) are condemning Canadian Blood Services' (CBS) decision to introduce payment for plasma donations.

In a decision that could have far-reaching consequences and potentially threaten the sustainability of Canada's public supply system, CBS recently negotiated a deal with Grifols, an international pharmaceutical company, to dominate the collection of plasma in our country.

In a joint letter to Minister of Health Sylvia Jones prior to the announcement, ONA and CFNU asked the government to uphold the *Voluntary Blood Donations Act* and "demand CBS freeze any negotiations with the for-profit plasma industry until the associated risks to our national blood system can be discussed at an open stakeholders' meeting."

With news of this deal, we are now calling on federal, provincial and territorial health ministers to commit once again to the voluntary public mandate of CBS by immediately replacing the organization's current CEO and Board to restore public trust in CBS and our voluntary blood supply.

ONA Joins Campaign against Fossil Fuel Ads

ONA has signed onto a letter from a coalition of health-care organizations representing 700,000 health-care professionals across Canada petitioning the federal government to restrict fossil fuel advertising, regulate greenwashing, and ensure disclosure of health and environmental risks related to fossil fuel use.

The joint letter, released on Clean Air Day on June 8 and accompanying

the *Fossil Fuel Ads Make Us Sick* campaign, is being spearheaded by the Canadian Association of Physicians for the Environment to advocate for a comprehensive ban on advertising by fossil fuel industries, productions and services; a robust regulatory response to address misleading environment claims by fossil fuel companies; and regulations mandating the disclosure of the health and environment risks associated with fossil fuel production and use.



For more information and to read the letter, visit cape.ca/letter-to-stop-fossil-fuel-ads

Nurses Highly Respected: Poll

A new survey shows just how highly Canadians hold nurses and other emergency responders.

The poll, conducted by Maru Public Opinion, assessed the public's level of respect for 29 occupations. Nurses ranked near the top of the list, receiving a respect ranking of almost 90 per cent. Only paramedics and firefighters ranked slightly higher.

The survey was conducted in four waves between March 18 and May 3, 2022 among randomly selected Canadian adults.

#NURSESFORPEACE

International Council of Nurses
The Global Voice of Nursing

World's Nurses Unite with Ukraine

Following a webinar involving Ukrainian nurses, the International Council of Nurses (ICN), the European Federation of Nurses Associations (EFN) and the European Forum of National Nursing and Midwifery Associations (EFNNMA) issued a joint statement strongly condemning the Russian invasion of Ukraine, the disruption to health services and the attacks on health-care facilities and innocent civilians, calling for an immediate ceasefire.

"The world's nurses demand that the health and wellbeing of the people of Ukraine is safeguarded and that can only be achieved through lasting peace, because peace and health are inseparable," the statement reads.

Entitled *#NursesforPeace – Ukraine and the Nursing Response*, the webinar brought together leaders of the national nursing associations of Ukraine, Hungary, Moldova, Poland, Romania and Slovakia, as well as the leaders of ICN, EFN and EFNNMA to share intelligence and decide on actions to safeguard nurses and other health-care workers, protect facilities and supplies, and ensure access to humanitarian aid.

In addition, the ICN launched a *#NursesforPeace* social media campaign to join nurses across the world in solidarity with the nurses of Ukraine. ICN encourages campaign supporters to post photos of themselves holding banners on social media using the hashtag *#NursesforPeace*.



Learn more and download banners, social media tiles and other campaign resources at icn.ch/system/files/documents/2022-03/Statement_ICN_EFN_EFNNMA_1.pdf. And sign the joint statement at gopetition.com/petitions/nursesforpeace.html



HEALTH AND SAFETY

Workplace Violence a Daily Occurrence, New Union Poll Shows

In news that will come as no shock to ONA members, a recent poll has found that physical violence is an alarming reality for the majority of Ontario hospital workers.

The poll of more than 2,300 members of the Canadian Union of Public Employees, which includes RPNs, found that 63 per cent reported experiencing physical violence at their workplace, including pushing, hitting or being struck by objects thrown by patients or their family members, with 36 per cent saying they experience it daily or weekly.

Seventy-eight per cent reported facing what the poll called “non-physical violence,” such as name-calling, insults, threats and threatening gestures, with almost half saying it was a daily or weekly occurrence. As well, 36 per cent reported experiencing sexual assault, such as groping or inappropriate touching, on the job. Almost half said their employer had not taken steps to protect them from violence.

