

FRONT LINES



Dying for Better

ONA members go to the extreme in lead-up to arbitrator's favourable decision on hospital contract

ONTARIO NURSES' ASSOCIATION, c/o THISTLE PRINTING
35 Mobile Drive, Toronto, ON M4A 2P6

SUMMER 2023 | VOL. 23. NO. 2

ONA
Ontario Nurses' Association



P.17



P.31

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FRONTLINES

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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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ISSN: 0834-9088



DESIGN: Artifact graphic design
PRINTED BY UNION LABOUR:
Thistle Printing

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World Class Care

It's my pleasure and duty to take action in support of nurses.

I have been at the Oakville Hospital since March 12 after tearing ligaments in my left knee. I had surgery three days later and have had a very good recovery.

The care and compassion from nurses here have been world class. Sadly, we have a Premier and Health Minister who have created a very dangerous crisis. I for one will NOT sit back and watch these amazing nurses struggle to get through their shifts due to an unrealistic schedule that would challenge any human being.

After seeing firsthand what these wonderful nurses go through on a daily basis just to get through a shift, I felt compelled to get involved in the fight.

I feel terrible as there were times when my impatience got the better of me all because I felt nurses didn't respond to my call for services quickly enough. Shame on me! The turning point came recently when I learned one of the nurses nearly fainted due to the sheer exhaustion of having to work six straight 12-hour shifts. I also learned nurses are afraid to take a 15-minute break because many of the elderly patients are very vulnerable. Hard to find people like this who really care.

I look forward to doing whatever I can in the fight to get nurses the pay and respect they deserve because they often make life and death decisions.

Please forward the email addresses for both Premier Doug Ford and Health Minister Sylvia Jones so I can tell them what I think of their recent budget,



as well as their performance over the last five years. They won't like it!

I look forward to hearing from you in the near future so I can get more involved in this very worthy cause in whatever capacity you see fit.

Regards,

ALDO FERRONE



Deeper Meaning

I am a social worker in Ontario, and my mother is an RN and a member of ONA.

We both highly enjoy reading your publication, *Front Lines*. It has certainly taken on a new meaning in this pandemic era.

Best,

SINTHU AND THILAGA SRIKANTHAN



HAVE SOMETHING TO SAY?

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

Events and Observances



The following are key happenings and commemorative dates until the next issue, which we are acknowledging and/or celebrating provincially (and you can do so locally):

- ▶ **August-September:** Continuing Pride events (see page 14)
- ▶ **September 4:** Labour Day
- ▶ **September 18-22:** ONA Leadership Summit
- ▶ **September 26-28:** ONA Board of Directors Meeting
- ▶ **September 30:** National Day for Truth and Reconciliation
- ▶ **October:** National Occupational Therapy Month
- ▶ **October 1-7:** Mental Health Awareness Week
- ▶ **October 10:** World Mental Health Day
- ▶ **October 23-29:** National Respiratory Therapists Week



Check ona.org for more information.

From ONA President
Chronique de la présidente, AIIO
ERIN ARISS, RN



Follow Erin at twitter.com/erinariss.

Let's Keep Building Power Together!

I WANT TO BEGIN MY FIRST COLUMN AS YOUR NEW

Provincial President with a sincere thank you.

Thank you for putting your trust in me to lead this powerful union forward, along with the rest of the ONA Board of Directors. I promise never to take your faith in me for granted and to work relentlessly on your behalf on the issues that are important to us all.

Because sadly, there are many. I certainly didn't take on this role in quiet times. Getting thrown out of the gallery of the Ontario Legislature just one week into my tenure by yelling "shame!" when the Ford government rammed through its reckless Bill 60 was a good indication of what kind of leader I will be (see picture below with my citation)! No, I will not sit back while this government pushes their privatization agenda forward and allows private clinics to provide care to what I call the "healthiest and wealthiest" while the complex and more expensive cases remain in the public system. I stand by what I said – it is shameful! – and I will never stop speaking out.

I will also not watch your employers trample over your collective agreement rights and introduce models of care that not only put your professional standards in jeopardy, but your patients, residents and clients at risk. And I will very definitely not remain silent while the Ford government continues to disrespect nurses and health-care professionals and the value we bring to the health-care system. I have proven that as long as I have been an ONA member, which was only amplified during our recent hospital bargaining campaign.

To say this has been the most challenging round of negotiations I have ever witnessed would be a grave understatement. Despite the sacrifices you make every day on the job, even more evident during the pandemic, the Ontario Hospital Association wasn't willing to negotiate a fair deal at the table. However, with wage increases averaging 16 per cent by April 1, 2024 – or approximately \$5 to \$7 an hour – in the Bill 124 reopeners and Kaplan arbitration decision, we absolutely made our voices heard (read more in the cover story). And this is just the beginning!

We rallied outside our workplaces. We marched in the streets. We protested at Queen's Park. We "died" on the pavement. We educated

the public. What we didn't do was nothing! And because of that the government knows exactly who we are.

I was completely in awe of your dedication to this cause, especially from those of you who have never been politically active. Because the fact is while I may be the official leader of this union, neither I, nor your Board of Directors can do this work alone. It takes us all.

But we must keep it up. We must keep building our power in our Bargaining Units and ONA as a whole. We must rise together and show our strength and professionalism. We must have one-on-one conversations about the issues with our colleagues, family/friends and those in our communities. Because that's what creates a movement. That's what creates change.

I want you to know the Board and I are listening to what you have to say. We are committed to making ONA a more open and transparent union, which includes a more inclusive bargaining process. After all, this is *your* union and as we celebrate ONA's 50 years, I'm very excited about where we will take it together. Our climb is steep, there is no doubt, but I truly believe that when we fight together, we win. Let's do this!

