

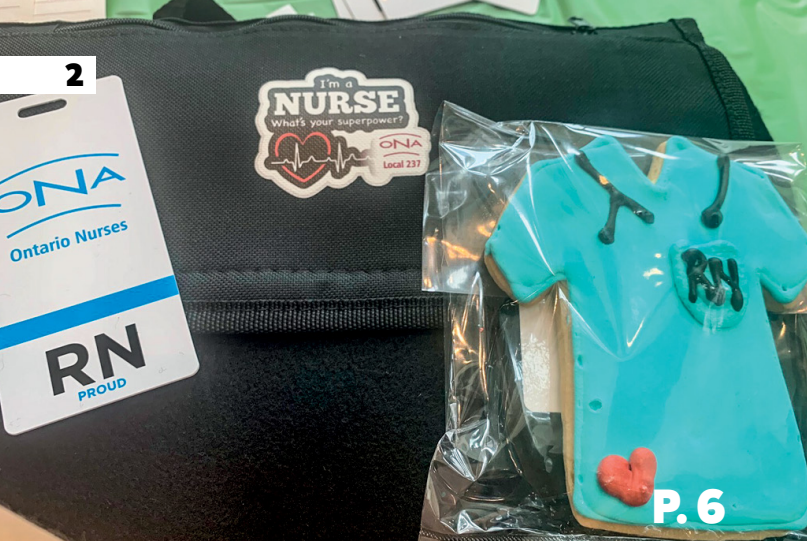
# FRONT LINES



## Holding the Line

**As the pandemic passes the one-year mark, ONA members discuss the three words getting them through: perseverance, courage and respect**

**Where are We with the Bill 124 Charter Challenge? P. 34**



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ONA is the union representing 68,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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# ONA MAIL



## Down to Business

I fully support all ONA is doing to improve the situation in long-term care (LTC). I am ashamed that successive governments, on behalf of the residents of Ontario, believe it is acceptable to allow big corporations to handle the “warehousing” of those who built the foundation for the prosperity and freedoms we live with in these modern times.

I am sorry I cannot offer more assistance as I am not on social media, but please know there are many of us out here who support your actions. It is beyond despicable for a profitable business venture to be built from lack of care for warehoused infirm seniors. What kind of society have we become when this is the norm?

JUDY BARKER



## With You

Greetings and major thanks for the immense and vital work nurses and health-care professionals are doing every day to keep our world healthy!

I created *I'm with You* as an uplifting, encouraging music video about our shared efforts with COVID-19, with special appreciation for yours. You can view it at [youtube.com/watch?v=VAS63fOiyfc](https://youtube.com/watch?v=VAS63fOiyfc).

I hope it's meaningful to your members.  
ROB HUENIKEN



## Giving Thanks

Dear ONA,

Please convey a very special thank you and much appreciation to all the nurses serving on the front lines in these very challenging times.

Our family would like to convey our sincere THANKS, APPRECIATION and GRATEFULNESS to the nurses and their families. We salute you all.

You are in our prayers and thoughts.  
Take care, be safe and well.  
Blessings!

ANGELA PINTO AND FAMILY



## UnSUNG Heroes

My husband and I wrote the song, “The Heroes Hallelujah,” to thank all the nurses and health-care professionals who work so tirelessly and selflessly day in and day out. Please feel free to share it and use however you wish. We hope your members will watch it and be encouraged.

We love and appreciate you!

RICHARD AND STEPHANIE LAMOTTE

*Editor's Note:* View the song at [youtu.be/Jkb9-RVtbmY](https://youtu.be/Jkb9-RVtbmY).



## Universal Care

A big thank you for the hard work you are doing on behalf of the whole human race. We wish you all the best as you care for people during this COVID-19 pandemic.

We know that this winter has been a tough one as you care for patients/

residents/clients, your families and yourselves. We appreciate the work you are doing and your self-sacrifice.

From the United Kingdom to all nurses in Canada with love from my wife and me.

PATRICK REID

## 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.

- ▶ **May:** National Physiotherapy Month
- ▶ **May 1:** May Day (International Workers' Day)
- ▶ **May 3-9:** Canadian Mental Health Association Mental Health Week
- ▶ **May 5:** International Day of the Midwife
- ▶ **May 10-16:** Nursing Week (see page 6)
- ▶ **May 14:** Indigenous Nurses' Day
- ▶ **May 17:** International Day against Homophobia, Transphobia, Biphobia
- ▶ **May 19:** Personal Support Worker Day
- ▶ **June:** Pride Month/Seniors' Month
- ▶ **June 1:** Injured Workers Day
- ▶ **June 15:** World Elder Abuse Awareness Day
- ▶ **June 21:** National Indigenous Peoples Day



Check [ona.org](https://ona.org) for more information

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



## Taking Your Concerns Straight to the Top

**IN SOME WAYS, IT'S HARD TO BELIEVE** that it has already been more than one year since the COVID-19 pandemic gripped our province, country and world. But in many others, it feels like a lifetime ago.

That might be because ONA has been taking the government and your employers to task since day one – even before that – advocating for your health and safety. Ensuring you have the proper precautions you need using all means open to us, including the labour board and courts, has been paramount.

In fact, as I write this column, we have taken the unprecedented step of filing an urgent judicial review application, seeking changes to directives to recognize and protect nurses and health-care professionals from COVID-19 risks. As current directives only recognize that COVID-19 is spread through close contact and droplets, except during Aerosol Generating Medical Procedures (AGMPs), ONA is urging the Superior Court to order Ontario Chief Medical Officer of Health (CMOH) Dr. David Williams to amend these woefully inadequate directives (#1 and #5) to explicitly recognize aerosol and asymptomatic transmission. As more is known about the virus, we cannot continue to rely on outdated science.

ONA believes the CMOH's failure to amend the directives violates his legal duty under the *Health Protection and Promotion Act*. Orders must be consistent with the precautionary principle, which requires that you have access to airborne precautions, including N95 respirators, when dealing with known or uncertain risks of transmission. Otherwise, the number of Canadian health-care workers already infected with COVID-19 (19,000 at press time) – a far higher rate than the general population – will grow. We cannot allow one more health-care worker to needlessly lose their life.

Nor can we allow anyone to go to work sick because they have no option. ONA joined the growing call for permanent paid sick days for all workers to ensure they are able to stay home and recover without worrying about how they will provide for their families (see page 21). We also lobbied for paid sick days for health-care workers who are in isolation after a workplace COVID-19 exposure, and recommended that the government fund paid sick leave for all vaccinated health-

care workers in circumstances where they may experience temporary vaccine side effects.

Recently, we issued not one, not two, but three reports to the Long-Term Care COVID-19 Commission and commissioned another detailing the extreme difficulties our members have faced in a sector ravaged by this virus (see page 20). It is our hope that your stories will help formulate meaningful recommendations from the commission and shape government direction, so that the horrific shortcomings of long-term care exposed by the pandemic are finally addressed.

We know this pandemic has taken an enormous toll on you all, no matter your sector. Yet, you continue to push through. It is for this reason we focused our spring campaign on the perseverance, courage and respect you have shown and commanded since COVID-19 reached our shores (see page 22). I hope you were uplifted by the real ONA members featured in that campaign, who so willingly gave their time and voices to speak on behalf of us all, just as I have been amazed and inspired by your relentless dedication throughout this pandemic.

While the vaccine roll-out is well underway and we are hopeful for a slow of the virus and a return to some kind of normalcy, the fact is we must remain vigilant. I promise ONA will never stop fighting for you. But the truth is we can't do what we do without the support and direction of our members. I want to thank those of you who completed our strategic planning survey and provided the feedback we need to build our future union. I am looking forward to seeing the final outcomes in June and beginning this critical work.



Read ONA's one-year perspective on the pandemic, *Coronavirus Chronicles*, at [ona.org/covid-19-series](https://ona.org/covid-19-series)

## Nous communiquons vos préoccupations aux plus hautes instances

**À CERTAINS ÉGARDS, IL EST DIFFICILE DE CROIRE** que plus d'un an s'est déjà écoulé depuis que la pandémie de COVID-19 a frappé notre province, notre pays et le monde. Mais autrement, on a l'impression que c'était il y a bien longtemps.

C'est peut-être parce que l'AIO prend le gouvernement et vos employeurs à partie depuis le premier jour, et même avant, afin de défendre votre santé et votre sécurité. Nous avons toujours cru qu'il est primordial de prendre toutes les précautions nécessaires et d'utiliser tous les moyens à notre disposition pour ce faire, y compris avoir recours à la commission du travail et aux tribunaux.



Follow Vicki at [twitter.com/vickivickim](https://twitter.com/vickivickim)

SUITE À LA PAGE 34



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



## The Power of Storytelling

### AT ONA, WE LIKE TO TELL TALES.

Tales of our members' experiences and resilience on the front lines, such as the heartbreaking first-hand accounts that helped shape our powerful reports to the Long-Term Care COVID-19 Commission. Tales of how you are fighting back to improve the care you are able to provide to your patients, residents and clients, not just during a pandemic, but always.

Not only do these stories paint a vivid picture to the government and decision-makers far better than words alone from ONA could, it is my sincere hope they inspire other members to see what's possible in your own communities when you come together towards a common goal.

I'd like to share one such story.

After three months of organizing their coworkers, the ONA Action Planning Group, comprised of RNs and social worker care coordinators at the Central East Local Health Integration Network (LHIN), were able to get 81 per cent of their fellow care coordinators to sign onto an open letter to Health Minister Christine Elliott to protect their jobs and ensure that quality home and community care remains public under Bill 175, *Connecting People to Home and Community Care Act, 2020*. That number far surpassed their goal.

Because Bill 175 enables fundamental changes to home and community care to be set in regulation rather than remaining in legislation, and does not specifically state where the care coordination function will reside, these members wanted to raise public awareness and put pressure on the government to stop the privatization of this important work. They made it clear that access to care will be reduced for Ontarians if care coordination is put into private hands.

While care coordinators are restricted from speaking publicly because of legislative provisions, ONA President Vicki McKenna submitted the letter on their behalf, and ONA issued a media release and provided a copy of the letter to the press.

As a result of substantial media coverage, Minister Elliott was forced to address the care coordinators' concerns, indicating "their work is valued by the government and will be under the new model," adding that the overhaul is aimed at "making sure home and community care is connected with all other areas of health care so that the patient remains at the centre of care and receives all the services needed."

But because she didn't specifically rule out the outsourcing of care coordination to private firms, we also reached out to MPPs in the LHIN's catchment area. The NDP issued a media release in support of care coordinators and at press time, at least one MPP released an equally supportive letter. Several care coordinators involved in the action also received training from ONA to prepare for meetings with their MPPs.

Bill 175 regulations and the accompanying transition plan have yet to be finalized and further government consultations are expected in the spring, which provides these members with additional opportunities to advocate for their jobs and the care of their patients. ONA will also continue to press this issue through our media and government relations work.

This action went far beyond signatures on a letter. It demonstrated the strength and unity of a group of members who want nothing more than to continue to use their expertise as navigators and patient care advocates. I couldn't be prouder of their tenacity under very stressful circumstances. No matter what, they have made a difference.

And that's a story worth telling.



Learn more about Bill 175 and how you can help fight back at [ona.org/about-bill-175](https://ona.org/about-bill-175)

## Le pouvoir du récit

### À L'AIO, NOUS AIMONS RACONTER DES HISTOIRES.

Des récits de l'expérience et de la résilience de nos membres en première ligne, comme les témoignages poignants et directs qui ont aidé à façonner nos puissants rapports à la Commission sur la COVID-19 et les soins de longue durée. Des récits sur la façon dont vous vous battez pour améliorer les soins que vous êtes en mesure d'offrir à vos patients, aux résidents et aux clients, pas seulement en temps de pandémie, mais en tout temps.

Non seulement ces histoires brossent-elles un tableau saisissant pour le gouvernement et les décideurs, et ce beaucoup mieux que ne réussirait à le faire l'AIO, mais en plus j'espère sincèrement qu'elles inspireront d'autres membres à voir ce qu'il est possible de faire dans vos propres collectivités lorsque vous unissez vos forces pour atteindre un objectif commun.

J'aimerais vous faire part d'une telle histoire.

Après trois mois d'organisation entourant l'activité de leurs collègues, le groupe de planification de l'action de l'AIO dont des infirmières autorisées et coordonnatrices des soins des travailleurs sociaux au Réseau local d'intégration des services de santé (RLISS) du Centre-Est, ont réussi à faire en sorte que 81 % de



Follow Cathryn at [twitter.com/cathrynhoy](https://twitter.com/cathrynhoy)



SUITE À LA PAGE 35





## MEMBERS GET LOUD!

MAY							2021
SUN	MON	TUE	WED	THU	FRI	SAT	
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30	31						



# Nursing Week 2021

# Happy Nursing Week!

While Nursing Week is going to look very different again this year, there are still plenty of opportunities to celebrate all you do.