“Every day, hundreds of health-care workers are hit, sexually assaulted, racially attacked and verbally harassed in Ontario hospitals,” Sharon Richer, secretary-treasurer of CUPE’s Ontario Council of Hospital Unions said. “Our most recent poll reveals that Ontario hospitals are increasingly toxic and dangerous workplaces, where violence against the workforce, which is 85 per cent female, is not only

tolerated but largely ignored. This surge in violence against women, much of it racially motivated, comes against a backdrop of severe unprecedented staffing shortages and vacancies.”

“There is no doubt that workplace violence is one of the reasons nurses and health-care professionals are leaving the profession in droves,” added ONA

President Cathryn Hoy. “ONA continues to demand that employers be held accountable for keeping their staff safe and that the government increases health-care funding, boosts staffing levels and beds, and passes legislation to protect whistleblowers who report violence. We will never stop advocating for that.”



Among respondents who identify as racialized, 71 per cent said they experience harassment or abuse because of their race or ethnicity either daily, weekly or occasionally.

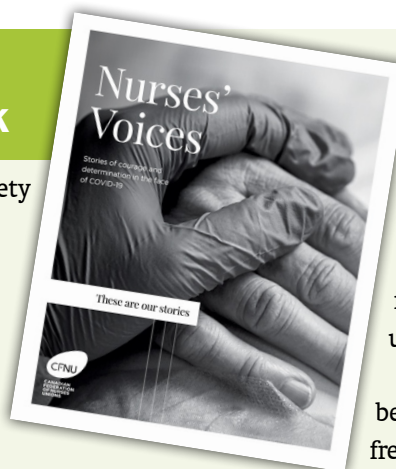
Members’ Pandemic Stories Featured in Compelling New Book

The experiences of several ONA members are among the 25 powerful and oftentimes heartbreaking stories contained in the Canadian Federation of Nurses Unions’ (CFNU) new book, *Nurses’ Voices: Stories of courage and determination in the face of COVID-19*.

The book provides an inside look at how the pandemic impacted those on the front lines, discussing such

serious issues as anxiety and post-traumatic stress disorder. It was authored, in part, by a team of journalists from rabble.ca.

“Nurses have shouldered a tremendous burden over the last two years,” said CFNU President Linda Silas. “These stories show just



to what extent the pandemic upended nurses’ lives, but also how, despite it all, nurses’ commitment to their patients, residents and clients was unwavering.”

Nurses’ Voices can be downloaded for free at nursesunions.ca/cfnu-releases-book-about-nurses-experiences-during-the-covid-19-pandemic/.



▶▶▶ FROM THE INSIDE...

The LEAP Team: Here When You Need Us Most

In our continuing series on how ONA's many staff teams support our members' work, we turn our attention to the Legal Expense Assistance Plan Team.

The Legal Expense Assistance Plan (LEAP) is an ONA service we hope you never need, but if you do, you won't find a more competent and compassionate team to help.

"LEAP helps members with certain legal issues that arise out of their employment," said Legal Counsel and LEAP Team Manager Sheila Riddell. "The most common issues are complaints and reports to the College of Nurses of Ontario (CNO), including reports about health issues, such as substance use disorders and mental health disorders [about 30 per cent of the team's work]. But over the years, LEAP has expanded to cover things like criminal investigations, privacy complaints, coroners' investigations and inquests, and also advice to members who are asked to be a witness in a legal proceeding."

These services are delivered by ONA's expert LEAP Team, comprised of six legal counsel (one is a nurse/lawyer) and three Labour Relations Assistants who Riddell calls "hardworking, caring, patient and helpful." Sometimes, due to workload – LEAP opens between 500 and 600 files a year – files are sent to carefully screened and experienced external counsel, who have worked with ONA for years.

All LEAP Team lawyers take turns staffing the Intake Line (after-hour

emergencies go to the Board), with Riddell noting, "in the vast majority of cases, we respond the same day to acknowledge the member's call, often within a few hours, because we know it's incredibly stressful for a member to find out that they've been reported to the College. We then assign their file, and they will hear from their lawyer within a few days. In that first conversation, we generally tell them about the College process, as it can be complicated and confusing, and next steps. And sometimes next steps are

that we are waiting for the College to investigate, which could take six months or up to a year or two. And sometimes it's a case with an urgent deadline where we begin working on it immediately. LEAP stays with the member until the case is resolved."