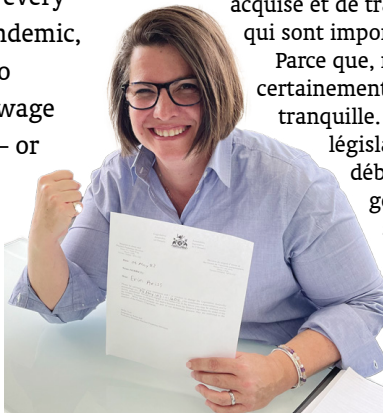
Read more about Ariss and her vision for ONA on page 22.

Continuons à consolider notre pouvoir ensemble!

EN GUISE D'INTRODUCTION À MA PREMIÈRE chronique en tant que nouvelle présidente provinciale, je tiens à vous exprimer ma gratitude.

Je vous remercie de m'avoir fait confiance pour diriger ce puissant syndicat en collaboration avec le reste du conseil d'administration de l'AIIO. Je promets de ne jamais tenir votre confiance en moi pour acquise et de travailler sans relâche en votre nom sur les enjeux qui sont importants pour nous tous.

Parce que, malheureusement, il y en a beaucoup. Je n'ai certainement pas décidé d'assumer ce rôle dans une période tranquille. J'ai été expulsée de la tribune de l'Assemblée législative de l'Ontario à peine une semaine après le début de mon mandat en criant « honte! » lorsque le gouvernement Ford a fait adopter à toute vitesse son irresponsable projet de loi 60. C'est une bonne indication du style de cheffe que je serai (voir la photo ci-dessous avec ma citation)! Non, je ne vais pas rester les bras croisés pendant que le gouvernement met de l'avant son programme de privatisation et permet aux cliniques privées de fournir des soins



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



Follow Angela at twitter.com/4angiepreocanin.

You Absolutely Can Make a Difference to Your Workplace

THERE IS SO MUCH GOING ON IN THE WORLD OF LOCAL

political action these days – really, an exhaustive amount – but we can never forget that the other side of my portfolio (professional issues) is equally important and busy.

In fact, practice and workload issues are often the catalyst for much of your political action initiatives. When things aren't right in your places of employment, when you know that safe patient care is at risk, along with your own professional standards, because of harmful employer policies, you are pushing back and more often than not, making enormous gains.

That's the reason why ONA's dedicated Professional Practice Team is constantly coming up with new tools to help you with your practice issues, why they are ensuring that your Professional Responsibility Workload Report Forms (PRWRFs), which provide a succinct place to document your concerns, are tailored to your sector, and why their Ask a Specialist webinars are so well attended.

Still, I always think nothing gets a point across better than real life examples from your fellow members. And so, I'd like to tell you about a recent one involving an Independent Assessment Committee (IAC) hearing, which comes into play once we have exhausted all other means through our unique professional responsibility process to address serious practice and workload issues. We obviously never want to get to that point, but sometimes, despite your valiant efforts, employers leave us with no choice.

Over the past two years, RNs in the emergency department (ED) of Collingwood General and Marine Hospital were being asked to perform more work than was consistent with proper patient care, and completed a whopping 224 PRWRFs. Along with a host of other problems in areas such as education, orientation, leadership and communication, which deeply affected morale, there were simply too few of them in a department where you never know what will come through the door next.

With the support of their Bargaining Unit and ONA staff, these members skillfully detailed their horrifying and at times heartbreaking experiences during an IAC hearing, comprised

of a panel of three nursing experts. And they were heard! In May, the panel issued 136 recommendations in nine key areas, including staffing, healthy work environment, recruitment and retention, and professional development. Among the highlights are the addition of an RN 11.25 hours a day to the ED baseline staffing, an off-load RN from 1100 to 2300 hours, a second triage nurse during the same hours, seven days a week, and an RN 24/7 during holidays/holiday weekends/ other special events while the resource nurse will support care coordination and daily ED operations as their primary responsibility. The panel also recognized the need for a culture change to foster effective communication and collaboration, and the very concerning high turnover rate. I encourage you to read all recommendations at ona.org/pp-iac.

I can't stress what a gamechanger this report is. If implemented – the employer has indicated an interest in working with ONA on the recommendations and we will ensure they do! – it will lead to a quality practice environment for these members and those under their care. And all because they spoke out! It wasn't easy – taking a stand often isn't – but the alternative was completely unthinkable to them.

So, while you're out there on the streets fighting for better staffing, wages and care and our public health-care system from the government, remember that advocacy also applies to your workplace. Don't ever think you can't make a difference to the place you spend so many of your waking hours. With the support of your union, you absolutely can. And, as this example shows, you absolutely do.

Vous pouvez vraiment faire une différence dans votre milieu de travail

IL SE PASSE TELLEMENT DE CHOSES DANS LE MONDE DE l'action politique locale ces jours-ci – vraiment, beaucoup – mais nous ne devons jamais oublier que l'autre volet de mon portefeuille (les questions professionnelles) est tout aussi important et plein de défis.

En fait, les questions de pratique et de charge de travail sont souvent le catalyseur d'une grande partie de vos initiatives d'action politique. Lorsque les choses ne vont pas bien dans votre milieu de travail, lorsque vous savez que les soins sécuritaires aux patients sont menacés, de même que vos propres normes professionnelles, en raison des politiques préjudiciables des employeurs, vous répondez avec vigueur et, la plupart du temps, vous réalisez des gains considérables.

C'est la raison pour laquelle l'équipe de l'AIIO responsable de la pratique professionnelle met constamment au point de nouveaux outils pour vous aider à régler vos problèmes de pratique, la raison pour

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MEMBERS GET LOUD!