Under the very appropriate theme, *Still Standing. Still Strong. Still Proud*, which reflects how you are persevering in the face of a devastating pandemic, Nursing Week is a time to honour the year-round commitment and achievements of registered nurses, nurse practitioners and registered practical nurses, and to increase awareness of your contributions to the well-being of Canadians.

Given that Ontario is still in the grips of COVID-19, ONA is again recommending that our members refrain from holding special in-person Nursing Week events this year. Instead, we hope that you will be able to acknowledge and celebrate your profession in a more personal or virtual way (see the sidebar for some ideas). We would love to hear and see how you did that at [frontlines@ona.org](mailto:frontlines@ona.org).

We also encourage you to download our bilingual Nursing Week poster from our website and post where you can – at appropriate locations in your workplace, with the permission of your employer, and in your community, such as grocery stores and banks, again with permission.

“Despite all the challenges you face, I encourage you to take a moment and remember why you became nurses and recognize your vital role in your communities and in our health-care system,” said ONA President Vicki McKenna. “Because of the enormous toll COVID-19 has taken on members in every sector, we are also emphasizing self-care this Nursing Week. Please take care of yourselves physically and mentally, and don’t hesitate for a moment to reach out for help.”

As a small token of our appreciation for all that you do, we are enclosing a special gift with this issue of *Front Lines*. We hope it serves as a constant reminder that your union is always with you and has your back.



See [ona.org/nw21](https://ona.org/nw21)



## How to Celebrate Nursing Week Virtually

While face-to-face Nursing Week events are discouraged this year due to the continuing pandemic, there are other ways you can celebrate. Here are some ideas:

- Check your ONA bulletin board, social media and Local website to see what virtual events your Bargaining Units and Locals might be planning, and attend if you can.
- Download ONA's Nursing Week shareables from our website ([ona.org/nw21](https://ona.org/nw21)) and promote them on your own social media channels.
- Celebrate Florence Nightingale at [nightingale2020.ca](https://nightingale2020.ca), a website created by members. Comments and/or articles are welcome!
- Check out our vast array of videos, including a special Nursing Week message from ONA President Vicki McKenna, on our YouTube channel at [youtube.com/user/OntarioNurses](https://youtube.com/user/OntarioNurses).
- Participate in our storytelling campaign about why you take pride in being a nurse. Post on Twitter, Instagram or Facebook using the hashtag #StandInMyShoes and be entered to win a prize! You can also send your story to [frontlines@ona.org](mailto:frontlines@ona.org) and you may see it in a future issue!

# Members Explain Why Nursing is Your Calling

In the final installment of our Nursing Week 2020 series on why nursing is your calling, tying into last year's theme, we are publishing your firsthand, deeply personal and heartfelt explanations. Stay tuned for stories from Nursing Week 2021 in the issues to come (see sidebar on the previous page for more on how you can submit yours).



*Who would have thought that in 1973 when I graduated from nursing school in Windsor, I would still be working full-time in long-term care?*

*When I entered nursing, the government saw a great need for RNs, so I was given free education, room and board; my parents paid for my books and my beloved*

*boyfriend (now husband) drove me back and forth every weekend from Chatham to Windsor, encouraging me to persevere.*

*It's been quite the ride: From the intensive care, critical care and burn units in Chatham to the emergency department and a nurse supervisor position in Leamington to a stay-at-home mom. Then back to medical and obstetrics, along with being a doula in Seaforth!*

*Next came volunteering at a missionary hospital in Quito, Ecuador as well as in two orphanages, where we adopted our beautiful baby, Alicia, who had Down syndrome and was given up. She is now 21. Upon returning from Ecuador, the call came to try our local nursing home, where I have loved these final years of caring for the elderly.*

*Today we are in the middle of a pandemic that threatens our parents and grandparents, who gave their lives to build this beautiful Canada we are privileged to enjoy, able to live in freely, and continue to develop for future generations.*

*Above all, I am thankful for my health and the strength to do this.*

**Clara Vanderlaan, RN**



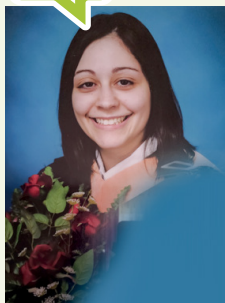
*A recent layoff led me to where I am today. I have embraced my position as a recovery room nurse with open arms. I am in a large team of dedicated and committed nurses who have welcomed me, and I am very happy to spend the final years*

*of my career contributing my expertise to that team.*

*Nursing has "cut me to size" and taught me that I am only one appendage of a bigger animal. It has taught me that I have a lot to give to patients because of the way I embody my role. "Use of self," a term often used by social workers when describing their relationship with clients, is how I nurse. I believe that my nurse's hat is not a role for me to hide in, but it is a ticket to exchange knowledge, experience, thought and emotion with people who have crossed my path. I keep my boundaries fluid, constantly reflecting on myself, and am very aware that often I am the student, and my patient is my teacher. I don't believe in contributing to the power differential between health-care provider and patient, as it is an arbitrary one.*

*I feel as a nurse, it is up to me to think outside the box and redefine my role as a nurse on a daily basis. The health-care field is constantly changing and so am I. That is my greatest asset when caring for patients.*

**Claudia Aenishanslin, RN**



*When I look back and think about choosing my career path, I look to a family friend, Samerio Perieria. Samerio came to Canada as a young girl and spoke minimal English. By taking English as a Second Language classes and having determination, strength, compassion and genuine will to help and comfort others, she persevered and realized her dream of becoming an RN. These are qualities that inspired me to become a nurse as well.*

*From Samerio's inspiration I saw what I strived to be, and worked hard to get there. I have worked in hospital, rehab, long-term care and now the Local Health Integration Network. I have been privileged to support patients who are in the post-partum period, recovering from a devastating case of necrotizing fascitis and stroke, along with comforting patients who are passing away and providing support to their loved ones.*

*We are difference-makers and I am proud to be a nurse in Ontario.*

**Jennifer Manning, RN**

## Open Enrollment Opportunity for May.

Apply without a Medical.



To celebrate Nursing Week, for the month of May 2021 ONA members will be eligible to apply for the following WITHOUT a medical:

- Long term Disability
- Extended Health with Optional Hospital
- Dental Care
- Life Insurance

You won't even need to complete a medical questionnaire! Take this opportunity to join the nurses program built for nurses, by nurses... It's THAT easy!

Contact us to learn more:

**1.800.461.4155**  
**ona.johnson.ca**



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*I have worked for 45 years as an RPN and still at 68, I am casually employed as an in-home palliative nurse.*

*Where do I start? The smiles, the hugs, and countless thank yous received from people I have taken care of. Listening and learning from the many hours with clients. I was in the emergency department for 20 years, where we saw life and death daily. But my coworkers were always there supporting each other and working as a team; many overtime hours spent helping people in a difficult time in their lives.*

*It has been an honour to be a nurse, very rewarding and interesting, and an enriching and fulfilling career. We have been in the fight of our lives these last few months. It has been a struggle, but we stand united.*

**Cath Gardner, RPN**



*I'd like to share my story of how I became a nurse.*

*At about five years of age, when asked what I would like to be when I grew up, my answer was a nurse. I believe it was my calling. There were no nurses around to influence me. At the age of 10, I was asked why choose a career to "clean bedpans and bedsores." My response to that was "if all the nurses thought that way, who would take care of you when you are sick?" Fast forward, I was asked that same question just before going to nursing school and gave the same answer.*

*After completing my nursing diploma in 1985, my dad revealed an incredible story that occurred at my birth, whereby my proud grandfather held me in his arms and said, "this grandchild of mine will become a nurse and care for me when I grow old!" He died when I was 10. My dad didn't tell me this incident before studying as he did not want to influence my choice.*

*I've been in nursing for 35 years. Ironically, my name is derived from a root word that means to cure or console. I love what I do and am thankful that I make a difference.*

**Shafina Osman, RN**



*I like to say that nursing found me.*

*When I was 20, I had cancer, and while I pursued my original degree in history and European studies, I woke up one day and understood that was no longer my passion. A light switch went off in my head and I knew I had to become a nurse. I put 1.5 years into upgrading my high school credits, was accepted into nursing school, and finally became an RN in July 2019.*

*I give all the credit to the amazing nurses I had when I was a patient at Sunnybrook Health Sciences Centre. They inspired me on a daily basis and motivated me to continue with my treatment. I am paying it forward now in hopes of doing the same for my patients.*

**Tania Lidivan, RN**



*I have been told by so many patients, coworkers, family and friends that nursing was my calling. I am not sure if it was a calling or a comfort. From as far back as childhood, I have always felt at ease offering comfort, whether*

*it was simply holding someone's hand when they were in trouble or grieving, giving a hug to someone or just a listening ear. I was often the person my friends would come to for advice or help.*

*I am a third generation nurse. I guess I come by it honestly, but seeds were planted for me all through my life. But like any career, you don't really know what you are getting into until you jump in with both feet.*

*Your schooling can give you a book's perspective on nursing, but a book can't tell you how it really feels when you are the nurse in the trauma room and you get that first-ever ambulance patch over your emergency department (ED) radio saying you have a 12-year-old boy, vital signs absent, coming in five minutes. Your mind swirls, your stomach drops and then your critical thinking kicks in. The child arrives. The EMS are doing CPR and helping the child breathe while people are scrambling for equipment – and the tension in the room is palpable. This was me. As I ran to meet the stretcher, I said to myself, my son has a shirt like that, my son has pants like that, he has the same sneakers. It was not until I got right over top of the boy that I realized he was not my son. I sighed with relief and then a wave of guilt hit me because I knew that this was someone's child.*

*As an ED nurse of 34 years, I could tell you stories that would make you smile, laugh and cry. I love being a nurse. Giving 110 per cent because I know I will get back way more than I can ever give.*

*I realized late in my career that I could be an active part of political change. Years back, I was approached by a number of nurses, who asked if I would consider becoming a union rep. They wanted someone to fight for them. I had never thought of that, but through my time working with ONA, I came to realize I could be an active participant in making change. Real change. If I could say one thing to a young nurse just starting out, it would be to get involved. Don't sit on the back burner.*

**Diane Jolliffe, RN**

## Public Health Outreach Nurse “Meets People Where They Are”

When public health outreach nurse Scott dePass says no two workdays are alike, he isn't kidding.

Working for a public health department throughout his entire 21-year career – the past eight in outreach – dePass can find himself in a shelter, hostel or jail at any given time, helping those in greatest need.

“When a position came up for our Health Bus, which was changing its model to be more of an outreach than a stopped clinic in the community, I was ready for something different and liked that I could be in the driver's seat of change – no pun intended,” said dePass. “I've been here ever since and absolutely love it! I go into the community and provide health education, vaccinations, STI testing, nicotine replacement therapy, mental health and Healthy Baby referrals, and so much more. There are three outreach nurses covering a large area, and we are basically the ambassadors for the public health department and its programs. Our main focus is to work with at-risk populations. So, I go to youth hostels, emergency shelters and soup kitchens. I also do a men's health talk twice a month at a detention centre to ensure clients have a forum to ask their questions and receive meaningful answers from someone removed from facility staff. We meet people where they are and at their stages of need.”

### Growing Pains

While dePass admitted to growing pains when he started his outreach position, it was a comment from a client that changed everything.

“As nurses, we are taught to identify problems and ‘fix’ them,” said dePass, who also regularly talks to university nursing students about his work. “When I took this position, I had a client snap at me that he ‘wasn't broken!’ That statement made me rethink how I approached my role. Now I ask clients, ‘What can I help you with today?’ It's amazing how empowering that is for them. So many have been treated poorly, being labeled as a ‘frequent flyer’ or ‘just another addict looking for meds,’ and do not trust professionals easily. It takes time and effort to get them to open up and start to unpack their issues. Every person I got to know has had some sort of trauma – physical, sexual, emotional or a combination – which has sent them down a path that any one of us could have been on. Many have horrendous lives, but are still here. That pushes

CONT. ON NEXT PAGE



me to be more understanding when meeting a new client.”

While one of the most rewarding parts of dePass’s job is seeing “a broken system start to work when all the gaps are filled by the various agencies that want to give the most underprivileged and hardest to serve clients a fighting chance at things the rest of society takes for granted,” it is that same system that also presents the most barriers.

“My biggest frustration is trying to connect a client to medical services and finding out they don’t have a health card. I am baffled that we can give people monthly payments through Ontario Works but can’t get them a health card without more hoops? That prevents them from accessing proper health care at a doctor’s office or walk-in clinic. Many leave potentially life-threatening situations to the very end and then experience immense physical issues, often requiring hospitalization.”

### Temporarily Pulled

And the COVID-19 pandemic has only added to those challenges. During the first wave, dePass was temporarily pulled from the community to help work on case management and data entry.

“It was work that needed to be done, of course, but I worried for my clients in my absence. When I returned to my outreach role at the end of June, it was astonishing how much had happened in the community while I was in the office. Many were left struggling because the services they relied on had shut their doors or were only operating via telephone. Those living on the streets without a phone were without their lifelines. It also meant I needed to carry personal protective equipment (PPE). Maintaining distance is not possible when providing client care, so regular cleaning of the environment and changing PPE is necessary. Most of my



Public health nurse Scott dePass hops on the Health Bus to provide critical outreach services across a large catchment area.

summer was spent re-establishing connections and pulling together services for clients in a very unconventional way. I relied heavily on our community partners, whom I couldn’t do my work without, to make this happen.”