While the team receives about 1,500 intake calls or emails a year, Riddell stressed not every one results in a file being opened. Sometimes they're just questions that the LEAP Team can answer on the spot, such as summary advice.

The LEAP Team also launched an official Nurse Roster service this past January. The roster is comprised of "five very experienced RNs and NPs we have trained to help members who are being offered CNO's informal

Happy Customers: LEAP Satisfaction Survey Results Glowing

When we say members who have accessed LEAP are very pleased with the service, we aren't kidding. Here are just some of the results of our most recent LEAP Satisfaction Survey, which we invite members to complete after their case is closed:

- ▶ **98 per cent** said it was easy or very easy to contact LEAP.
- ▶ **99 per cent** indicated they received a timely or very timely response to their call.
- ▶ **98 per cent** were satisfied or very satisfied with information and advice provided by their representative.
- ▶ **98 per cent** found their LEAP representative sensitive or very sensitive to their situation, and supportive or very supportive of their needs.
- ▶ **96 per cent** were satisfied or very satisfied with the quality of representation provided.

Sample comment:

"I am forever grateful for the services my LEAP representative provided. She was professional, timely and compassionate. I was especially thankful for the time and effort she put into explaining every step of the process."

« The LEAP team is one of the most valuable services that ONA provides to its members. »

— LEAP Survey respondent

resolutions,” said Riddell. “These types of files require nursing expertise more than legal expertise. So, a member might phone Intake and say, ‘I received a letter from the College and they’re asking me if I’m willing to reflect on these two standards and meet with the College to discuss. What do I do?’ We’ll assign their file and within a few days, they will get a call from a nurse on the Nurse Roster who will say, ‘I’m your representative. Let me tell you about your options and about the College process.’ Representatives on the Nurse Roster have credibility with our members

How to Contact LEAP

- ▶ Phone: 1-800-387-5580.
- ▶ Email: leapintake@ona.org.

because they know their representative has spent many years on the front lines and understands their circumstances. It’s a great program.”

LEAP is funded through members’ dues (just \$2.50 per member per month) and is an ONA service that reaps dividends if anything goes wrong (see box below).

“If you get an email from the College saying they’re looking at something about your practice, don’t call the College, contact LEAP instead,” urged Riddell. “You could have a conversation with a College investigator, who is writing down every single thing you say and you might say something that will hurt your case. Again, call LEAP first. We’re here for you.”

LEAP Fees Versus Legal Fees

To say ONA’s LEAP service can save you a vast amount of money should you find yourself in a difficult situation is a gross understatement. Take a look at the following examples:

Example One: Patient Complaint to College of Nurses of Ontario (CNO) if a Member does not have LEAP Coverage

- Lawyer must write submissions to the CNO’s Inquiries, Complaints and Reports Committee (ICRC).
- Average ICRC submission requires 20 hours of legal work.
- 20 hours X \$400/hour typical lawyer fee (some can be much higher) = \$8,000 (plus HST).

Example Two: Serious Allegations (ICRC refers case to CNO’s Discipline Committee) if a Member does not have LEAP Coverage

- Lawyer must prepare and participate in hearing.
- Average case takes 20 to 150 hours of legal work, depending on complexity.
- 20 to 150 hours X \$400/hour typical lawyer fee (some can be much higher) = \$8,000 to \$60,000 (plus HST).

LEAP Fees: \$2.50/month (\$900 total if member works 30 years)



LEAP Fees: \$900



Legal Fees: \$60,000



Why you need ONA's Health, Hospital & Dental Coverage:

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0722

From Shame to Pride (or How ONA Enabled My Recovery)

The following story was submitted by member Bruno Guay about his journey through addiction recovery from a substance use disorder with the support of ONA and the Nurses' Health Program.

A year-and-a half ago, I was not in a good place. I was falling apart, nothing in my life was making sense and I had near zero coping skills left. I was a ship with no rudder, I was confused and felt alone. Very alone. Life just didn't make sense to me anymore. Why was I so lost and out of control? Where did my compass in life go? The values and things that used to keep me going and motivated were fading away, and so was I.

"Deeper and deeper"

Yes, I'm talking addiction, one of the least favourite topics among health-care workers. It comes in different variations. Mine was pain killers. It had taken over my life. It was the first thing I thought about when I woke up and the last thing I thought about when I fell asleep. It had become my all, my obsession. I tried quitting on my own many times only to find myself back in the hole of addiction. That hole became deeper and deeper each time as I could not stop digging, and the more I did, the more alone I felt. A real mess!