MAY 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**Nursing
Week
2023**

Time will Tell: Member Share Vision of Future for Nursing Week

With the Nursing Week 2023 theme of *Lasting Impact, Forging our Future*, ONA had a special request of our members: where do you see the nursing profession heading?

You clearly understood the assignment! From better pay, increased political action and advancements in artificial intelligence, your well-thought-out responses to this contest flooded our social media channels. It wasn't easy, but we chose the top 10 entries to receive a Tim Horton's gift card and thank everyone who participated. Starting with this issue, *Front Lines* is publishing those winning entries (while some have been edited due to space limitations, full versions can be accessed at ona.org/nw).



My vision for the future is that nursing will be a respected and professionally compensated career that will entice young, diverse people to proudly embark on this journey as their chosen career path.

Kathy Davis, RN



Hopefully, in the future we don't see any workplace harassment or discrimination.

Mojgan Pourbabadi, RN



LOCAL 73



LOCAL 214



LOCAL 83



LOCAL 80



LOCAL 43



My vision for the future of nursing is a world in which nurses are able to focus on compassion and the human aspects of nursing by utilizing artificial intelligence (AI) systems and harnessing powerful technology. The nurses of 100 years ago could not imagine what nursing today would look like and likewise, we cannot understand the vast complexity of what nursing will become 100 years from now.

As AI progresses in power and becomes embedded within the health-care environment, nurses will see their roles evolve. I am optimistic that AI will shift the hospital experience in a way that allows nurses to focus more on the human aspect of their roles.

The future of nursing will involve technology and possibilities that would seem like magic to us. For example, nurses of the future may be able to enter the memories and dreams of their patients to help treat trauma or to provide companionship when processing difficult moments.

Nurses are like links in a chain that have the power to bring forward a novel future of compassion and innovation, as we enter a chaotic time of transformational AI technologies and unknown possibilities. I am confident that through teamwork and imagination, nurses will persevere and evolve into something even greater.

Samuel Beaudry, RN



My vision is for our fair share of wage increases and returning the right to strike to give us back the power to fairly negotiate like other professions in Ontario, and to have the same benefits and respect as male-dominated professions.

Sienna Lindsay, RN



My vision for the future of nursing is to ensure we are never understaffed, overworked and underpaid again!

Julies Huestis, RN

Access ONA – Your One-Stop Shop!

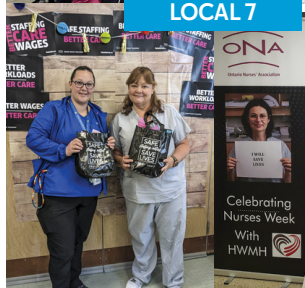
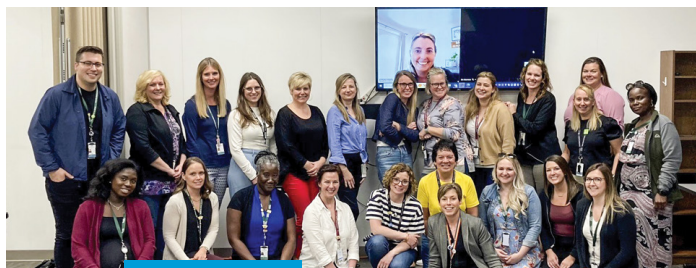
We would like to congratulate our **Access ONA – Log in to Win** contest winners!

- **Region 1:** Christina D'Aoust
- **Region 2:** Juniper Hayes
- **Region 3:** Michael Fitzgerald
- **Region 4:** Maria (Krisel) Quiambao
- **Region 5:** Kay English

Remember, the Access ONA portal is a convenient and secure one-stop shop, where you can:

- Update your personal records and contact information.
- Register for workshops and print certificates for completed courses.
- View your current jobs and learn about your Bargaining Unit.
- Submit requests for ONA documentation.
- Access member-exclusive forms, resources and more.

Visit ona.org/access and log in today!



“Never stop learning,” ONA RN Recipient of Nursing Now Ontario Award Urges

The RN recipient of the fourth-annual Nursing Now Ontario Awards, who is a fearless advocate for victims of sexual assault and domestic violence, has some words of wisdom for her fellow ONA members.

“A very special quote, which is close to my heart, states ‘as nurses, let us never consider ourselves finished; we must be learning all our lives’ – and that is so true,” said Ellie Neary, who works at Grey Bruce Health Services’ (GBHS) Sexual Assault/Partner Abuse Crisis Centre in Owen Sound, one of a network of 37 centres across the province, and is a nurse counselor and team lead for the Sexual Assault Nurse Examiner (SANE) Program. “May you always be passionate about your role as a nurse, continue to learn and have respect for your coworkers.”

Many Job Duties

That’s something she practices herself. A 36-year nurse, Neary, who received the joint ONA/Registered Nurses’ Association of Ontario/WeRPN award in honour of her contribution to improving the health outcomes of Ontarians and nursing practice, joined GBHS in 2018, where “I knew neither the hospital nor the town.” But since that time, and with the support of her “fabulous” team, including her award nominator Courtney Young, Neary has consistently – and successfully – advocated for more staff, training and resources for the program, which follows standardized forensic nursing care.

That has resulted in a new full-time counselor position and additional training opportunities so that every SANE nurse is able to maintain competency in their role – which includes collecting sexual assault evidence for testing (with client consent), taking photos, treating sexually transmitted infections, and documenting what clients report to police (again with consent) – and build portfolios for evidence in court when called to testify as a SANE nurse or expert witness in sexual assault and domestic violence cases.

She was also successful in moving the SANE program to a new office closer to the emergency department (ED) and obtaining electronic order sets for SANE lab work and electronic documentation, as well as a designated exam room with a bathroom and shower, which will soon be available.