When dePass was pulled from the community again in October during the pandemic’s second wave, “I advocated for my clients and their need for care with management and was given time in the community to see a few of them while also doing COVID-19 follow-up. The services are partially maintained.”

### Way of the Future

He does, after all, believe that seeing people in the community is the “way of the future.

“Times are changing and so must public health and health care in general. Not everyone needs to be seen in the hospital and not all services are best utilized in that environment. Public health has historically delivered services out of their building, and clients come to us, but transportation to these offices is not always feasible. Being able to provide services to clients, many of whom would not otherwise get them, where they are means more can be done to reduce harm and hopefully

death. I have a new and incredible respect for those working in the hospital sector. I don’t think one is better than the other, but we can work more collaboratively. Many clients could be managed in the community by outreach nurses. If a hand-off happened at the hospital level to the community, fewer clients would fall through the cracks. The Victorian Order of Nurses has been providing care to clients in their homes for 120 years. We need to think about the clients without homes or living in a shelter the same way. We all have a part to play and I am excited to see where my part takes me.”

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# Member Named Front Lines Hero

All ONA members are heroes, of course, but Brittany Tavares, who has worked on a COVID-19 unit at her hospital since the pandemic began, was actually given that title.

Last year, Tavares was named one of Sunwing's Front Lines Heroes after a country-wide competition for 100 all-exclusive trips to multiple destinations yielded more than 14,000 entries. The travel company asked Canadians to nominate deserving front-line workers who have been helping their communities during the pandemic. While Tavares was nominated by several members of her family, who heard about the contest through social media, it was actually a friend who cinched the win for her.

"I didn't know she had nominated me until I received an email from Sunwing stating I had received the Punta Cana trip," said Tavares, who graduated from nursing school in 2010 and immediately began working in the medical program at her hospital. "To be honest, I thought it was a fake email. I even called Sunwing to confirm! When they did, it felt amazing!"

When the pandemic first hit, Tavares was working on a clinical teaching unit, which was named a dedicated COVID-19 floor for all incoming swabbed or positive patients not requiring intensive care. It's been a blur since then.

"At the beginning of the first wave, the anxiety and fear were through the roof and we lost many nurses to other units," she said. "Not knowing much about this virus and what personal protective equipment (PPE) was best only added to the stress. Things changed so often in those days and many memos were sent about how to care for COVID-19 patients. We



Sunwing competition winner Brittany Tavares, RN, looks forward to her vacation when the pandemic is over.

had daily huddles with management, infection control and educators on how to handle PPE appropriately. It was really important that we stuck together and worked through it, which we did. After the stress of the first wave, it was wonderful knowing there was eventually a vacation to look forward to with my husband and two daughters."

But then came the second wave.

"As a floor nurse and unit lead most times, I have worked as close as can be with COVID-19 patients. I've entered multiple COVID-19 rooms and taken care of many positive patients, from ages 25 to 80-plus. It was frightening to see how fast some required oxygen, and surreal to work through a pandemic. Mentally, we were more prepared for the second wave, but staffing-wise, the province was not. While our anxiety and fear about the unknown calmed down, everything is still so different. It has truly been a huge learning curve for all of us on the unit, including physicians, residents, occupational therapists, physiotherapists and social workers – and we're exhausted."

After an "insanely busy" day, Tavares noted that her biggest source of anxiety is the possibility of bringing the virus home to her family and "the added time before and after work making sure uniforms and shoes never make it anywhere near the inside of my home."

It is for that reason Tavares is particularly looking forward to a return to normal and being able to take that much-needed vacation.

"As much as I want to hop on a plane to get away from all the COVID-19 stress, I don't plan on flying anytime soon. Maybe sometime in the fall or winter if things settle down."

In the meantime, she finds much satisfaction in the happy endings.

"Seeing patients we sent to the intensive care unit survive COVID-19 and return to our unit prior to discharge means the world. With all the hard losses, those stories have made this experience much more tolerable. We knew we did everything we could."



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

**SHARE IT WITH US!**

Send your stories and photos to the *Front Lines* editor at [frontlines@ona.org](mailto:frontlines@ona.org).

# A Passion for Patients and Parrots

At first thought, the exotic bird that is the parrot and a patient have absolutely no correlation. How could the two share anything in common? However, if you ask Tom Priestly, an RN at St. Joseph's Healthcare Hamilton, he has a thought-provoking answer.

"Like us, birds are social animals, with defined roles within their flock," he explained. "Also like us, they have distinct personalities and a wide range of emotional reactions – happy, sad, stubborn, defiant, loving. For the flock to survive, birds have to respect the roles of others and cooperate despite differences. Birds have a lot to teach humans."

Priestly also noted that birds are very straightforward in their relationships. They are non-judgmental and great listeners – they would never tell your secrets (well, some might). Tom said that for those who have a hard time opening up to others, birds can offer a non-judgmental relationship where you can practice building trust.

Three years ago, Priestly started volunteering on the Board of Directors at the Hamilton Aviary, the oldest public aviary in North America. The parrot sanctuary was threatened with closure due to budget constraints by the city of Hamilton and he wanted to help in any way he could. Today, he serves as the Board's Vice-President.

Despite volunteering on the Board for only a few years, Priestly has been involved with the aviary for 20 years. He has

« In working with patients and parrots, I've come to realize that there are always those in need of someone to speak up on their behalf. »

– ONA member Tom Priestly, RN



Birds of a feather...



ONA member Tom Priestly, RN, talks to his feathery friend at the Hamilton Aviary (no word on if he answered!)

been a companion bird owner since his childhood and wanted to learn more about large parrots. With his passion for the aviary, Priestly thought he wanted to pursue zookeeping or wildlife photography as a career. However, two impactful situations he experienced called him to nursing. When he was in high school, both an extended family member and a classmate were lost to suicide. A couple of years later, while he was in university, his dormmate attempted suicide. Thankfully, Priestly was able to save him.

He believes that nursing has given him the skills he needs to advocate for the most vulnerable, whether they are his patients or parrots at the aviary.

"I try to advocate for my patients, challenge them, inspire them and provide the quality of care I would want if I were in their shoes," he said. "Nursing has made me a thoughtful and progressive leader by helping me to analyze and react to all situations. In working with patients and parrots, I've come to realize that there are always those in need of someone to speak up on their behalf."

Although negotiations are ongoing, the future of the Hamilton Aviary has never looked so bright. Priestly said that an anonymous donor saw the value the aviary adds to the Hamilton community and donated \$1 million.

"Such a gift is incredibly humbling and empowering," he said. "The simple aviary of the past is going to grow into a beautiful environment for the birds and visitors alike to continue to learn from each other. In an era of instant gratification, birds have a lot to teach us about the value of physical and mental effort."

# A Virtual Show of Support

When we asked our members to stand up and, quite literally, show your support for long-term care (LTC), you certainly came through!

On December 2, ONA held a province-wide Virtual Day of Action to Protect Long-Term Care, which was meant to amplify the Long-Term Care COVID-19 Commission's interim recommendations for increased staffing in the sector and a minimum daily average of four hours of direct care per resident per day. While the Ford government announced that increase would be implemented, it did not come with a funding commitment.

Throughout the Day of Action, members called and emailed Premier Doug Ford, Health Minister Christine Elliott, Minister of Long-Term Care Merrilee Fullerton and MPPs, demanding immediate action to protect LTC residents. More than 150 tweets were also sent, telling the Premier that improvements must be made now.

We also asked members to download our “selfie poster,” add your own comment about issues such as complex care, quality jobs, wage parity with hospital workers, and LTC profits, and post to your social media accounts, tagging ONA. And did you ever! We were flooded with your selfies, many of which are displayed on this page.

“The pandemic has only exacerbated the issues that have long existed in this sector with tragic results,” said ONA President Vicki McKenna. “ONA has advocated for change for decades and must continue to let the government know that we are initiating many positive actions to protect long-term care for our residents and to improve working conditions for all health-care workers. We will never stop demanding to know what they are doing in response. Thank you for helping us with this critical work.”



Learn more at [action.ona.org](https://action.ona.org)

# Live up to Your Promises, Nurses, Health-care Professionals Demand at Rally

Fed up with working conditions that put their patients and themselves at risk, ONA nurses and health-care professionals from northern Ontario gathered for a rally in Sudbury this past December to demand the government immediately commits to making improvements.

During the rally, members from Locals 2 and 13 from places such as Sudbury, Blind River and Elliot Lake highlighted the fact that many of them are working short-staffed and without enough personal protective equipment (PPE) in their workplaces.

“Premier Doug Ford is not living up to his promises,” (then) Local 2 Coordinator Kristy Johnston told the ralliers. “We are beyond disappointed. We are angry and upset, and are here to voice those concerns. Since the pandemic began, we have spoken out about what we need, but this government is not listening. Instead, ONA had to go to court to get PPE for front-line workers. Despite that, many employers are still not providing the protections we need.”

Noting that long-term care (LTC), in particular, is in a crisis with “so many needless deaths,” Johnston added that the interim recommendations from the LTC Commission to guarantee a minimum of four hours of hands-on care per resident per day needs to happen now and that the



government has been far too slow to implement change, sitting on billions of dollars of unused federal money.

The members, who received many honking horns of support, were joined by two NDP politicians representing the Sudbury region: Nickel Belt MPP France Gélinas and Sudbury MPP Jamie West, both of whom echoed Johnston’s comments and addressed another pressing issue – that Queen’s Park should have provided pandemic pay to a wider spectrum of health-care workers. Among those ralliers who didn’t receive that pay were the health-care professionals from St. Joseph’s Continuing Care, who recently joined Local 2.

“These members work on the front lines with nurses every day and we are beyond disappointed they were not included in the pandemic pay,” said Johnston. “We hope this event will inspire additional rallies throughout the province, with other MPPs participating, so we can continue to increase public awareness. It starts here, but it won’t end here.”

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**Local 14 & 73  
NURSES  
Thank You**

ONA

## Returning the Thanks

While Ontarians have been heaping much deserved praise on nurses and health-care professionals for their care and sacrifices during the COVID-19 pandemic, Locals 14 and 73 wanted to give a little thanks of their own. So, with the assistance of the daughter of Local 73’s political action rep Diane Parker, who is a graphic designer, the members prepared an ad thanking the public for complying with public health directives so the community can stay safe, which ran in Thunder Bay’s *Source* newsmagazine for three weeks last December. “We were discussing COVID-19 fatigue and I recalled all the requests from the public to help front-line workers by following provincial directives,” said Local 73 Coordinator Donna Wheal. “We had pictures of our nurses on our Facebook page and regional website asking the public to help by doing whatever the directive at the time was. But had we said thank you? How could we be encouraging? We decided on a public acknowledgment of the community’s efforts to let them know we saw and cared about their success, to demonstrate our appreciation, and to show we’re in this together.”

# Out of the Blue: Members' Campaign for PPE, Isolation Pay Explodes

If members throughout the province were feeling a little blue this past February, it was for good reason.

That's because the Blue Ribbon Movement was launched by seven intensive care and emergency department nurses from the Niagara region to encourage ONA members, other health-care workers, and the general public to display a blue ribbon on February 1 in support of equitable access to personal protective equipment (PPE) and isolation pay for nurses and health-care professionals who are forced to quarantine at home after a workplace COVID-19 exposure.

"We started a grassroots movement because we needed changes and for our voices to be heard," said one of those nurses, Julianne Rockingham-Morosin. "We had the PPE we needed in our units, but wanted to speak up for those who didn't, and started thinking about what that could look like. In the first wave of the pandemic, our community displayed a lot of blue ribbons to support us and say thank you, and we thought we could build on that. I spoke to my MPP, the nurses I work with and ONA, and they were all on board. In fact, all three MPPs in our region supported us."

Through social media posts and word of mouth, the nurses shared the movement, which included a petition to Premier Doug Ford (with the help of Niagara Centre MPP Jeff Burch), and encouraged others to do the same.

"The nurses I work with are very empowering, and we got the message out and just hammered it and hammered it," Rockingham-Morosin explained. "ONA helped us share the movement and my union rep asked, 'what if we get the local radio station involved?' So, I did a live interview,



"We knew our Blue Ribbon Movement was going to reach a lot of people, but we were surprised at how many," said Julianne Rockingham-Morosin, RN, of the campaign she launched with several colleagues. "It sparked something in nurses."

and the story was picked up by three newspapers and CHCH TV. We just hoped that on February 1, it was really going to blow up – and then it did."

In fact, throughout Niagara, Rockingham-Morosin saw people wearing blue ribbons and displaying them on their houses, trees and car antennas, some of which are still there. Many social media users changed their profile picture to a solid blue screen. Rockingham-Morosin also saw campaign posts from across the province, including Kapuskasing and Moonbeam county in the north, London, Ottawa, Toronto and Hamilton.