Many things prevented me from asking for help. Shame being the main one and denial isn't that far behind. I mean, come on! Am I not a nurse? What is happening to me? Why am I such a poorly shod shoemaker? What will people think of me? Will I lose my job, etc.? I became convinced that keeping it quiet was the best strategy. I was wrong. I was still digging deeper and deeper.

Then one day just before Christmas, I suffered an overdose. I

couldn't feel my feet, it was a struggle to get up and walk, and so I just nodded on and off for about 12 hours hoping that it would be better after that. It felt like a nightmare pulling me back in when I tried to wake up.

The next day, I went and asked for help from Occupational Health at my hospital. For some reason, I could only cope with the idea of approaching them for help. Needless to say, I was sent to the emergency department. They found me a safe place to detox and to try to make sense of all this. That's when I can really say I started to feel the weight of what was happening to me. I didn't understand it at that moment, but I felt that my life was going to change. The prison I was trapped in was about to start breaking down slowly.

"Believed there was hope"

From there started a journey to the unknown land of recovery. I

« ONA saved my life. »
– Member Bruno Guay, RN

can pinpoint a crucial moment in my recovery where the decision I made would impact the result of my rehabilitation. On the ONA website, there was a section for nurses who were experiencing health issues and I watched their video about the Nurses' Health Program (NHP). That video shook me to the core! I remember the video saying, "you are not alone." I can clearly say that this is when I believed there was hope.

I contacted my union rep Rachel Muir and after numerous phone calls and welfare checks from her, we finally met. I discussed with her that I wanted to enroll in the program but needed help with formalities. She patiently took the time to care for me and enable my recovery. I witnessed compassion in action from this dedicated nurse and I am forever grateful. She was my witness to enroll, and we faxed the documentation

What is the Nurses' Health Program?

The first-of-its-kind Nurses' Health Program (NHP) is the result of extensive planning and vision by nursing leaders from ONA, the Registered Nurses' Association of Ontario, the Registered Practical Nurses Association of Ontario (WeRPN) and the College of Nurses of Ontario.

Launched in 2019, the voluntary, bilingual, not-for-profit program is designed to provide support and monitoring for Ontario nurses who suffer from mental health disorders and/or substance use disorders that may affect their ability to practise nursing safely. The NHP recognizes these disorders as illnesses and adopts an approach that reduces stigma and focuses on recovery in a supportive environment.



Learn more about the NHP and watch a video at ona.org/member-services/member-assistance/nurses-health-program/

Interested in the Nurses' Health Program? Call LEAP First!

Experts on the team will be able to discuss your situation, help you decide if the NHP is right for you, and walk you through the process.

Contact LEAP at:

- ▶ Phone: 1-800-387-5580.
- ▶ Email: leapintake@ona.org.

This is an important first step in your journey to recovery. You are not alone.

If you are considering entering the Nurses' Health Program (NHP), it is crucial that you contact ONA's Legal Expense Assistance Plan Team first.

together from the local ONA office. People who care and are committed to the well-being of others, like Rachel, make the difference. I would not be here today without her involvement,

and I thank her from the bottom of my heart. [Please note, ONA urges members interested in the NHP to contact our Legal Expense Assistance Plan Team first – see box above].

"Learned be kind to myself"

I can talk a lot about what I have done for my recovery, but I find it more interesting to talk about what recovery has done for me. I have learned to be kind to myself, harder than you think. Nurses are inclined to be kind to others, but to ourselves? Not as much. Why is it so hard? I have also learned to tolerate discomfort and practice mindfulness. As I progress into my recovery, I realize that the reasons for being sober become more and more profound and meaningful. I never want to go back to the times where I wasn't aware of my feeling and emotions, where numbing my life seemed to be the solution. It's a life-long progress but a meaningful one.

In other words, thanks to ONA for not just protecting jobs but for saving lives because they sure saved mine.

Attention All Members! Tell Us What You Want in Your Next Contract

Now is your chance to tell us your priorities for the upcoming rounds of central negotiations. ONA's *Have Your Say* bargaining survey, which is open to members in all sectors, is available from October 3 to November 18.

We strongly encourage members to take a few minutes and fill it out. Your responses help form the negotiating priorities we present at the bargaining table to your employer groups, and every single comment is read and considered.



Complete the survey at ona.org/haveyoursay



FOR YOUR BENEFIT

Great News: Healthcare of Ontario Pension Plan Benefit Increasing!