“Ellie has many job duties,” explained Young. “She advocates for the staff, and is always there for a debrief

after a case. She’s always supportive when you need help with any questions, and she liaises with several community organizations.”

That includes serving as an active member on Violence Prevention Grey Bruce, whose mission is to end violence in all forms, and meeting with staff from the ED, ICU, addiction treatment centres, labs, mental health, Owen Sound police/OPP, victim services, women’s shelters and more to help streamline services for the SANE Program to improve care for better client outcomes.



ONA member Ellie Neary, RN

Deep Appreciation

“Ellie’s gentle and professional care to some of the most marginalized in the Grey Bruce area is a true testament to her strong sense of justice, fairness, excellence and compassion,” said Region 1 Vice-President Dawn Armstrong in presenting Neary with the award at a virtual ceremony during Nursing Week.

“I am deeply honoured, overwhelmed and a little in shock,” stated Neary. “Part of this award goes to all the nurses and support staff I have worked with, who have been instrumental in who I am as a nurse.”

She also expressed her appreciation to the Ontario Network of Sexual Assault and Domestic Violence Treatment Centres for providing education and leadership, “and continually coming up with new ways to respond to violence and bring all of our statistics and results to the Ministry of Health, Violence Prevention Grey Bruce, the Human Trafficking Committee, the OPP and Owen Sound Police. We could also not provide a proper response to victims without a coordinated community response and without breaking down silos and coming together to work towards responses to victims of violent crimes.”

And as many of Neary’s fellow members can relate to, she added that none of this would be possible without the support of her family, which includes four children and four grandchildren, “who have spent many holidays waiting for me or holding off dinner because they understand the great importance of this work.”

Members Overwhelmingly Say “No” to Privatization

ONA members throughout the province have been delivering a forceful message to the Ford government: keep privatization out of health-care services!

While privatization has been slowing creeping in for years, the passage of Bill 60, which allows more private clinics to offer certain publicly funded surgeries, is the most blatant move yet (see page 13). At the same time, Ontario public hospitals receive the lowest funding in Canada and contain operating rooms that are closed in the evenings, on weekends and sometimes permanently, while already existing private for-profit clinics routinely extra-bill patients, often illegally, and charge for medically unnecessary add-ons. On top of that, they take scarce and desperately needed staff out of the public system.

And so, from Kingston to Thunder Bay, London to Ottawa, members are mobilizing to protect our public health-care system, including at a series of anti-privatization rallies as part of a strong five-union campaign, which includes ONA (the next issue of *Front Lines* will contain stories and photos from those rallies, which were continuing at press time, and other actions).

Members also came out in full force to vote and assist at the Ontario Health Coalition's (OHC) mass community-run referendum in May asking if Ontarians want their public hospital services privatized to for-profit hospitals and clinics. Almost 400,000 people voted online and at various voting stations across the province, including at grocery stores, community centres, members' workplaces and ONA offices, with 98 per cent answering a resounding no.

"I saw ONA's email on the referendum and asked how we could promote it because we were already having two Local 97 membership



meetings to discuss the Bill 124 arbitration decisions," said Princess Margaret Hospital Bargaining Unit President Ingrid Garrick. "So, ONA staff came to the meetings to talk about it."

After Local 97 Coordinator Liz Romano obtained flyers and ballots for the vote, Garrick went from unit to unit to hand them out individually and explain what was going on. Many voted immediately. As well, she left information on the floors for members coming on nights. Romano also found an effective way to reach members at the Toronto General and Western sites.

"We requested the ballots early so we would have them while we were giving out Nursing Week gifts," she said. "We booked a room at each site with various tables and the OHC table was the last one that members couldn't miss on the way out! We talked about privatization at that table and asked members to vote. It worked well and most voted right then and there. We took ballots from

"We are unalterably opposed to the gutting, dismantling and privatization of our public hospitals," OHC Executive Director Natalie Mehra said at a Queen's Park media conference on May 30, where some of the 400,000 ballots cast in a province-wide referendum were on full display. "This is the beginning of a relentless campaign to stop the Ford government from privatizing our public hospitals. Once we lose them, it will be very difficult, if not impossible, to get them back."

the boxes and put into envelopes, and the vote was overwhelmingly against privatization."

For both Garrick and Romano this is a fight that all members and Ontarians need to join.

"People need to know that Premier Doug Ford had millions of dollars earmarked for public hospitals and didn't distribute it, setting up a perfect storm for him to say this is why we need to privatize," Garrick said, adding that she also spoke to people in her community, including on the elevator in the building where she lives. "Many didn't know the gravity of the situation and after they found out, said, 'absolutely we're going to vote and we're doing it right now!' We had a very good turnout at work. This is an important issue to me and should be to everyone."

Romano couldn't agree more, noting, "this is Canada and we have public health care. It was a hard fight that was a long time coming, and is something we're proud of. We can't let go of it."

 Learn more at [NursesTalkTruth.ca](https://nurses.talktruth.ca).

« This should be an important fight for everyone. We are Canadians, and this is who we are. »

— Local 97 Coordinator Liz Romano, RN

Ottawa Hospital Reverses ORA Role, Thanks to Member Advocacy

At the request of the members interviewed, Front Lines has changed their names to protect their identities.

The Ottawa Hospital (TOH) is backtracking on its decision to introduce unregulated operating room assistants (ORAs) with minimal training after ONA members joined forces to push back.

In the spring of 2022, TOH announced it was looking into bringing ORAs into the scrub nurse role in operating rooms (ORs).