"We had no idea it would get that far," she said, "We could never calculate the actual reach of it all, but thousands and thousands were aware of what was going on. We received so much feedback that people were engaged and wanted to be a part of something positive. The whole root of the movement for us was to unite people, boost morale and



Tangled up in blue! While people were asked to display a blue ribbon on their car antennas in support of nurses and health-care professionals, it seems many chose even larger displays, such as this prominent tree in the Niagara region!

let everybody stand in solidarity and say, 'look how strong we are when we fight together.' We wanted to get the provincial government's attention and asked participants to tag #FordNation. We'll never know if the Premier was affected or knew, but we're hopeful."

So hopeful, in fact, that Rockingham-Morosin and her colleagues would like to keep the campaign going in some capacity.

"We have the momentum and can turn this into something more," she said. "We're resilient and strong, but right now we are also burnt out and frustrated. Everyone wants this pandemic to be over, but that spark gave us a second wind, and we want to build on it. Something will be coming down the pike at some point. After all, there are a lot of other issues we can address, such as [wage suppressing legislation] Bill 124. It's more important than ever to be involved in our union and to be a voice in nursing."



## KNOW YOUR RIGHTS

### Racism Important Driver in Health Outcomes, Panel Says

Racism is increasingly being recognized as an important driver of inequitable health outcomes, and we must work together to effect change, a panel of ONA members urges.

The panel discussion, *Let's Chat – A Discussion on Race, COVID-19 and Moving Forward*, which is posted on our website, sites numerous studies showing that Black Canadians experience health and social inequities linked to processes of discrimination at multiple levels of society, including individual, interpersonal, institutional and societal.

#### Social Determinants of Health

“Systemic discrimination from its most overt forms to its most passive microaggressions has been steadfast, and so is the history of institutionally enforced silencing, erasure, defamation and suppression,” said Toronto/York-Peel Victorian Order of Nurses Bargaining Unit President Lorna Thompson. “These factors are key drivers of health inequalities faced by Black Canadian communities across the country. Social determinants of health, such as gender, socioeconomic position, race/ethnicity, occupation, Indigeneity, homelessness and incarceration, play an important role in the risk of COVID-19 infection.”

“We know that the impact of racial discrimination and microaggressions throughout a lifetime can lead to chronic stress and trauma,” added panel moderator and ONA Labour Relations Officer Kieran Maxwell. “Working as a health-care professional comes with its own stresses as well.”



ONA Labour Relations Officer Kieran Maxwell and members Tsedey Tola and Lorna Thompson (clockwise from top left) delve deep into the issue of racism as a social determinant of health during a recent panel discussion.

In fact, 70 per cent of health-care workers in a recent Statistics Canada survey report worsening mental health as a result of working in a pandemic, with many experiencing a “breaking point,” the panel revealed.

“Black health-care providers present a specific kind of burnout, stress and exhaustion,” explained Thompson, noting they sometimes work in under-resourced facilities and deal with the serious racial implications of their work. “A lot of Black families also cannot take time off work based on their economic position and instead push through and work sick without adequate resources.”

“It infuriates me that there is data showing racialized people are disproportionately affected by COVID-19, as well as people in low-income households,” said Tsedey Tola, an RN currently working on her graduate studies in Leadership in Health Care. “Yet, our Premier refuses to enforce paid sick days so people do not have to choose between getting sicker and spreading COVID-19, and putting food on their table and paying bills.”

### Love to Read? Our Human Rights and Equity Book Club is Just for You!

ONA has launched an exciting new initiative for members who love to read and share their thoughts and insights.

The Human Rights and Equity (HRE) Book Club kicked off on February 23, during Black History Month, with its first book, *Washington Black* by Esi Edugyan, a Canadian novelist who has won the Scotiabank Giller Prize (literary award).

“Esi’s rich stories illuminate the complicated truth about race and belonging, and we are thrilled to begin our book club with one of her novels,” said Region 1 Vice-President Dawn Armstrong, who holds the HRE portfolio. “Books will be entertaining, and

with a human rights and equity lens that invites guided, thoughtful conversation.”

The book club is open to all ONA members and staff, who will be given a generous amount of time to read each novel before being invited to a facilitated discussion on our online platform. As the club grows, members will be asked for input into how often books are read and potential titles, and will be able to win books and ONA swag.



To learn more and/or join, visit [ona.org/member-services/human-rights-equity/book-club](https://ona.org/member-services/human-rights-equity/book-club)

## Horizontal Racism

The panel also highlighted an area of little research in their 30-minute discussion: horizontal (peer-to-peer) racism.

“Horizontal racism is when visible minorities exhibit racist behaviours and/or attitudes towards other minority groups, which can also take place in the same minority group,” explained Tola. “One example is the obsession of being ‘fair-skinned’ in some ethnic groups, which stems from beliefs that being dark-skinned or the same skin colour as a Black person isn’t appealing.”

And, like other forms, horizontal racism must be called out when we see or hear it.

“After the murder of George Floyd, I heard discussions openly taking place about anti-Black racism in other minority groups for the first time,” she added. “I feel a shift in the tolerance for anti-Black racism within the workplace, and it starts with conversations. There needs to be an effort in organizations to mandate regular facilitated discussions or seminars on workplace racism. Sending out a generic mass email during Black History month isn’t enough.”

## Where do We Go from Here?

Nor is it enough to expect Black people to carry the load of effecting change.

“Black people are being asked to speak, teach, share and instruct non-Black people on how to help,” said Thompson. “It’s exhausting, exploitative and derivative. All the information is out there. As author Esi Edugyan said, ‘The weight of change shouldn’t rest on the shoulders of Black people and indeed it doesn’t! For true systemic shifts to occur, everyone has to recognize that the whole underlying structure is so irreparably broken that no one can afford to live like this anymore.’”

“We also need to uplift one another,” added Tola, underscoring that workplace racism affects recognition for achievements, access to career advancement opportunities and job stability. “Black people may feel defeated when trying to voice their concerns, but by supporting one another, we can help each other succeed. Black people have been labelled as ‘difficult,’ ‘loud’ or ‘troublesome’ when bringing up serious workplace concerns, which is discouraging, and they need to hold spaces to inform policies that affect racialized groups. It will empower others to not underestimate their voice and valuable experience, and feel comfortable using them.”



See the entire panel presentation at [ona.org/news-posts/black-history-month](https://ona.org/news-posts/black-history-month)

## Human Rights and Equity Team Planning: More than Just the Annual Caucus

To many, ONA’s Human Rights and Equity (HRE) Team is synonymous with planning our annual Caucus – and that is a big chunk of their work. But the team wants you to know they are working on a lot more than that one event.

In fact, the team has begun to take a very proactive approach to ONA’s key commemorative dates, including Black History Month, International Women’s Day, Indigenous Peoples Day and Pride.

“The role of the team has always been to get us to the Caucus each year, but this team is so engaged and energized, and said, no way. We’re going to do the Caucus and do it well, but there are so many other opportunities for us to have an impact,” said Region 1 Vice-President Dawn Armstrong, who holds the HRE portfolio. “We started brainstorming ways to engage our members and the ideas just started flowing, including doing more for commemorative days than the usual announcement and that’s it.”

This work has been facilitated by the fact that the team, comprised of five members representing key equity groups (Racialized, Indigenous, Francophone, LGBTQI2S and Disabilities) who traditionally connect at ONA’s provincial office in Toronto a couple times a year, is meeting more regularly through Zoom.

“We took the commemorative calendar that ONA has always used and looked at the days relevant to human rights,” added Armstrong. “We deleted some we didn’t think were relevant anymore and added important dates we need members to be aware of based on each of our equity groups – and those are the ones we are focusing on. Each team member is looking at ways to provide links and education for days specific to their equity group, so that our members don’t think, ‘Oh, that’s just one day.’ We want them to continue to learn and engage in discussions.”

« The provincial [Human Rights and Equity] Team is no longer looking at human rights and equity as something to merely celebrate, such as an embroidered patch on a jacket. It is now being woven into the very fabric that our union values are based upon. »

– Human Rights and Equity Team LGBTQI2S equity group rep Jasen Richards, RN

ONA celebrates

**Black History Month**

**"The weight of change should not rest on the shoulders of Black people – and indeed it doesn't."**

–Esi Edugyan

[www.ona.org](http://www.ona.org)

ONA launched a visually stunning and information-packed Black History Month webpage earlier this year that provided an overview of the month in Canada and around the world, ONA's strongly-worded anti-racism statement, downloadable shareables, multimedia offerings, including first-hand accounts from our members, a multitude of helpful resources, and this attention-grabbing poster, which was designed based on the recommendations of several Black ONA members. The month may be over, but the resources remain. Check them out at [ona.org/news-posts/black-history-month](http://ona.org/news-posts/black-history-month).

## And We're Off! Central Bargaining Begins

Central negotiations are underway in our hospital, nursing home and Victorian Order of Nurses (VON) sectors, guided heavily by our members' wants and needs.

The Hospital Central Negotiating Team (HCNT) chaired by Local 100 Coordinator Alan Warrington, the Nursing Homes Central Negotiating Team (NHCNT), chaired by Riverview Manor Nursing Home Bargaining Unit President Maureen Withers, and the VON Central Negotiating Team (VONCNT), chaired by Toronto/York-Peel VON Bargaining Unit President Lorna Thompson, completed their formal orientation by Zoom earlier this year.

During that time, the teams reviewed their current contract and examined the results of our recent membership bargaining survey, *Have Your Say*. We received thousands of pages of comments, all of which were read by the teams and used to develop formal bargaining proposals (see box below left). The HCNT, which welcomed new member St. Mary's General Hospital Bargaining Unit President Erin Ariss, also discussed the realities of wage-suppressing legislation (Bill 124) and ONA's Charter Challenge (see page 34).

Negotiations took place between the HCNT and the Ontario Hospital Association from March 8-12 and March 22-26, including mediation with Mediator Matthew Wilson. As a settlement was not reached, we have agreed to proceed to arbitration before Arbitrator Eli Gedalof on April 20.

The NHCNT will commence negotiations from April 26-30 with the participating nursing homes. We have agreed to mediation with Mediator Wilson from May 17-19 and, if necessary, arbitration before Arbitrator John Stout on June 1-2.

The VONCNT began bargaining with the participating VON branches from March 2-4, and agreed to mediate any outstanding issues, again with Mediator Wilson, from May 5-7. If a settlement is not reached, we will proceed to arbitration with Arbitrator William Kaplan on June 25.



Read the latest at [ona.org/bargaining](http://ona.org/bargaining)

## Have Your Say 2020: And the Winners are...

Thanks to the more than 12,000 members who participated in ONA's *Have Your Say* bargaining survey last fall. We received thousands of comments, which will help guide our bargaining strategies in the coming months (see story above right).

Congratulations to the following members, selected in a random draw, who won a tablet as a token of our appreciation for completing the survey:

- Sheri Holmes, Quinte Health Care Corporation, Local 31.
- Bethany Touchette, Royal Victoria Regional Health Centre, Local 134.
- Melanie Matta, The Ottawa Hospital, Local 83.

"Surveys like this are very important to the work of our union and ensuring your priorities are reflected in everything we do," said ONA President Vicki McKenna. "We hope you will continue to give us this critical feedback when we need it."



### THIS JUST IN:

## Huge Pay Equity Win!

Just as *Front Lines* headed to press came news that a 2016 Pay Equity Hearings Tribunal decision regarding pay equity maintenance for women working in participating nursing homes has been ruled unreasonable by the Ontario Court of Appeal. The Court held that the fundamental purpose of the *Pay Equity Act* is to redress systemic discrimination in compensation, and to do so, there must be an ongoing comparison between male and female job classes.

The next issue of *Front Lines* will cover this win in depth. In the meantime, read more at [ona.org](http://ona.org).



## Keep Pride Alive!

Even though in-person Pride parades and other activities are unlikely to occur this summer due to the ongoing COVID-19 pandemic, it's crucial we do what we can to acknowledge and celebrate this important event.

ONA is proud to recognize and support the diversity of our members and staff, and to join in the fight against discrimination based on an individual's sexual orientation and/or gender identity. We believe in everyone's right to dignity and equal treatment on the job and elsewhere.

"Pride activities give members of the LGBTQI2S communities the opportunity to celebrate their diverse histories, experiences, backgrounds and the progress they have made while reflecting on the work we still must do – together," said ONA President Vicki McKenna. "For that reason, we encourage all members to get involved in Pride and lend your support."

Check out the ONA website in the weeks to come for any virtual and other events that may be happening in your area (at press time, there was no word on if or how the Toronto Pride parade, the largest in the country, will proceed).

Last year when COVID-19 also cancelled in-person events, many members got creative, finding other inspiring ways to get their Pride on, including posting photos of past events and creating videos celebrating diversity. We hope you will do so again this year – and then send your stories and photos to [frontlines@ona.org](mailto:frontlines@ona.org).



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## QUEEN'S PARK UPDATE

### ONA Releases Open Letter to Premier Ford on PPE

ONA President Vicki McKenna released an open letter, calling on Premier Doug Ford to mandate airborne COVID-19 protection for nurses and health-care professionals. ONA has been demanding action from Chief Medical Officer of Health Dr. Williams since November 2020.