The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, has some exciting news for all active members: your benefits are increasing!

This past summer, HOOPP's Board of Trustees approved a benefit improvement for active plan members, effective January 1, 2023, which will see, on average, a 15 per cent increase to lifetime pensions. For the 85 per cent of active plan members who also benefited from previous improvements announced in 2017 and 2021, the combined total increase to their lifetime pension will be, on average, 24 per cent. For retired and deferred members, the HOOPP Board approved in 2022 a cost-of-living adjustment of 4.8 per cent for 2021.

As well, contribution rates for members and employers will remain stable until at least the end of 2024. HOOPP has been able to maintain low contribution rates, in part, by running very efficiently. Operating costs are just 0.32 per

cent of assets, which is among the lowest of Canadian pension plans.

"We know that the last few years have been very challenging for our members," said HOOPP President and CEO Jeff Wendling.

"We are proud to offer this benefit improvement that will increase active members' lifetime pensions and provide even greater peace of mind in their retirement years. HOOPP members can continue to feel confident in their future as they belong to one of the strongest pension plans in Canada."

15 per cent
Average lifetime pension increase to active HOOPP members



Learn more at hoopp.com

The Increase in Pay in Play

The Healthcare of Ontario Pension Plan (HOOPP) provides the following example of what its benefit improvement will look like.

A HOOPP member working full-time with average earnings of \$60,000 and 10 years of service in the plan before 2023 will receive an extra **\$1,310** per year from their lifetime pension once they retire.

With the same earnings and five years of service before 2023, the member's lifetime pension would increase by **\$865** per year. With 20 years of service, they would receive an additional lifetime pension of **\$2,200** per year.

nursesfightingforchange.ca

SHARE YOUR STORY

ONA
Ontario Nurses' Association

As part of our provincial ad campaign, we are asking members to share your stories of how the staffing crisis is impacting your work, well-being and the quality of care you are able to provide. The people of Ontario need to know the truth about what's happening on the front lines of our health-care system.



Please share your story and encourage others to do the same at nursesfightingforchange.ca/shareyourstory



Chronique de la
présidente, AIO
CATHRYN HOY, RN



SUITE DE LA PAGE 4

L'Ontario est aux prises avec une grave pénurie d'infirmières et de professionnels de la santé depuis des années. Touché par le projet de loi 124 discriminatoire, les lois gouvernementales adoptées tout au long de la pandémie ayant eu un effet négatif sur le personnel de première ligne, et un grave sous-financement, notre système de soins de santé va de mal en pis et établit de tristes records. Les infirmières et les professionnels de la santé choisissent de quitter la profession plutôt que de subir l'insolence constante du gouvernement et les charges de travail écrasantes qui mettent en péril leurs normes professionnelles et menacent la sécurité des soins prodigués à leurs patients, aux résidents et à leurs clients. J'ignore comment le gouvernement peut imaginer que cette situation « temporaire » se redressera d'elle-même. En fait, je me demande parfois si le premier ministre Doug Ford et la ministre de la Santé Sylvia Jones vivent dans la même province que nous.

Il est particulièrement troublant de constater que, depuis sa nomination en juin, la ministre Jones a été en grande partie absente, au moment où sa présence est urgemment requise. Les quelques fois où elle est apparue, c'était pour invoquer le prétexte d'une pénurie mondiale d'infirmières. Personne ne le conteste, mais comment compte-t-elle résoudre le problème à l'échelle provinciale? Elle a de plus affirmé que les Ontariennes et Ontariens continueront d'avoir accès aux soins de santé grâce aux cartes de la RAMO tout en mentionnant à maintes reprises « l'innovation » dans la prestation des soins de santé. Nous soupçonnons fortement, comme plusieurs par ailleurs, qu'il s'agit d'un message codé pour autoriser les exploitants privés à fournir des soins.

Malheureusement, lors d'une première rencontre décevante, la ministre Jones n'a rien dit pour apaiser ces craintes. Et comme je l'ai dit dans ce qui est devenu la citation du jour dans le Queen's Park Today : « Votre chèque de paie ne devrait déterminer si vous avez le droit de vivre ou de mourir. »

L'AIO et nos alliés lutteront bec et ongles contre toute forme de privatisation. Vous pouvez compter là-dessus.