“RNs have a circulator role and can be a scrub nurse as well,” said member Sam Little. “So, they’re responsible for the entire organization of the case: distributing the equipment, assessing the patient, assisting in anesthesia and positioning the patient. And the RPN is strictly a scrub nurse, who does case setups, ensures the right equipment is available, is responsible for medications and assists the surgeon with whatever is required. We were completely blindsided when an ORA was presented to our OR in June 2022, ready to start orientation. We were given no information or direction and had no knowledge of their qualifications. We found out later they had taken a 10-week online course through Mohawk College.”

“Things change very quickly”

While TOH said ORAs would help reduce the OR backlog because they were short-staffed, “we have a full complement of RPNs,” noted Little. “We weren’t short on scrub nurses. We were short on RNs and still are. So, this initiative wasn’t well thought through. We quickly discovered once ORAs were paired with RPNs to learn the scrub role without any theoretical or practical understanding of the core fundamentals of nursing – anatomy, physiology, pharmacology – that this was a patient safety issue. They

don’t know medications, how to handle them, our sterile technique and how to react in an emergency. Things change very quickly in the OR. Everything can look good one minute and be a disaster the next. As circulators, we rely on our RPNs to be independent and handle these situations.”

“You can’t replace registered licensed nurses with unregulated workers,” added member Terry Swanson. “It’s dangerous and increases the risk of negative patient outcomes. It also involves our professional practice and nursing licences, as we would be responsible for them. Many nurses were very concerned.”

While the nurses gave the ORAs other OR tasks, such as getting equipment, for as long as possible until they could figure out what they were supposed to do with them, they immediately took their patient safety concerns to management, including the



“Nurses from ORs at all TOH campuses worked together to get the letter signed by a majority, listing reasons the decision to introduce ORAs was unsafe and how it would affect patient care, nursing staff and their morale,” said member Terry Swanson. “Employers like to divide and conquer, but change is possible if you come together, work together and stay united.” Pictured here, OR registered nurses, along with Local 83 Coordinator and TOH Bargaining Unit President Rachel Muir (far right), delivered the letter to their CNE this past March.

Chief Nursing Executive (CNE) and CEO. They fell on deaf ears.

At the same time, they noticed on ONA’s social media platforms that nurses in Hamilton Health Sciences’ ORs, whom Little calls “inspiring warriors,” were going through the same situation and “fought back with letters and petitions, went to their MPP and took it to the Legislature. We quickly knew this fight was beyond us. We sought the assistance of Local 83 Coordinator and TOH Bargaining Unit President Rachel Muir and ONA Member Mobilizer Stacey Papernick, who assured us they knew exactly how to help. They stressed we all have to come together to make change. With their support, our work began.”

“Need to stick together”

That included instigating an Action Committee and holding regular meetings; writing a strong letter demanding TOH keep ORAs – four were initially hired – out of the scrub nurse role; and identifying and recruiting organic leaders within their workplaces, who are trusted and well respected, to each have one-on-one conversations with eight to 10 other members to discuss and sign the letter, and keep them regularly informed. While Little said it was challenging to do over the hospital’s three campuses – General, Civic and Riverside – when these members got onboard, along with the nurses from the Eye Institute, Eye Care Centre and Heart Institute, “we knew we had a good chance.

“We told them we need to stick together. If we all sign, no one is singled out and no one is an instigator – it’s all of us. That really was key. Our RPNs are with another union so were unable to sign our petition, but it was important to keep them informed and have their encouragement and support as they are essential to us.”

That work paid off, with 84 per cent of the 182 affected RNs signing

the letter. One nurse said she was extremely impressed with how the group stood up, with Swanson emphasizing that “it’s so important young nurses see us mobilizing to protect the standard of care patients receive.”


“Rachel made an appointment for us to hand deliver the letter to our CNE this past March,” Little explained. “About 50 minutes before it was to take place, our director sent out a mass email to all nurses saying that management had decided to put the ORA initiative on hold because they want to focus on retention and recruitment. But Rachel didn’t accept that and said we’re still going to present to the CNE. We said exactly what we prepared and asked her to read our letter. She said she would.”

“Empowering process”

And it appears she did, as a few weeks ago, the CNE reached out to the members to arrange a meeting, which was scheduled for after this issue goes to print. Little and Swanson said they want to clarify if the ORA initiative is completely abolished or just on hold. But as of right now, TOH doesn’t have any ORAs in the OR.

“As RNs, we have a responsibility to speak up and fight to protect our patients, the role of registered, licensed nurses and the high-quality care Ontarians deserve,” stressed Swanson. “This is more critical than ever, with the current government’s cutbacks to hospitals, pushing privatization, cheaper care, cutting corners and disguising it all as ‘innovation.’”

“This empowering process proves that if you come together for a common goal, you will be successful if you have the numbers,” Little concluded. “For every member who signed that letter, this is their win. We learned what we are capable of with a united front. We have three campuses and six ORs, but rarely speak to each other. This got everybody talking, forming networks and creating new connections. I saw the strength of leaders in those places. I’m very proud to be part of such a strong, caring and passionate group of OR nurses.”



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Happy Anniversary, ONA!



What are You Celebrating this 50th?

We asked and you answered!

With ONA turning the Big 5-0 this year, we wanted to know what our members and Local leaders are celebrating in honour of this significant milestone. Here are just some of those responses. We'd love to hear your thoughts too at frontlines@ona.org.

“Fifty years of fighting the good fight and standing united!”

— Health Sciences North Bargaining Unit President (health-care professionals) Michelle Beaudry, physiotherapist

“For our 50 years, I am celebrating friendship, openness and love for one another.”

— Annie Mazmanian, RN and mental health champion

“As ONA reaches this significant milestone of 50, I am proudly celebrating that ONA continues to politically educate, empower and mobilize members to stand up for respect, fairness and protecting our public health-care system. I am also celebrating ONA's ongoing commitment to inclusivity and diversity that has this year guaranteed us participation for the first time in the Toronto Caribbean Carnival.”