We are standing up for your health and safety at work. Working with other health-care unions, ONA was instrumental in the changes to Directive #5 to ensure that employers follow the precautionary principle and provide nurses and health-care workers with access to personal protective equipment (PPE), including fitted N95 respirators, when needed. We are now pushing for stronger protections as we continue to

hear from members who are frustrated due to repeated denials of requests for N95 respirators by employers.

ONA has advised Premier Ford that aerosol transmission is now well-established by several public health agencies. The Public Health Agency of Canada, the Centers for Disease Control and Prevention and the World Health Organization have all updated their guidance. In addition, Quebec is now mandating that all health-care workers in COVID-19 "hot areas" wear an N95 respirator or higher protection. It is unacceptable that Ontario is lagging on this critical issue.

Due to government inaction, ONA filed an urgent judicial review application, seeking changes to directives to protect nurses and health-care professionals from COVID-19 risks (see page 4).



### Government's LTC Staffing Plan Released

The government released its long-awaited long-term care (LTC) staffing plan last December, which builds on its budget commitment to ensure a daily average of four hours of direct care for each LTC resident by the year 2025. The staffing plan spans six key areas, but unfortunately falls short on immediate action and specifics.

The plan's headlining commitment is an investment of up to \$1.9 billion annually by 2024-25 to create more

## ONA Makes Final Submissions to LTC Commission

ONA has issued final recommendations to Ontario's Long-Term Care (LTC) COVID-19 Commission.

Our submission prioritizes longer-term solutions, starting with staffing requirements, including a minimum of 4.1 hours of direct care (worked hours) – 20 per cent RNs, 25 per cent RPNs, and 55 per cent personal support workers. Calls for universal access to N95 respirators and phasing-out profit in LTC are also among our recommendations.

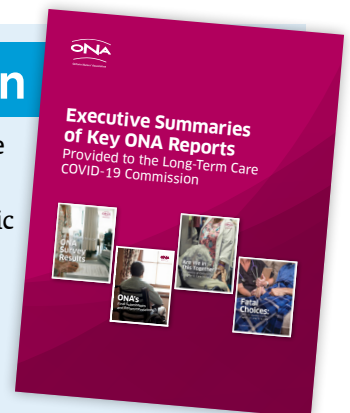
Our report is informed by direct accounts from nurses and health-care professionals on the front lines in LTC. We also supported members to participate in the Commission's work through anonymous testimony and written statements.

ONA also prepared two other reports for the Commission. *Are We In This Together? The Voices of Ontario's Long-Term Care Nurses* describes our members' experiences during COVID-19 in the hopes that this time their voices will be heard. *ONA Long-Term Care COVID-19*

*Survey Results* details what it was like for members in this sector to work during the first wave of the pandemic in the spring and summer of 2020.

As well, ONA commissioned the report, *Fatal Choices: COVID-19, Nursing and the Tragedy of Long-Term Care* by Mario Possamai, former senior advisor to the SARS Commission. The report, which was also provided to the LTC Commission, discusses the errors and oversights that led to the needless loss of so many lives in this sector.

The Commission's final report is due by April 30, 2021. Late last year, the Commission requested an extension until December 31, 2021 citing significant delays in receiving government information relevant to the inquiry. The request was denied by Long-Term Care Minister Merrilee Fullerton.



Read these four reports and an executive summaries document at [ona.org/commission](https://ona.org/commission)



than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in LTC. This timeline is far too long, but we note the plan indicates that increasing nursing hours is needed due to the rising acuity of residents and will help to limit unnecessary and potentially harmful hospital transfers. The plan also puts a focus on education and training as well as professional development opportunities.

## ONA Prepares for the 2021 Provincial Budget

Ontario's next provincial budget was delivered this spring by newly minted Minister of Finance Peter Bethlenfalvy.

ONA's pre-budget submission calls on the province to offer a sound approach to addressing key health-care issues, including initiating a robust nurse recruitment and retention strategy starting with repealing wage restraint legislation (Bill 124) and providing compensation for lost wages due to illness and/or self-isolation.

We're also calling on the government to implement the precautionary principle in all health-care facilities and raise annual funding for health care.



Read our pre-budget submission at [ona.org/submissions](https://ona.org/submissions)

## ONA Joins Call for Paid Sick Leave

ONA has joined the growing call for permanent paid sick leave for all Ontario workers.

We believe that no one should be forced to make the impossible choice between going to work ill and not being able to pay their bills. In addition, recent modelling projections show that Ontario will not be able to control the virus without having the safety net of paid sick days, and that poorer and racialized communities are most negatively impacted by government inaction.

ONA supported the Ontario NDP's proposed Bill 239, the *Stay Home if You are Sick Act*, which guarantees 10 personal emergency leave days per year for every worker, seven of which are paid. It would also mandate an additional 14 days of paid leave during any infectious disease emergency. This would go a long way in Ontario's prevention efforts.

The Bill was defeated by the Conservative majority, but ONA will continue to fight for what's right.

## COVID-19 Vaccine Roll-Out Plagued with Delivery Delays

Ontario is implementing a three-phase immunization program for the COVID-19 vaccine. At press time, two vaccines are available in Canada: Pfizer and Moderna. Unfortunately, the roll-out process has been plagued by repeated delays and reductions of vaccine shipments.



Phase one focuses on the vaccination of residents, staff and essential caregivers of long-term care homes, and high-risk retirement and First Nations elder care homes. Phase one also includes health-care workers (patient-facing), adults aged 80 and older, seniors in congregate care and Indigenous adults. Phase two includes all health-care workers, older adults, individuals living and working in high-risk congregate settings, front-line essential workers, and individuals with high-risk chronic conditions and their caregivers. Phase three for the general population could begin as early as August 2021, pending availability of vaccines.

Health Canada reviewed and approved data from two other vaccine developers, AstraZeneca and Johnson & Johnson/Janssen Inc. Further, Prime Minister Justin Trudeau announced that Canada signed a memorandum of understanding with Novavax to produce its vaccine domestically. This could begin by the end of the year.

## Government Releases Six-Point Plan to Address COVID-19 Variants

Several new COVID-19 variants are circulating in Ontario.

Recent modelling data shows that the UK variant (B.1.1.7) and other new variants could become the dominant strains of the virus in the province this spring. In response, the government announced a six-point plan to address COVID-19 variants, which includes mandatory on-arrival testing of international travellers; enhanced screening and sequencing to identify the new variants; enhanced protections for vulnerable populations; and leveraging the latest data to inform public health decisions.

The province's modelling experts have stressed that stringent public health measures and aggressive vaccinations are key given how quickly the variants spread.

# Holding the Line

As the pandemic passes the one-year mark, ONA members discuss the three words getting them through: perseverance, courage and respect

Perseverance. Courage. Respect.

These aren't simply three inspiring words. They are the rallying cry for ONA members who have been holding steady on the front lines of a year-long pandemic despite workplace challenges, government actions, and sheer exhaustion. And for that reason, they are also the words ONA chose for our spring public awareness campaign, *Holding the Line*.

"Nurses and health-care professionals' roles have been integrated into more than just patient care," explained a member who asked to remain anonymous. "As front-line caregivers, we are also the advocates for our patients, and so the values of perseverance, courage and respect are an integral part of what we do. Now, more than ever, these values have come to play."

## Proud

The campaign, which ran throughout March and featured a series of powerful and deeply moving radio, TV, print and social media ads, highlighted the pride members feel about the meaningful differences you have made throughout the pandemic while reminding the public and the government of the substantial value you bring to our health-care system.

"You have shown great perseverance and courage by providing care despite the risks you and your families face from COVID-19," said ONA President Vicki McKenna. "You are selfless,



« This is a fight we have to win, and we're all in it together. »

— Rodel Gaanan, RN

dedicated and deserve respect. Through this campaign, we wanted to reiterate what the public already knows: that without you, we will not beat this pandemic. We were so proud to feature several of our members in our ads to depict the realities you face."

And those members, who all willingly agreed to be interviewed for this story, were equally proud to be involved.

"I was thrilled to be part of this campaign with my husband Rodel," said hospital RN Jane Gaanan. "Just as ONA always says, 'We are stronger when we work together.' ONA is like family and that's what Rodel and I wanted to convey by being together."

Celicia Opoku-Kyei, a rehab RN, echoed that sense of camaraderie, adding "the campaign is more meaningful because as nurses and health-care professionals, our voices and concerns are more believable and magnified than if we were portrayed by actors."

"I wanted to shed light on nurses' experiences to showcase that we have always been doing this work and it's unfortunate it took a pandemic for some to realize the real value of nurses and our health-care system," noted hospital RN Sharmaine

Tarape, while registered respiratory therapist Lisa Wilson said she was “honoured to represent ONA’s health-care professionals.”

“I quickly agreed to do this because we need solutions,” explained long-term care RN Ruby Pannu. “This campaign shows that we have to stand up for our rights, and safety must come first. If I’m not safe, I can’t give good care.”

In fact, the safety of our members has been ONA’s key concern since the pandemic began, and we are using all available avenues, including the courts, grievance arbitration process, government tables and the labour board, to advocate for the use of the precautionary principle – or erring on the side of caution.

### Exhaustion

And while we have had much success in ensuring members have the personal protective equipment (PPE) and other safeguards you need (and continue to keep up the pressure), the pandemic has very clearly taken a toll as you work around the clock to provide care on the front lines and protect your communities.

“I’m burned out to put it mildly,” said Tarape. “I care so much for my patients at work and my family at home, that my own self-care fell through the cracks. This pandemic has shed light and even exacerbated many interconnecting crises that our health-care system is facing, such as the mental health crisis. The isolation that came with the lockdown, the trauma in seeing so much death, the mental and physical exhaustion from shift work really forced me to reach out to others. I took comfort in many nursing colleagues who, regardless of which health-care sector they are in, echoed my feelings. I am thankful to each and every one.”

For nurses without that support, “I can’t imagine how challenging it is,” added Local Health Integration Network and hospital RN Samantha Wickham. “We feel accomplished because we’re playing a major part in keeping things afloat during the pandemic. But the stress, anxiety and fear affect us physically, mentally and emotionally – and for some people who are now only allowed to work at one place, there can be financial implications as well.”

Hospital RN Rodel Gaanan noted that as the pandemic lingers and staff across the province continue to work 12-hour shifts in full PPE, this “tiredness, stress and depression is understandable. We haven’t been in this situation before.”



Part of that exhaustion stems from the fact that many members have seen their roles changed and expanded throughout the pandemic, as they are being asked to do more than ever.

“Clients and their families have been under pressure to accept strict COVID-19 protocols in terms of visitations, etc.,” noted the anonymous member. “The fallout is that

nurses have to fill in the gaps on so many levels. Our care has to extend far beyond our traditional duties and into the emotional and psychological aspects of health care.”

“As new information surrounding COVID-19 evolved, so did our practices, policies and procedures,” concurred Tarape. “The care and compassion nurses provide to their patients never changed, however, workloads did. Many times during the pandemic, it felt like information was changing hourly. But we didn’t complain; we adapted and persevered.”

### Perseverance

It’s a sentiment expressed by many of these members.

“No matter what is thrown at us, we don’t give up,” said Wickham. “We are here to accomplish the tasks at hand and we all pull through.”

“When the pandemic started, everyone was obviously appropriately terrified, especially those of us in health care,” added Wilson. “I knew people who weren’t going home so they didn’t take anything to their family. The first wave hit



« The campaign themes – perseverance, courage and respect – are so appropriate for the times. This is what the message needs to be for the public to understand our profession. »

– Samantha Wickham, RN

View our ads and learn more at  
[nursesknow.ona.org](https://nursesknow.ona.org)



and we were trying to figure out the best way to protect ourselves and our patients, and thought we had a handle on it. But every time we breathed a sigh of relief, something else popped up: A second wave and more outbreaks. It petered off and along came another variant.”

Rodel Gaanan knows how that feels, but believes “this is not the time to give up and surrender. We can almost see the light at the end of the tunnel, with cases going down all over the world, vaccines rolling out and the mitigating safety practices we are doing. This is the time to care for and support one another. This is perseverance, to fight as long as it takes and win.”

### Courage

But, these members noted, it takes even more than that.

“It does take courage,” said nurse practitioner Sharon Hoosein. “We saw the horrific fallout of this virus at long-term care facilities. Our institution was appointed to oversee two nursing homes during the pandemic, and we sent staff over to provide personal care, serve meals, even cook. Some volunteered to go to one of the worst homes with many deaths, and stayed for two weeks. I was in awe of them. That’s bravery.”

And it’s not just fellow colleagues who see this courage.

“Because the families can’t be there, we’re the family for clients who are dying alone, showing that care and compassion,” stated Wickham. “They understand we are very courageous. We know the risks that come with our job, but we wouldn’t trade it for anything.”

### Respect

The respect they feel from those patients and families is an added bonus.