Nous avons fait en sorte que ces questions brûlantes continuent de faire les manchettes. Nous avons participé à des douzaines d'entrevues et d'articles dans les médias (voir la page 23) et nous avons pris la parole à de nombreuses conférences en personne et virtuelles avec des dirigeants du NPQ fédéral et provincial, le président et chef de la direction de l'Institut de cardiologie d'Ottawa et nos collègues du Syndicat canadien de la fonction publique, du Conseil des syndicats d'hôpitaux de l'Ontario et du Service Employees International Union Healthcare. Au cours de ces activités, nous avons réitéré notre plan en cinq points visant à régler une fois pour toutes la crise de la dotation et à garder les hôpitaux ouverts : soutenir la main-d'œuvre existante; augmenter les salaires et abroger la loi 124 (voir la page 10 pour de l'information sur notre contestation de ce projet de loi en vertu de notre charte); offrir des incitatifs financiers pour décourager les départs à la retraite et améliorer l'embauche et le maintien en poste; offrir des incitatifs aux infirmières et autres personnes autorisées qui ne travaillent pas; et augmenter considérablement le nombre de places dans les établissements postsecondaires pour les disciplines de la santé et supprimer les frais de scolarité (lire les cinq points dans leur intégralité à ona.org/news-posts/20220805-five-point-plan/). Ainsi, alors que le gouvernement affirme que les mesures à prendre pour régler cette crise « temporaire » n'ont pas encore été déterminées, nous lui avons carrément présenté les solutions claires!

Je n'exagérerais pas lorsque j'ai récemment déclaré aux médias, dans une déclaration qui a été largement diffusée, que nous sombrons aussi rapidement que le Titanic. Si le gouvernement Ford préfère tristement laisser les infirmières et les professionnels de la santé se noyer plutôt que de leur lancer une bouée de sauvetage, il ferait mieux de s'habituer à voir mon visage dans les nouvelles. Je ne cesserai jamais de défendre vos intérêts et ceux à qui vous prodiguez des soins. Si vous pouvez vous joindre à moi, tant mieux! En nous faisant entendre d'une voix forte, nous remonterons à la surface et provoquerons des changements positifs. Nous devons absolument y croire.



Suivez Cathryn at twitter.com/CathrynOna



Chronique de la première
vice-présidente, AIO
ANGELA PREOCANIN, RN



SUITE DE LA PAGE 5

infections. La liste est infinie. Notre personnel chargé de la pratique professionnelle et des relations de travail peut travailler avec vous et vos employeurs pour trouver des solutions. Mais d'abord, nous devons savoir ce qui se passe. Tout d'abord, les membres doivent remplir le formulaire de rapport sur la responsabilité professionnelle et charge de travail, qui détaille la situation.

Certains membres, surchargés et fatigués, me disent ne plus avoir l'énergie nécessaire pour remplir un autre formulaire. Croyez-moi, je comprends cela. Mais je sais aussi que les quelques minutes que vous consacrez à ce formulaire peuvent vous rapporter énormément, à vous et à ceux dont vous prenez soin. Permettez-moi de vous donner un exemple récent.

Nos membres de l'équipe des soins de longue durée du Centre de soins communautaires de Perth (Perth Community Care Centre) ont été confrontés à des pénuries chroniques de personnel, à des heures de base insuffisantes, à un manque de leadership et de communication, à des problèmes d'équipement et d'approvisionnement, pour ne nommer que quelques-uns de leurs défis. Après d'innombrables réunions infructueuses avec l'employeur, l'AIO a déposé un avis de recours hiérarchique auprès d'un comité d'évaluation indépendant, la dernière étape du processus concernant la charge de travail, et cela a attiré son attention! Il a accepté la médiation et, après avoir entendu nos arguments convaincants, basés sur les 345 formulaires de rapport sur la surcharge de travail remplis par les membres, il a accepté plusieurs recommandations exécutoires. Celles-ci comprennent l'ajout d'une infirmière ressource permanente à temps plein, au-delà des heures de base des infirmières autorisées; l'ajout permanent de trois jours supplémentaires pour le coordonnateur de l'instrument d'évaluation des résidents; des améliorations importantes à l'équipement, à la santé et à la sécurité, à l'éducation, au leadership et aux communications, ainsi qu'à l'orientation; la modification des descriptions de travail des infirmières et infirmiers autorisés et des infirmières et infirmiers auxiliaires afin de reconnaître les responsabilités professionnelles normalisées; et un engagement de l'employeur à explorer le recrutement d'infirmières et infirmiers formés à l'étranger. Comme vous pouvez le voir, un changement positif est possible, et nos formulaires de rapport sur la surcharge de travail peuvent vous aider à y arriver!