— Sandra Campbell, RN

“Unwavering service, support, action, 50 years of ONA”

— Local 6 Coordinator Jane Penciner, RN

“As ONA turns 50, these are some of the accomplishments I will be celebrating:

- 1. The great camaraderie among the union.**
- 2. Strong leadership and exceptional lobbying.**
- 3. More visibility in the province and making our voices heard.**

Looking forward to greater things ahead!”

— Samantha Clarke-Wickham, RN

Front and Centre: During the recent Ontario Hockey League (OHL) playoffs, ONA's logo was quite literally centre ice! The games were part of our joint sponsorship with the OHL, which provided discounted tickets and a special ONA jersey to members in all regions to help celebrate our 50th anniversary. Visit ona.org/celebrate50 to find out about future events.

“I often think about the working conditions nurses experienced before organizing and establishing ONA. I will never forget my former colleague and mentor proudly sharing how excited she was to join ONA back in 1974. Nurses at our Bargaining Unit were paid less than municipal truck drivers and it wasn't until we joined ONA that a fair wage was established and pay equity for our members obtained. This year, more than ever, we need to keep the momentum going from previous generations of nurses who founded ONA and fought for a living wage and better working conditions. It is our responsibility to set things right for the next generation of nurses and health-care professionals and to ensure we continue to make gains while advocating for our patients and our profession.”

— Local 7 Coordinator Melanie Holjak, RN (public health)



QUEEN'S PARK UPDATE



Read ONA submissions at ona.org/submissions.

Bill 60 Passes, Private Surgeries Coming

Doug Ford's legislation to privatize the delivery of hospital services such as cataract surgery, knee and hip replacements and some diagnostics, passed the Legislature on May 8.

On February 21, the Ford government introduced Bill 60, the *Your Health Act*, to advance their agenda to privatize hospital services. In addition to introducing a profit motivation for the delivery of surgical care, the bill dismantles regulatory safeguards by permitting the government to define who may practice as an RN, NP or RPN. While this language is theoretically meant to allow for nurses registered in provinces outside the province to practice without registering with the College of Nurses of Ontario, the language is broad and permissive enough that it would allow government to pass regulations allowing PSWs to work as RPNs or RPNs to work as RNs.

Bill 60 also does nothing to protect staffing in public hospitals, requiring only that private clinics submit a staffing model, with no specifications on what the plan must entail or how poaching from public hospitals will be avoided.

ONA provided a written submission, First Vice-President Angela Preocanin appeared at the standing committee hearing at Queen's Park to present our feedback, and we launched a strong and very visible campaign (see NursesTalkTruth.ca). ONA members also rallied across the province to oppose this harmful bill and more than 400,000 Ontarians voted in the Ontario Health Coalition's referendum on privatization (see page 9). We were very clear that



Bill 60 will have far-reaching negative consequences, worsening the staffing crisis in our hospitals, making it more likely patients will be charged fees for service, limiting oversight and accountability, watering down regulatory oversight, and impacting patient care.

On the day the legislation passed, ONA President Erin Ariss was kicked out of the Queen's Park gallery for yelling "shame!" as the vote went through (read her take on page 4).

Though this legislation is now in place, ONA continues to organize and fight to keep our publicly funded health-care system publicly delivered.

ONA Petitions Make a Splash!

As part of organizing in support of your bargaining demands, ONA members collected more 7,000 signatures from community members calling on the Ford government to support better staffing, wages and care.

The petitions were tabled in the Legislature by the official opposition during Nursing Week. NDP Leader Marit Stiles featured your petitions on her social media and turned up the heat on the Premier during question period by using them as more evidence the public does not support his health care agenda.

LTC Regulations Come into Effect

As of April 11, 2023, changes to regulations made under the *Fixing Long-Term Care Act, 2021* have come into effect.

These regulatory changes enable PSWs to administer drugs under certain conditions and under the direction of nursing staff; and contain requirements around air conditioning in resident rooms/common areas and the admission of alternate level of care patients.



Minimum Wage Increased

As per legislation, a cost-of-living increase of 6.8 per cent will be applied to the minimum wage on October 1, 2023, bringing the minimum wage to \$16.55/hour.

Announced on March 31, this increase impacts 942,400 Ontarians, the majority of whom are women. Had Premier Doug Ford not cancelled the planned increase in minimum wage to \$15/hour in 2019, the Ontario minimum wage would be \$17.95 on October 1, a difference of \$1.40 per hour that this government has cost minimum wage workers.

Session Out for Summer (and Some of Fall!)

The Ontario Legislature adjourned on June 8 for the summer break, but not before the government amended the schedule to postpone the return to Queen's Park until September 25.

This means an extended break from answering questions in the Legislature and being held accountable for the lack of investment in public health care and front-line nurses and health-care professionals.



KNOW YOUR RIGHTS



Fascinating Fact

More than 12,000 people participate in the World Pride parade held in Toronto in 2014, including the largest ONA Pride contingent up until then.

Summer of Pride Gets Underway!

If the weather is warm, it must be time for Pride!

Celebrated throughout the summer and early fall, Pride parades and other special events take place in all parts of the province, including the largest parade in the country and one of the largest in the world: Toronto Pride on June 25. ONA organized a strong contingent of members, provincial leaders and staff, marching in solidarity with our union allies.

"Pride is dedicated to raising LGBTQI2S voices, celebrating LGBTQI2S culture and supporting LGBTQI2S rights because the sad reality is that many still feel invisible and unable to express themselves in their workplaces and communities," said Region 3 Vice-President Karen McKay-Eden, who holds the portfolio of human rights and

equity. "It also provides opportunities to raise awareness, champion human rights and combat discrimination – all while building inclusive communities. And on top of all that, Pride events are a great deal of fun!"