“Patients see our sacrifices and have been thankful; they can’t imagine what this pandemic would look like without us,” said Rodel Gaanan, while Pannu added

that “families are also thanking nurses for their hard work because they see it for themselves.”

That appreciation has extended to the public at large, with Hoosein noting, “We were getting so much food, we had to create a role to manage that. Different ancillary services to hospitals – EMS, police, firefighters – also drove by and saluted us, honking their horns, waving and turning on their sirens to say thank you. It was such a morale boost.”

While the banging pots and pans and complimentary food from the public may no longer be as prominent – “we actually started feeling guilty and thought it should go to the unemployed and homeless,” said Hoosein – it’s people following public health guidelines to help bring this pandemic under control that show the most respect to nurses and health-care professionals.

“As a nurse who works directly with COVID-19 patients and have had family and friends test positive, it feels incredibly disrespectful to see people who don’t adhere to public health measures,” said Tarape. “Every day, health-care workers are faced with many infectious diseases. But it is not the disease or fear of exposure that scares me the most, it’s this.”

While some revealed they have felt respected by their employers throughout the pandemic, noting they have been praised, kept informed and provided with adequate PPE – many ONA members have not – the same can’t be said of the government.

“The services we provide are not as appreciated and valued by the government as they could be,” explained Opoku-Kyei. “The reality on the front lines during this pandemic is the exposure of the province’s acute nursing shortage, which the government has ignored for the longest time.”

While members have been hailed as heroes by Premier Ford for your sacrifices, his actions often speak otherwise, such as the passage of Bill 124, which limits total compensation increases to one per cent or less for three years



“You’re hopeful because it seems there’s a light at the end of the tunnel and then your feet get knocked out from under you again. This pandemic has been an emotional roller coaster.”

– Lisa Wilson, RRT

for nurses and health-care professionals, while exempting some other public-sector workers.

“As a result, we faced a widened pay equity gap, and infringed rights to freely negotiate a collective agreement,” said Tarape. “When nurses and health-care professionals asked to be exempt from this bill, the request was denied. With the passage of such unjust legislation, it’s difficult to feel valued by my government.”

Wilson couldn’t agree more, also pointing out that the government’s attempts to use productivity metrics “that apply outside of health care doesn’t seem right. How can you apply a productivity metric to caring for people or holding a patient’s hand? We have to not only fight the pandemic, but fight to prove our value to the government. That’s the frustrating part. You can’t just say you appreciate us. You have to show it.”

Wickham believes a good way to do that is for government representatives to “see what’s happening for themselves, and then tell the public this is what we’re facing.”

Despite this, Pannu said she always finds respect from one reliable resource: ONA.

“My number one source of support and respect is from my union. It’s a strong backup for us and I feel their power. When we need something, especially guidance in areas such as health and safety, they answer my questions. Without them, I can’t speak out.”

Hoosein concurred, adding, “I have so appreciated ONA throughout this pandemic because they send out emails, such as when there was conflicting information about airborne versus aerosol and asymptomatic transmission. I remember thinking, *I’m so glad this topic is being discussed and someone is pushing the issue* because it needed to be pushed. It wasn’t coming from anywhere else, but ONA was saying it.”

## Hope

Another word ONA is saying? Hope. With the vaccine rolling out and the continuing dedication of our members, there is real hope this pandemic will slow, we will return to some degree of normalcy, and something positive will come out of it, such as additional funding and staffing for health care, safer environments, and fair compensation. And these members believe this campaign – and ONA’s relentless lobbying – will play a part.

“If we don’t speak up for the truth, nothing will change,” said Jane Gaanan. “We need to keep raising our concerns until we get what we’re fighting for. Never, never give up!”

The anonymous member is looking for something a little more specific, stating, “it would have been really helpful, and is not too late, to have more help for the less critical parts of our job, such as more personal support workers on



each shift to assist with general duties. Continually having to don and doff PPE takes valuable time away from care, especially if the purposes could have been handled by a non-registered staff member.”

Pannu’s wish is that through the campaign, “the public understands nurses’ realities and that we need more support. People forget very easily, but we have given them more awareness. ONA is working hard in the media and at government tables and hopefully things will change. It may take time, but I believe it will.”

Hoosein is hopeful the public will play a big role in that change, “and will strongly question why there are cuts to health care and staffing when the government comes up with those kind of solutions for budgets.”

« One needs to find the courage to speak the truth. The public needs to know what’s going on. »

— Jane Gaanan, RN

With a provincial election on the horizon, Wilson said the campaign could also help “encourage people to inquire what the political parties’ plans are for health care to make the best decision.” Those plans will be important, as Opoku-Kyei believes this campaign will not only “expose the various shortcomings of our health-care system,” but could “prepare us for future crises,” so we don’t have to go through this again. We need a government willing to do that.

Whatever their wishes for the campaign, there is one thing all these members can agree on.

“As nurses and health-care professionals, we love our jobs and enjoy working with others,” concluded Wickham. “At the same time, we need to be treated with respect and acknowledged for how courageous we are and how we’re persevering throughout this pandemic. Our work is valuable, we are needed, and we’re not giving up.”



## Students Highlight Pandemic Concerns at CNSA Conference

Clinical placements continue to be a key area of concern for nursing students, the annual national conference of the Canadian Nursing Students' Association (CNSA) heard.

Under the theme, *Devitalizing Fear by Conquering Crisis*, the conference, hosted virtually by Edmonton's MacEwan University from January 19-24, featured guest speakers, workshops and regional breakouts where delegates were able to discuss issues with their provincial counterparts, compare notes and share best practices.

During the Ontario Regional breakout, attended by ONA President Vicki McKenna, Region 1 Vice-President Dawn Armstrong, Region 3 Vice-President DJ Sanderson and staff, students spoke about their ongoing concerns with clinical placements, made all the more challenging by the COVID-19 pandemic. While students report having more access to in-person clinical placements, there are still universities/colleges with third- and fourth-year students doing virtual placements. In-person labs also largely stopped due to the stay-at-home order, with more universities/colleges allowing students the option to work with COVID-19 patients in their placements. However, ONA is concerned there is a lack of reassignment options for students who are immunocompromised or live with people who are, meaning their placements have been deferred and/or graduations delayed.

"Virtual placements and labs cannot replace hands-on experience, the level of preparedness nursing students want – and need – to enter the workforce," said ONA President Vicki McKenna. "ONA is working alongside these students to ensure they can safely access in-person clinical placements that include personal protective equipment, orientations covering rights and responsibilities when caring for infectious patients, guaranteed sick days for quarantine, and reassignment and options for those concerned about exposure. Ontario CNSA leaders and I met with the Provincial Chief Nursing Officer to bring these serious concerns forward."

ONA also hosted a virtual booth during the conference, which attracted more than 220 visitors – the second highest of all exhibitors! Students came to the virtual booth page, read the materials, watched our video and had the option of using a chat feature to ask questions. We also raffled off three Mark's Work Wearhouse gift cards valued at \$200 each.

Abigail Jarret from Trent University was elected Ontario Regional Director during the conference while Emma Hill, a new graduate from Vancouver Island University, is the new President. ONA congratulates these student leaders and looks forward to working with them over the next year.



## Pandemic Spikes Interest in Nursing Programs

The pandemic may be playing a role in the number of students looking to pursue a career in nursing.

The Ontario Universities Application Centre reported that in January, the total number of nursing applications submitted reached 22,533 – a 17.5 per cent increase over the year before. Several university deans have spoken out in the media, attributing the increase to the public seeing firsthand how nurses contribute to the health of their communities.

"I don't think there's any question that the pandemic has underscored the critical role that nurses play," said ONA President Vicki McKenna. "It's fair to say that people's recognition of what nurses do has risen dramatically over the past year, and it stands to reason that would influence potential students."

During the CNSA conference, delegates were able to grab a digital copy of ONA's updated brochure, "Nursing Students: ONA is Here for You," which highlights our advocacy on behalf of students and ONA's unique services. To download a copy or direct to a student in your life, visit [ona.org/students](http://ona.org/students).



# ONA Works Hard for Members, 2020 Scholarship Winners Say

In our continuing series, *Front Lines* is featuring the names and pictures of the recipients of the 2020 ONA Nursing Student Scholarship, along with snippets from their winning

essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

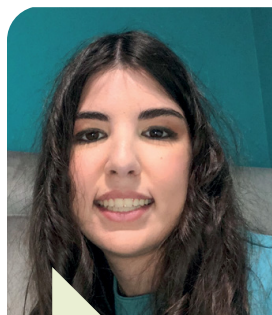


Read full essays at [ona.org/students](https://ona.org/students)



**SIERRA MARTIN:**  
Daughter of Mary-Lou Martin  
from Local 75, St. Joseph’s  
Healthcare, Hamilton

*“ONA’s advocacy role has been evident during the COVID-19 pandemic, as it has continued to fight for appropriate personal protective equipment for nurses and ultimately ‘safety first’ for both health-care professionals and the public.”*



**MARIA NECHIFOR:**  
Daughter of Carmen Nechifor  
from Local 95, St. Michael’s  
Hospital

*“ONA, in collaboration with its members, is working to identify the problems experienced by front-line nurses, develop a plan to address these issues and work alongside the appropriate decision makers to improve the quality of care for Ontarians and ensure safe working conditions for the province’s nurses.”*



**ANSA ELIAS:**  
Daughter of Nisha J. George  
from Local 237, Mckenzie  
Health

*“I have seen my mother, a nurse of many years, working hard to care for her patients with dedication and compassion during this pandemic. As a member of ONA, she knows that while she cares for her patients, her union is working hard to ensure her safety and protection at work.”*

## Special Meeting Held

Local Coordinators have passed a motion to amend ONA’s Constitution on qualifications needed to hold a position on our Board of Directors.

The new requirements, which went into effect immediately, state that to be eligible to be nominated, stand for election and hold a position on the Board, a member must have first served at least one full term in a Local or Bargaining Unit leadership team position, such as a Local Coordinator, Bargaining Unit President, Bargaining Unit Vice-President or Grievance Chair or equivalent, as determined by the Board.

More than two-thirds of Local Coordinators, as required by the ONA Constitution, passed the motion at a special virtual meeting on February 16. At the beginning of January, Local Coordinators called for the meeting under the ONA Constitution.



The next election for all positions on the ONA Board – President, First Vice-President and the five Regional Vice-Presidents – takes place this fall. Keep an eye on *Front Lines*, your mail and on our website ([ona.org](https://ona.org)) for further information in the months to come.

## ONA Joins Mass Live Online Protest to Save our Seniors

We need to save our seniors who have suffered so much throughout the pandemic, a mass online protest organized by the Ontario Health Coalition (OHC) stressed.

During the 2.5-hour interactive event on January 29, watched by more than 3,100 viewers on Facebook, OHC Executive Director Natalie Mehra spoke about the tragic deaths of LTC residents from COVID-19 and decreased staffing and care levels, noting that many residents can't even get the basic care they need, before introducing an array of speakers, who provided horrific stories of their own.

"Speaking the truth has a lot of power and today we are putting the bright lights on this avoidable tragedy," said ONA First Vice-President Cathryn Hoy, who told the heartbreaking tale of not being able to see her own mother for five months before she passed away last summer. "Our mission is to take back long-term care from greed and neglect and build back compassion and dignity for seniors... and to recommit to ourselves to never let this happen again."

One of the most touching moments of the live stream was a short video tribute to the residents, nurses, health-care workers and other staff who lost



ONA First Vice-President  
Cathryn Hoy, RN



their lives from COVID-19 in Ontario's LTC homes ([youtu.be/t3idsK7o30w](https://youtu.be/t3idsK7o30w)).

Throughout the event, Mehra urged viewers to send a strong message to their local Conservative MPP (or Premier Doug Ford if they don't have a Conservative MPP) to tell them to recruit the tens of thousands of LTC



OHC Director Natalie Mehra

## Study on Nurses' Work Environments Paints "Disturbing Picture"

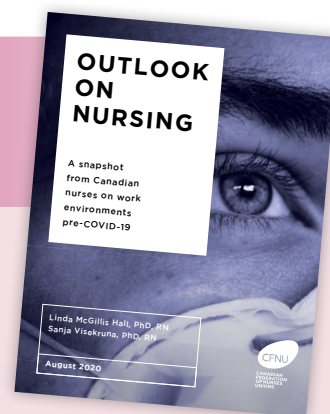
Sixty per cent of nurses intend to leave their jobs within the next year. That's the grim finding of a recently-released study assessing Canadian nurses' perceptions of their work environments.

The final report of the national study, *Outlook on Nursing: A snapshot from Canadian nurses on work environments pre-COVID-19*, commissioned by the Canadian Federation of Nurses Unions (CFNU), notes that of those intending to leave, 27 per cent plan to seek a non-nursing role. In addition, 66 per cent of respondents rate the quality of their work environment as fair or poor and 96 per cent reported facing verbal abuse while 80 per cent experienced physical violence at work.

"Nurses suffer from heavy workloads, perceptions of lack of support from management, insufficient staffing, job dissatisfaction, workplace violence, burnout and mental health issues," states the study, which was conducted just before the COVID-19 pandemic was

declared. "Study findings provide a disturbing picture of nursing work environments in Canada – one that has, no doubt, worsened during the pandemic."