Vous pouvez en apprendre davantage sur cette réussite et d'autres encore dans notre nouveau bulletin électronique trimestriel Practice Matters. Il vous offre de nombreuses ressources et histoires sur la pratique professionnelle et vous le recevez directement dans votre boîte de réception.

Et si vous voulez en savoir plus sur le processus relatif à la charge de travail, vous trouverez une foule de renseignements sur notre site Web à ona.org/pp. La séance la plus populaire de nos webinaires Ask a Specialist (Demandez à un spécialiste), offerts à tous les membres, est intitulée *Identifying Standards of Practice in Professional Responsibility Workload Report Forms* (Établir les normes de pratique dans les formulaires de rapport sur la responsabilité professionnelle et charge de travail). Inscrivez-vous à cette séance et voyez ce que nous offrons d'autre à ona.org/ask.

Je ne nie pas qu'il faut investir beaucoup de temps et d'efforts et faire preuve de beaucoup de courage dans la lutte pour un milieu de travail plus sécuritaire. Mais avec tout ce que l'AIO a à vous offrir pour vous aider tout au long du processus, je sais que vous y arriverez!



Suivez Angela at twitter.com/4angiepreocanin



ONA Wins Significant COVID-19 Vaccination Case Based on Creed

ONA has won a precedent-setting case that finds if a member opposes their employer's mandatory COVID-19 vaccination policy for a "sincere and legitimate" creed-based reason, they may be entitled to an exemption.

The Case

Public Health Sudbury and Districts (PHSD) implemented a mandatory COVID-19 vaccination policy requiring all staff to be vaccinated, subject to exemptions under the Ontario *Human Rights Code*. The member claimed a creed-based exemption, which was denied, and they were placed on an unpaid leave of absence. They submitted additional information to the employer, including two letters from their pastor, but the employer continued to deny the request. Subsequently, they were terminated.

This member is a believing, practising and observant Roman Catholic, belonging to the more orthodox Latin Mass Community. Given the use of fetal cell lines at some stage of research and/or development of all currently approved COVID-19 vaccines, they could not be vaccinated as it would amount to condoning, participating in or cooperating with the sin of abortion, pursuant to their creed.

The question before Arbitrator Herman was "whether the grievor was discriminated against on the basis of the *Code*-protected ground of creed, when their request for an exemption from PHSD's COVID-19 Vaccination Policy was denied under the Employer's Policy?" ONA argued that our member held a sincerely held creed belief, which prevented them from getting any of the approved COVID-19 vaccines, and they were entitled to the protection of the *Code*. The employer's position was that the member, while a devout Catholic with anti-abortion beliefs, decided not to get vaccinated for reasons not related to her faith.

The Decision

Ultimately, the arbitrator agreed with ONA, finding that our member had established a nexus between her beliefs and a religion/creed/overarching system of beliefs. Despite declarations by the Roman Catholic leadership, including the Pope, who has urged Catholics to get vaccinated, the arbitrator found that the member's faith community was



opposed to abortion and contraception, and took the position that each member must act as a matter of conscience to determine whether receiving the vaccination amounts to condoning, cooperating with or participating in abortion. Therefore, our member's decision was not merely a personal preference or a singular belief against the vaccine.

The arbitrator further ruled that as long as one of the reasons for the member's refusal to get vaccinated was based upon their sincerely held creed belief, they are entitled to protection under the *Code*. The arbitrator found it is "more likely that the grievor sincerely believes that to get one of the COVID-19 vaccines would be to act in a manner inconsistent with their beliefs and what their faith and creed require of them, and would in their mind amount to condonation of, cooperation with or participation in abortion." As such, he found that the member is entitled to an exemption based on creed, and that they suffered *prima facie* discrimination when their exemption request was denied. (*Prima facie* is a Latin term meaning "at first glance," which is used to denote that, upon initial examination, a legal claim has sufficient evidence to proceed to judgement.)

The Significance

This is a significant victory for ONA specifically, and for creed-exemption requests generally, as it affirms and builds on the principles set out by the Supreme Court of Canada in its seminal decision dealing with creed. The decision confirms that creed is a matter of personal conviction connected to one's faith or religion and does not need to be consistent with guidance of religious leaders; there is a connection, albeit remote, between fetal cell lines and vaccine research and development; a creed-based obligation to follow one's conscience regarding vaccination is not necessarily an unprotected "singular belief" or personal choice; and while a member may have several reasons for objecting to vaccination, if one is sincerely and legitimately creed-based, they may be entitled to an exemption.