For the past several months, our Human Rights and Equity Team has been busily preparing for Pride, which began by choosing the theme, *ONA at 50: Speaking up and Staying Proud*. The team believes it perfectly complements the Toronto Pride theme of *Here, There, Everywhere* by highlighting ONA's strong advocacy, the need to stay part of a movement, and to speak up and stay strong for that movement. It also acknowledges our 50th anniversary and how far we've come with LGBTQI2S rights since our inception.

« 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. »»

– Region 3 Vice-President Karen McKay-Eden, RN, who holds the portfolio of human rights and equity

SPEAKING UP & STAYING PROUD



We encourage all members to download and display our striking Pride poster (see image above), post our shareables on your social media channels and join an event near you to show your Pride and support for our LGBTQI2S members and staff. You will find the poster, shareable and information on provincial events at ona.org/pride.

The next issue of *Front Lines* will showcase pictures from Toronto Pride. Please send your photos and stories from events in your communities to frontlines@ona.org, so we can feature those too!

Call for Nominations for Nursing Homes Team Coming

Interested in helping bargain the next ONA central nursing homes collective agreement? Now's your chance!

The call for nominations for our 2023 Nursing Homes Central Negotiating Team (NHCNT) will commence in late summer. The team will be composed of one member with entitlements from each of ONA's five regions in the province working



in this sector. The ONA President, First Vice-President and Chief Executive Officer will also serve as ex-officio members of the team.

Each NHCNT member will be elected by nursing homes members in their respective region. Voting will take place in the fall.



See more at ona.org/nhcnt.

We Must Fight for Status for All, Members Stress at Rally

No one must be left behind in our society. That was the resounding cry at the recent Status for All rally and march.

On March 19, a large contingent of ONA members stood in solidarity with migrant workers, undocumented people, students, families and refugees in demanding rights and a regulation program, which provides precarious migrants and undocumented people with permanent resident status, at the event held at Toronto's Christie Pits park.

"I wanted to participate because it's important to support those who

racism leading to fear of deportation; and limited access to health care," said ONA President Erin Ariss, who also attended the Toronto event. "It is incumbent on us as nurses, health-care professionals, unionists, activists – indeed human beings – to stand with migrants across the country as they call for status for all. After all, none of us wins in society until those who are the most vulnerable do."

Local 111 member Bradley Woods couldn't agree more, noting that "participating in the Status for All



"I wanted to participate because it's important to support those who may be less fortunate than me and show them that there are people who do care, love and support them," said Local 97 member Christina Aykler, not pictured. "I spoke with lots of people that day and found them to be warm and excited about their futures. I was so happy and proud to welcome them to our wonderful country. I hope all their dreams come true!"



may be less fortunate than me and show them that there are people who do care, love and support them," said Local 97 member Christina Aykler. "I spoke with lots of people that day and found them to be warm and excited about their future. I was so happy and proud to welcome them to our wonderful country. I hope all their dreams come true!"

Organized by the Migrant Rights Network, the rally was one of many held across the country over two days to protest that while the federal government has agreed to implement a regularization program for the first time since 1973, it has been stalling for many months.

"This ongoing delay has placed already precarious migrants in high-risk situations, and, in fact, half a million continue to be at risk of: exploitative and substandard working conditions as regressive immigration and labour laws restrict their agencies and leave them open to abuse; overt

rally and march was key for me, both as a unionized nurse and a Canadian. Our commitment to care extends to everyone, reflecting how Canada has embraced diversity. Standing for migrant rights is an embodiment of these shared principles."

Last fall, ONA sent a letter to Prime Minister Justin Trudeau and Minister of Immigration, Refugees and Citizenship Sean Fraser asking them to fix an historic injustice by implementing a comprehensive regularization program, stating, "this is an important issue that directly affects ONA members because some do not have permanent resident status. Members have voiced

500,000

Number of people in Canada without valid immigration permits

1.2 million

Number of people on work, study or refugee claimant permits, largely with no opportunity to remain here.

concerns that migrant workers need to have permanent resident status, so that they receive the health care they need when they need it, and without risk of deportation."

"Lack of permanent resident status makes it difficult, and often impossible, for migrants to speak up for their rights," concluded Ariss. "And so, ONA and our members will continue to do it for them every chance we get."



Learn how you can help at migrantrights.ca/.

« Our commitment to care extends to everyone, reflecting how Canada has embraced diversity. Standing for migrant rights is an embodiment of these shared principles. »

– Local 111 member and rally attendee Bradley Woods, RN

Member has “Strong Focus on Social Justice”

While Anti-Racism Advisory (ARA) Team member Monica Paola Rivas Barbosa's career as a health-care professional has allowed her to help address the inequities and racism around her, she has quite the disturbing story to tell about her own experiences.

“As an immigrant, I have two different backgrounds,” she began. “One as a psychologist in my own country and another as a social worker in Canada.”

As a psychologist in Colombia, Rivas Barbosa had “a strong focus on social justice and supported the journeys of different communities, including Indigenous and Black communities, to rebuild their own identities after a forced displacement due to armed conflicts and human rights violations.” And as a social worker currently employed by Home and Community Care Support Services, “I have worked on a macro level collaborating with many community groups and government agencies to create community capacity-building strategies, program planning/policy development and social inclusion proposals. As well, on a micro level, I support individuals and families create person-centered care plans.”

Both roles have involved identifying population and individual needs, developing action plans and leading initiatives to implement government priorities and strategic directions, and advocating for the best interests of her patients and the community while following professional standards and “with a great consideration to equity, diversity and inclusion,” she said.

“Less trustworthy”

Sadly, Rivas Barbosa's own journey has not been an easy one.