Released last December, the study, authored by University of Toronto professors Linda McGillis Hall, PhD, and Sanja Visekruna, PhD, both RNs, was conducted across all health-care sectors. Approximately 7,153 regulated Canadian nurses, including RNs, NPs and RPNs, participated.



- 60%** of respondents intend to leave their jobs within the next year
- 27%** of those nurses plan to seek a non-nursing role
- 80%** of nurses report facing physical violence from patients and families at work
- 66%** of nurses rated the quality of their work environment fair or poor

staff that we need immediately, with paid training, and improved wages and working conditions; bring in the military where local hospitals cannot send support; ensure infection control and safety are followed by LTC operators; and speed up vaccinations of LTC residents, essential caregivers and staff (with informed consent) as a priority.

To watch a recording of the live stream on Facebook (no login required), visit [facebook.com/ontariohealth/videos/vb.1586726414925187/479039423088085/?type=3&theater](https://facebook.com/ontariohealth/videos/vb.1586726414925187/479039423088085/?type=3&theater). To send a message to your Conservative MPP or Doug Ford (enter your postal code and it will be automatically sent), go to [ontariohealthcoalition.ca/index.php/email-your-local-mpp-and-premier-doug-ford-to-take-action-now-and-save-our-seniors/](https://ontariohealthcoalition.ca/index.php/email-your-local-mpp-and-premier-doug-ford-to-take-action-now-and-save-our-seniors/).

“Faced with unacceptable working conditions, an alarming number of nurses intend to leave their jobs,” noted CFNU President Linda Silas. “This is a national crisis that demands the immediate attention and action of the federal government, as well as the provinces and territories.”

CFNU recommends the governments renew their commitment to the nursing workforce and immediately enact and provide dedicated funding to establish a permanent national nursing bureau/office and appoint a nurse leader in the federal government, and conduct annual standardized assessments of the quality and safety of health-care work environments for Canada’s nurses.



Read the full study at [nursesunions.ca/research/outlook-on-nursing](https://nursesunions.ca/research/outlook-on-nursing)

## IN BRIEF...

### Non-Essential Travel Reports “Disappointing,” ONA Says

ONA is deeply disappointed that several people in positions of authority in the province left the country for non-essential travel during the COVID-19 pandemic.



“It is disturbing to see reports of prominent politicians and hospital leaders opting to knowingly break the guidelines that the majority of Ontarians are following,” ONA President Vicki McKenna told the media. “While we certainly understand the need for a break – and our front-line RNs and health-care professionals are themselves exhausted following many months of providing care for their patients, residents and clients – everyone must follow the guidelines and travel only if the need is essential. Those in leadership positions are no exception.”

### CFNU Biennial Convention to be Held Virtually

The 2021 Canadian Federation of Nurses Unions (CFNU) Biennial Convention will be held virtually on June 8-9 under the theme, *No Backing Down*.

While there is no registration fee to attend this year, funding for any CFNU Convention costs, such as salary replacement, is determined at the Local level. Please discuss with your



Local Coordinator prior to registering. Registration closes on May 8.

For more information and to register, visit [nursesunions.ca/convention2021](https://nursesunions.ca/convention2021).

### New Joint Campaign Demands Pharmacare Now



The Canadian Federation of Nurses Unions (CFNU), the Canadian Labour Congress, and Heart & Stroke have launched a joint online campaign urging the public to tell the federal government that Canada needs a national Pharmacare program now.

“Support for Pharmacare is strong,” said CFNU President Linda Silas, noting that 7.5 million Canadians have insufficient or no drug coverage and some are more vulnerable than others – including racialized Canadians and women. “Over 90 per cent of Canadians feel it is important for everyone to have equal access to prescription drugs. The federal government’s own expert advisory council recommended a universal, public, single-payer program, and the government has committed to it.”

Now, we need action. Learn more and lend your support at [heartandstroke.ca/pharmacare](https://heartandstroke.ca/pharmacare).

ONA also sent a letter to MP Peter Julian in support of his Private Member’s Bill C-213, the *Canada Pharmacare Act*. This groundbreaking legislation, modelled from the *Canada Health Act*, would establish a Pharmacare plan to deliver better health care and improve the health and lives of millions of Canadians.



## HEALTH & SAFETY

# Vigil Mourns those Lost to Violence and Fights for the Living

For a mostly silent vigil, the message was loud and clear.

On December 8, RNs and registered respiratory therapists (RRTs) from Southlake Regional Health Centre in Newmarket held a candlelight vigil and silent visual action outside the facility to remember women who have been impacted and lost their lives to violence and to call for an end to workplace violence against nurses and health-care professionals.

"We planned this via Zoom in the evenings for over a month to determine who would do what," said Tricia Clarke, part of Local 124's action committee, which organized the vigil as a follow-up to their anti-violence rally last October (see the Winter 2020 issue of *Front Lines*, page 31). "We were all assigned jobs. Some people spoke. Someone came up with a memorial. Someone shared her experience of being a victim of violence. I helped with the signs and wrote a poem" (see sidebar). "We all played a part."

Southlake has been the site of multiple incidents of violence over the years, and recently pleaded guilty and was convicted on two of nine provincial offenses related to workplace violence. ONA has been calling on Southlake – and all employers – to enforce a strict zero-tolerance policy on violence, have better supports in place to prevent violence, respond to violent incidents appropriately, and have better quality training for staff.

"Violence takes many forms – we are bit, spit at, kicked, punched, strangled, sexually assaulted, and threatened. The list goes on," Southlake Bargaining Unit President (RNs) Jill Moore told the vigil. "Although some forms of violence may not be intentional, our employer must do everything to protect our health and safety at work."

Timed to align with the United Nations' 16 Days of Activism against gender-based violence and the National Day of Remembrance and Action on Violence against Women, the vigil didn't just fight for the living.

"We also honoured the 14 women from Montreal's École Polytechnique, who didn't go to school that day 31 years ago to be murdered," added Clarke. "Some people at the vigil said they were in school at the same time and were reflecting back and thinking, 'Imagine if that was us dying because we're women trying to get an education?'"

Wearing black clothes and masks, the socially-distanced group was also joined by other unions and supporters, including ONA members from as far as Niagara and Halton regions.

"I wanted to go to show solidarity because we're so much stronger together," said one of those members, Jennifer Cassista, who shared a heartbreaking story with the crowd. "It's so hard when you work in a silo and don't realize that others are dealing with similar issues – and they may come up with solutions or a strategy that could apply to your situation."



### Vigil

*First, we remember, and then we fight,  
Raise your candles to the night.*

*We hear their stories and we weep,  
In violence they left, and now they sleep.*

*A nightmare took their lives away,  
Their hopes and dreams stolen that day.*

*They were not children, but women grown,  
Their memories we honour, we don't stand alone.*

*In their honour we remember,  
We come together in strength and power.*

*How many injuries will it take,  
Before they realize it's our lives at stake?*

*We fight for safety and protection,  
Hear our pleas, we need your action.*

*First we remember, and then we fight,  
Raise your candles to the night*

Tricia Clarke, RN

"We wanted some sort of written piece that not only honoured those who have lost lives to violence, but also spoke about standing up and taking action. I offered to try and find something on Google, but nothing was quite right. Instead, I used inspiration from some of the pieces I found and came up with my own poem that could address these issues," said member Tricia Clarke about her poem that was read during the vigil.

Violence against women should not be tolerated period. Violence is violence is violence. You should walk into work at 7:30 in the morning and be able to walk out the same way 12 hours later."

Others quietly spoke as well, including MCs Region 3 Vice-President DJ Sanderson and



Vigil participants wave signs to passing cars demanding an end to workplace violence.

Local 124 Secretary-Treasurer Donna Oliver, Scarborough Health Network Bargaining Unit President Lori Lopes and Southlake Bargaining Unit President (RRTs) Lisa Wilson, who read the names of the women murdered in the Montreal massacre.

“It wasn’t meant to be a ‘rah-rah’ event,” noted Clarke. “We were silent, but we had posters with very vivid pictures of the injuries members have faced. I saw the driver of one car mouth [an expletive] because he couldn’t believe this happens. But you don’t know what you don’t know. The whole point of the vigil was about bringing attention to this serious issue so all workplaces can improve.”

## Ill Due to a Workplace Exposure of COVID-19?

Here what’s you need to do:

- File a Form 6 with the Workplace Safety and Insurance Board (WSIB).
- Notify your employer.
- Seek medical attention.

You must file a claim within six months of the date of your exposure/illness.

The WSIB will make a decision on your claim. If the WSIB denies your claim, contact ONA’s WSIB Intake at 1-800-387-5580 (press 0 and ask for WSIB intake or dial extension 7721) or [WSIBintake@ona.org](mailto:WSIBintake@ona.org).

## Here to Help Nurses with Mental Health and/or Substance Use Issues

With concerns about nurses’ mental health and/or addiction issues rising this past year due in part to COVID-19, ONA has seen a “slight uptick” in members reaching out for assistance with these issues.

“We are here to help. Members have contacted ONA’s Legal Expense Assistance Plan, or LEAP, when they receive a letter from the College of Nurses of Ontario (CNO) offering the Nurses’ Health Program (NHP) or hear about the program elsewhere. The NHP is a voluntary monitoring program that provides support for nurses who have mental health disorders/and or substance use issues that may affect their ability to practice nursing,” noted Sophia Ruddock, ONA’s Senior Legal Counsel of the LEAP Team. Nurses are able to enter the program as an alternative to the current CNO Fitness-to-Practice process or voluntarily through self-referral.

Now in its third year, the NHP is a bilingual program that encourages nurses to seek treatment. “The program embraces the philosophy that nurses experiencing these disorders should have an opportunity for education and recovery,” said Ruddock. With the right supports, many nurses can continue working or return to safe nursing practice, benefiting the nurse, the employer and the public.

“More than 70 ONA members have been involved in the program. ONA has received positive comments from our Local leaders, noting that some employers like the program because it allows them access to answers regarding the nurse’s return to work,” explained Ruddock. However, one challenge is some health-care employers may not be aware of this program. But this may soon change.

“ONA – along with our NHP partners, the CNO, Registered Nurses’ Association of Ontario and WeRPN – are producing targeted employer communications about the NHP. We hope that these communications initiatives will boost the program’s profile in the health-care sector, and more employers will become familiar and accepting of the program.”

You are not alone. ONA is here to help. Please contact ONA’s LEAP team first for more information (see below).

### Want to Know More about the Nurses’ Health Program?

If you require more information about the Nurses’ Health Program, contact LEAP first and before you communicate with the College of Nurses of Ontario or with the program. A LEAP representative will ask you about the details of your situation, help you understand your options, and work with you on the best approach to move forward.

Contact LEAP Intake at 1-800-387-5580 or [LEAPintake@ona.org](mailto:LEAPintake@ona.org).

For additional information on the Nurses’ Health Program, watch ONA’s video at



[youtube.com/watch?v=G6T9lpBQ20&feature=emb\\_logo](https://www.youtube.com/watch?v=G6T9lpBQ20&feature=emb_logo).



## ONA's Interactive Webinar Series Addresses Members' Professional Practice Issues

With the many uncertainties in health-care workplaces due to COVID-19, there was never any question that an overwhelming number of professional practice and workload issues would arise.

Given the added pressures on ONA leaders and members to ensure safe, ethical and quality practice, ONA has launched a new, online interactive webinar series that offers members direct access to ONA Professional Practice Specialists, which we told you briefly about in the last issue (See the Winter 2020 issue of *Front Lines*, page 5).

"We knew that some of our members were struggling with professional practice and workload issues and we wanted to make sure they can reach out to our specialists to help address their concerns," noted ONA Manager II, Professional Practice Susan Delisle Gosse. "Our Ask A Specialist webinar series has had great success so far and has assisted many members."

ONA member Farhat Qureshi agrees.

"I decided to sign up for several of the webinars because I wanted to get other perspectives on a number of professional practice issues, and the webinars have been very beneficial."

The prescheduled webinars focus on several important issues, including how to complete the Professional Responsibility Workload Report Form (PRWRF) and connect it with professional practice standards, tips for Labour-Management meetings, and sector-specific sessions that cover a range of topics.

"I was looking to see if there were any tips about encouraging members to complete the PRWRFs," said St. Thomas-Elgin General Hospital Bargaining Unit President Trudy Frank-MacEwen. "The union and employer have come to an agreement that where there is smoke there is fire, and we have had some pretty meaningful dialogue as we drill into the issues."

The webinars, hosted on Zoom, combine real-time interactions with the specialists and many resources that are

« I wanted to get other perspectives on a number of professional practice issues, and the webinars have been very beneficial. »

– ONA member Farhat Qureshi



available on the ONA website. Feedback from attendees has been overwhelmingly positive and a lot have come away with "a-ha moments."