The Importance of Filing a WSIB Claim for any Injury, Illness or Exposure

Not filing a Workplace Safety and Insurance Board (WSIB) claim for an injury, illness or exposure could have negative effects on members down the road if they have a recurrence and/or another exposure, a recent ONA case shows.

The Initial Exposure

In December 1998, the member, who worked full-time at a hospital, was exposed to asbestos during workplace construction. They sought medical attention after becoming very short of breath and were diagnosed with chronic asthma. Unfortunately, a WSIB claim was never filed even though the member filled out an incident report and was off work for six months.

Between February 2002 and March 2006, the member had no episodes of breathing difficulties, nor did they seek any medical attention. However, in March 2006, they were exposed to construction dust and fumes during renovations at their health unit, experienced severe shortness of breath and went off work immediately. This time a WSIB claim was filed and they were awarded health-care benefits and loss of earnings (LOE) for an aggravation of their pre-existing respiratory condition.

Although medical information on file supported that the member had not returned to their pre-accident respiratory levels and was still totally disabled, in December 2006, the WSIB determined that they had fully recovered from their workplace exposure, terminated LOE benefits and closed their file. It was ONA's position that they had not fully recovered and were entitled to LOE until they returned to work in July 2007, as well as a non-economic loss (NEL) award.

ONA eventually won entitlement to a permanent aggravation of pre-existing asthma through a Workplace Safety and Insurance Tribunal (WSAIT) award for the March 2006 exposure, and the member was paid LOE and granted an NEL award. While the NEL for their asthma was at 50 per cent, because the exposure in 1998 was never claimed under WSIB, it is considered non-occupational. Therefore, WSIB adjusted the NEL to 24 per cent due to a pre-existing condition.

Additional Claims

Between July 2007 and November 2014, the member filed eight additional WSIB claims for exposures to workplace construction or scents. Four of the claims were allowed and did not require assistance from ONA. On three of the claims, we had to wait until we received a decision on the March 2006 claim. Once we had the WSAIT decision, ONA asked for reconsideration on those claims and was successful.



The eighth claim in November 2014 occurred when the member was exposed to perfume applied to the fabric of a work chair, resulting in bi-level ventilation treatment. This is only applied in cases of significant respiratory compromise and impairment, which is deemed to be life threatening. WSIB originally only allowed the claim for two days LOE and then determined the member had returned to their pre-existing condition. ONA appealed this decision and provided medical supporting that the member had not returned to their pre-existing respiratory state and was also suffering from traumatic mental stress (TMS). We also submitted an employer email regarding the perfume exposure and the breach of their Scent Safe Workplace Policy, which stated, “following a thorough investigation, while the source responsible for the incident could not be determined, it appears to be more than an accident or temporary lapse in judgment.”

WSIB eventually allowed the claim for TMS and the member has not returned to work. They received a 20 per cent NEL award for TMS, bringing their total NEL to 44 per cent (amounting to \$24,591.81). Their total LOE for all periods of loss time up to their 65th birthday amounts to \$685,091.48.

The Takeaway

Had a WSIB claim been filed for this member in 1998 when they were originally exposed to construction dust, their diagnosed asthma would have been considered work-related instead of a pre-existing, non-compensable condition. Having the member's asthma compensable may have made it easier to receive benefits for subsequent exposures in the workplace. NEL for their compensable work-related asthma would not have been decreased by 50 per cent; instead, it would be more than 70 per cent (for their asthma and TMS). WSIB's policies on Personal Care Allowance and Independent Living Allowance both require that a worker have a NEL greater than 60 per cent to be eligible, meaning this member does not qualify.

Do you want to Win an iPad?

It couldn't be easier! Just log into our new portal, **Access ONA**, and you will be automatically entered into a draw for one iPad per Region.

Plus, you'll receive all the benefits **Access ONA** offers, including:

- ▶ The ability to update your contact information.
- ▶ Access to ONA education.
- ▶ Valuable union information and resources.
- ▶ And so much more!

If you didn't receive an email containing your personal link to Access ONA, contact our Help Desk at helpdesk@ona.org or 1-800-387-5580, ext. 2328. You must log in to be entered into the draw.

Already logged into Access ONA? Great! Your name will be included in the contest, too!

Winners will be randomly drawn in January 2023.

Good luck!