"Members are asking a lot of great questions and have learned many key pieces of information, including that workload forms should go to the Labour Relations Officer, as well to ensure they are on hand in case there are issues," explained Delisle Gosse. "In the webinars, we also emphasize the importance of communication all around: from members to Bargaining Unit Presidents to employers and back again. When an issue is resolved, all parties need to be aware."

So far, the webinars have been well attended and will be expanded to include sessions on College standards, the three-factor framework and how it applies in workplaces, and addressing employer barriers.

"The information I learned during the webinar was a great reinforcement of what I already know," added Frank-MacEwen. "A member who has not attended a professional responsibility lecturette, workshop or even accessed the eLearning platform would benefit greatly by tuning in."

Visit [ona.org/ask](https://ona.org/ask) to find out more about ONA's innovative **Ask A Specialist** webinar series, including how to register, upcoming topics and more.



## FOR YOUR BENEFIT

HOOPP has more than **250,000** active members, **115,000** retired members, and **35,000** deferred members

# Growing by Leaps and Bounds: Pension Plan Reaches Significant Milestone

The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, has announced a significant milestone: it has now surpassed 400,000 members!

“HOOPP is proud to serve the health-care community, especially during these challenging times,” said Steven McCormick, Senior Vice-President of Plan Operations at HOOPP. “Our members are on the front lines of the pandemic and we thank them for all they do. We at HOOPP are honoured to play a small part in supporting our health-care heroes by continuing to deliver on our pension promise to them.”

HOOPP’s membership has grown by leaps and bounds in the past two decades. In 2003, it crossed the 200,000 mark and saw a steady increase in membership over the next 12 years,



surpassing 300,000 members by 2015. And, in the last five years, an additional 100,000 members joined due to the growing health-care sector and more employers in Ontario offering the plan to their employees. Part-time workers

were also permitted to join the plan without a waiting period, and HOOPP welcomed 12,000 new members following the merger of five plans with HOOPP in 2019.

“We know that women, part-time workers and younger adults often don’t have access to good pensions, so we’re pleased to offer a plan that supports Ontario’s health-care sector and does so among those who too often find themselves without a secure retirement,” noted Ivana Zanardo, Vice-President of Client Services at HOOPP.

HOOPP is a fully funded plan and its operating cost is one of the lowest in the pension industry, representing 0.29 per cent of net assets.

“With all that ONA members have to worry about these days, they can at least be confident that they have a more secure retirement with HOOPP,” said ONA President Vicki McKenna. “ONA has representatives and observers on the HOOPP Board of Trustees, which has a sole fiduciary duty to deliver on the pension promise now and for decades to come. Your future is in good hands!”

« So many of our members lead long and selfless lives caring for others, and it’s an honour to be there to support them. »

– Steven McCormick, Senior Vice-President of Plan Operations, HOOPP

## By the Numbers

HOOPP delivers pension security to a membership that is large and diverse:

- ▶ **82 per cent** of members are women
- ▶ **34 per cent** of members are part-timers
- ▶ The largest cohort of active members is between the ages of **30 and 34**
- ▶ **95** members are older than **100** (**71** retired members and **24** spouses/beneficiaries)



## Where are We with the Bill 124 Charter Challenge?

ONA has taken another important step in our Charter Challenge against discriminatory wage-suppressing legislation by filing thousands of pages of evidence from our members to the Ontario Superior Court of Justice.

Bill 124, the *Protecting a Sustainable Public Sector for Future Generations Act*, was passed in late 2019 by the Ford government. It caps compensation increases to some public sector workers, including ONA members, to a maximum of one per cent annually for three years. The government specifically exempted public sector workers in male-dominated professions, such as municipal police and firefighters, meaning the gender pay equity gap widens.

### No Choice

Even before the bill was passed, ONA spoke out against it at every turn, participating in a series of meetings with the government that were billed as “consultations,” but were nothing of the sort, issuing media releases, joining Queen’s Park rallies in pre-COVID-19 times, preparing a submission to the legislated hearing, sending frequent correspondence to elected officials, and meeting with Premier Ford and Treasury Board President Peter Bethlenfalvy.

“Over a year ago, ONA formally requested that this government exempt nurses and health-care professionals from Bill 124, which we believe breaches the Charter of Rights,” said ONA President Vicki McKenna. “We had no choice but to go to court. Not only is it insulting that this government failed to respond to our request, but to deny nurses and health-care professionals their Charter rights in the midst of a global pandemic, when they are going above and beyond



ONA members across the province participated in safe rallies last year to protest discriminatory wage-suppressing legislation.

for their patients, residents and clients every day, is extremely disrespectful and completely shameful.”

### Thousands of Pages

On January 15, ONA filed thousands of pages of evidence to the Ontario Superior Court of Justice, which will hear our Charter challenge. The evidence includes affidavits from our front-line members in hospitals, long-term care homes, home and community care, and evidence from two experts on gender discrimination and health care, and collective bargaining to support our case.

“The evidence against this bill is clear to us: it violates our members’ constitutional rights to engage in free collective bargaining, discriminates against nurses and health-care professionals on the basis of sex, and engages in systemic racial discrimination,” added McKenna. “ONA will continue to fight for dignity, equality and respect for our members.”



Chronique de la présidente, AIIO  
**VICKI MCKENNA,**  
RN



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En fait, au moment où je rédige cette chronique, nous avons pris la mesure sans précédent de déposer une demande de contrôle judiciaire urgente, exigeant des changements aux directives pour reconnaître et protéger les infirmières et les professionnels de la santé contre les risques que présente la COVID-19. Comme les directives actuelles reconnaissent seulement que la COVID-19 se propage par contact étroit et par gouttelettes, sauf pendant les interventions médicales générant des aérosols (IMGA), l’AIIO exhorte la Cour supérieure à ordonner au médecin-hygiéniste en chef de l’Ontario, le Dr David Williams, de modifier ces directives terriblement inadéquates (no 1 et 5) pour reconnaître de façon univoque le rôle des aérosols et de la transmission asymptomatique. Comme on en sait davantage sur le virus, nous ne pouvons pas continuer de nous fier à des données scientifiques dépassées.

L’AIIO croit que l’inaction du médecin-hygiéniste en chef quant à la modification des directives contrevient à son obligation légale en vertu de la Loi sur la protection et la promotion de la santé. Les décrets doivent être conformes au principe de précaution, qui exige que vous ayez accès à des mesures de précaution contre la transmission par voie aérienne, y compris des respirateurs N95, lorsque vous faites face à des risques connus ou incertains de transmission. Autrement, le nombre de travailleurs(euses) de la santé déjà infectés par la COVID-19 au Canada augmentera. Celui-ci est de 19 000 au moment de mettre sous presse, ce qui représente un taux beaucoup plus élevé que dans la population en général. Il est inadmissible qu’un(e) travailleur(euse) de la santé de plus perde la vie inutilement.

Et il est tout autant inadmissible de permettre à une personne d'aller travailler lorsqu'elle est malade parce qu'il n'y a pas d'autres options. L'AIIO appuie les demandes croissantes de congés de maladie payés permanents pour l'ensemble des travailleurs(euses) afin de s'assurer qu'ils ou elles puissent rester à la maison et se rétablir sans s'inquiéter de la façon de subvenir aux besoins de leur famille (voir à la page 21). Nous avons également exercé des pressions pour obtenir des jours de maladie payés pour les travailleurs(euses) de la santé qui sont isolés(ées) après une exposition à la COVID-19 en milieu de travail, et nous avons recommandé que le gouvernement finance des congés de maladie payés pour l'ensemble des travailleurs(euses) de la santé vaccinés(ées) dans des circonstances où ils(elles) pourraient subir des effets secondaires temporaires du vaccin.

Récemment, nous avons produit non pas un, ni deux, mais trois rapports à la Commission sur la COVID-19 et les soins de longue durée et commandé un autre rapport détaillant les difficultés extrêmes auxquelles nos membres ont été confrontés(ées) dans un secteur très fortement touché par ce virus (voir à la page 20). Nous espérons que vos témoignages aideront la Commission à formuler des recommandations significatives et à orienter la direction que prend le gouvernement, de sorte que les horribles lacunes dans les soins de longue durée exposées par la pandémie soient enfin corrigées.

Nous savons que cette pandémie a fait d'énormes ravages pour vous tous, quel que soit votre secteur. Pourtant, vous continuez d'aller de l'avant. C'est pour cette raison que nous avons axé notre campagne du printemps sur la persévérance, le courage et le respect dont vous avez fait preuve et que vous avez démontré depuis l'apparition de la COVID-19 au pays (voir à la page 22). J'espère que la participation de membres de l'AIIO à cette campagne vous a enthousiasmé. Elles ont si volontiers offert de leur temps et ont prêté leur voix pour parler en notre nom. Pour ma part, votre dévouement inlassable tout au long de cette pandémie m'a beaucoup touchée et inspirée.

Bien que le déploiement du vaccin soit bien avancé, et que nous ayons bon espoir que la transmission du virus en sera ralentie et que la situation revienne à la normale, nous devons demeurer vigilants. Je vous promets que l'AIIO ne cessera jamais de se battre pour vous. Mais la vérité est que nous ne pouvons pas faire ce que nous faisons sans l'appui et la direction de nos membres. Je tiens à remercier celles et ceux d'entre vous qui ont répondu à notre sondage sur la planification stratégique et fourni les commentaires dont nous avons besoin pour bâtir notre futur syndicat. J'ai hâte de voir les résultats finaux en juin et d'entreprendre ce travail essentiel.

*Je vous invite à lire la projection d'un an de l'AIIO sur la pandémie, Coronavirus Chronicles, à l'adresse [ona.org/covid-19-series](https://ona.org/covid-19-series).*



Suivez Vicki dans [twitter.com/vickivickim](https://twitter.com/vickivickim)



Chronique de la  
première  
vice-présidente, AIIO  
**CATHRYN HOY, RN**



SUITE DE LA PAGE 5

leurs collègues coordonnateurs des soins signent une lettre ouverte à la ministre de la Santé, Christine Elliott, pour protéger leurs emplois et veiller à ce que des soins à domicile et en milieu communautaire de qualité demeurent publics. Cela sera rendu possible en vertu du projet de loi 175, pour connecter la population aux services de soins à domicile et en milieu communautaire (Loi de 2020). Ce chiffre a largement dépassé l'objectif.

Étant donné que le projet de loi 175 permet d'apporter des changements fondamentaux aux soins à domicile et en milieu communautaire en les inscrivant dans un cadre de réglementation plutôt que dans celui de mesures législatives, et qu'il ne précise pas précisément où se situera la fonction de coordination des soins, ces députés ont voulu sensibiliser la population et faire pression sur le gouvernement pour que celui-ci cesse la privatisation de ce travail important. Ils ont affirmé sans détour que l'accès aux soins sera réduit pour les Ontariens si la coordination des soins est confiée à des intérêts privés.

Bien que les coordonnateurs des soins ne puissent pas s'exprimer publiquement en raison des dispositions législatives, la présidente de l'AIIO, Vicki McKenna, a présenté la lettre en leur nom, et l'AIIO a publié un communiqué de presse et fourni une copie de la lettre aux médias.

À la suite d'une couverture médiatique importante, la ministre Elliott a été forcée de répondre aux préoccupations des coordonnateurs des soins, en indiquant que « le gouvernement apprécie leur travail et le fera selon le nouveau modèle », ajoutant que la refonte vise à : « veiller à ce que les soins à domicile et en milieu communautaire soient reliés à tous les autres domaines des soins de santé afin que le patient demeure au centre des soins et reçoive tous les services nécessaires. »

Mais, comme elle n'a pas expressément exclu la sous-traitance de la coordination des soins à des entreprises privées, nous avons également communiqué avec les députés provinciaux dans la région desservie par le RLISS. Le NPD a publié un communiqué à l'appui des coordonnateurs des soins et, au moment de mettre sous presse, au moins un député a publié une lettre d'appui tout aussi favorable. Plusieurs coordonnateurs de soins participant au processus ont également reçu une formation de l'AIIO pour se préparer aux réunions avec leur député.

Le projet de loi 175 et le plan de transition qui l'accompagne n'ont pas encore été finalisés, et il est prévu que d'autres consultations gouvernementales auront lieu au printemps. Cela donnera à ces membres d'autres occasions de défendre leurs emplois et les soins qu'ils prodiguent à leurs patients. L'AIIO continuera également de faire valoir cet enjeu dans le cadre de notre travail de relations avec les médias et le gouvernement.

Cette mesure est allée bien au-delà des simples formalités.

Elle a démontré la force et l'unité d'un groupe de membres qui ne veulent rien de plus que de continuer à utiliser leur expertise pour prendre en charge et défendre les soins aux patients. Je ne pourrais être plus fière de leur ténacité dans ces circonstances pour le moins très stressantes. Quoi qu'il en soit, leur rôle a été décisif.

Et c'est là une histoire qui vaut la peine d'être racontée.

Pour en savoir plus sur le projet de loi 175 et sur la façon dont vous pouvez contribuer à la riposte, consultez le [ona.org/about-bill-175](https://ona.org/about-bill-175).



Suivez Cathryn at [twitter.com/cathrynhoy](https://twitter.com/cathrynhoy)



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