“When you move to a new country, you leave your home, family, friends, network and career, and start from scratch,” she said. “It can be very lonely, especially if you don't have anyone here. My first job in Canada was doing deliveries. At that time, I had very basic English, but used different ways of communicating to interact with others. My manager used every single colloquialism to make it harder for me to understand and if I dared to ask for clarification, he dismissed me. I was also asked more about money than others as he doubted my calculations and questioned my tips.”

While Rivas Barbosa said she initially thought the hardest part of immigrating to Canada would be learning English, she quickly discovered it was how to navigate people's reaction to her accent, which varied from those who recognized

the courage behind it to those who considered it an indication that she is less educated and trustworthy.

“Finding a job as a woman is sometimes hard, but finding a job as a Racialized woman is very hard,” she emphasized. “Your transferable skills most likely are not taken into consideration, and you need to prove yourself and make sure you're the best. Even if you volunteer in different organizations and go back to university to get a degree,

you still have an accent that can be a disadvantage in an interview. When you finally get a job, you still encounter microaggressions in your professional and personal life. Despite the fact that my accent has evolved as I practise English, people still perceive me as less intelligent and/or with a lower socio-economic status.”

“Devastating impact”

And that has, unfortunately, extended into her workplace, with Rivas Barbosa noting that while she has worked throughout Ontario and has had many wonderful colleagues who appreciate her, “there are others who make very inappropriate jokes about me as a Colombian being involved in drugs and cartels, or talk about immigrants coming to this country to spend their taxes and take jobs away from Canadians, or laugh when I ask for help pronouncing a very difficult word.”

She added that while “some managers have been real leaders, who recognize my talents and abilities, others have told me that my accent is a problem to do my job, or talk to me in a very aggressive way when I need to take time under pressure circumstances to think, organize and articulate my thoughts to support my actions. I'm not sure if people realize the emotional and devastating impact all these interactions have. It produces a lot of worries, and you prefer to isolate so no one has the opportunity to comment.”

“Be humane”

That's what Rivas Barbosa, who has been an ONA member since 2016, wants to change and a key reason why she decided to fill out an Expression of Interest form (see sidebar on next page) and join the ARA Team, which, with the support of our staff Anti-Racism and Anti-Oppression (ARAO)



ONA member Monica Paola Rivas Barbosa, social worker



Fascinating Fact

ONA amends the constitution to allow allied health personnel, now referred to as health-care professionals, to be organized and included in our Bargaining Units in 1992.

Working Group, has a mandate to guide our union in addressing the ongoing intersectional forms of racism that exists for so many members and staff, and within our communities.

"I never thought I would get a chance to have a more active role until ONA started having ARAO conversations and creating an action plan (see sidebar)," she stated. "I saw a window to participate as a Racialized woman. This work is vital for ONA, all health-care workers and society in general. It's an opportunity to start recognizing, accepting and embracing our differences, uniqueness and diversities and stop normalizing all forms of racism and exclusions in our work environments."

And, she concluded, everyone has a critical role to play in that.

"We all have biases and make judgements and assumptions, and the problem is the inability to reflect, make them conscious, and talk about them and learn. I believe incidents of racism in the workplace are rarely reported and if they are, there are often no defined structures in place to address them and follow through. Even though you do the 'homework' to check all the boxes to participate and contribute as a Canadian citizen, that's not enough. As Maya Angelou said, 'I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.' And it is indeed true. People need to know what it is to be humane."

Want to Get Involved in ONA's ARAO Work?

ONA is always looking for dedicated members to join our Anti-Racism Advisory Team, comprised of up to three Black members, up to three Indigenous members and up to three members from Racialized groups.

As we continue to implement our **2022-2026 Anti-Racism and Anti-Oppression Action Plan**, there may be other roles that could be of interest to you. The action plan, which contains seven priority areas and 35 action items, is the direct result of a call to action from our members, leaders and staff with lived experiences of intersectional forms of racism, including anti-Indigenous racism, anti-Black racism, discrimination and acts of exclusion.



Fill out our recently updated Expression of Interest form at ona.org/eoi-form-provincial.

Meeting of the Minds: ONA Teams Find Additional Ways to Support Members Experiencing Discrimination

Two ONA-member teams have come together to move human rights and equity (HRE) issues forward for members who experience discrimination and harassment.

Called "an historic first" by Region 1 Vice-President Dawn Armstrong, who held the HRE portfolio at that time, a joint meeting between the HRE Team and the Anti-Racism Advisory (ARA) Team this past May outlined a number of ways to prevent and respond to this serious issue.

"These two dedicated member-driven teams are working together to launch a series of initiatives to advance inclusion and create venues for members to discuss equity issues," noted Armstrong. "Now is the time to enhance ONA's efforts to make gains in the fight against racism and discrimination."

ONA's **2022-2026 Anti-Racism and Anti-Oppression (ARAO) Action Plan** details ONA's commitment to challenge systemic racism and to integrate ARAO practices into ONA's services and leadership.

To help address these priorities, the HRE and ARA Teams met to help develop Communities of Support, which are groups that will initially be made up of members from the following communities: Indigenous, Black, Racialized and Allies. The Communities will create spaces for members to share their experiences and perspectives.

"Members from the HRE and ARA Teams will be integral in jointly developing the Communities of Support, which will be venues for our members to share ideas and talk about issues," Armstrong added. "We have received lots of interest from various communities to put these together, and we are excited to move this forward."

Stay tuned for more information about the Communities of Support on our ARAO website, by email and more.



For more information on ONA's ARAO work and to read our action plan, visit ona.org/arao/.



Members of our Human Rights and Equity (HRE) and Anti-Racism Advisory Teams gathered in person and virtually on May 16 at ONA's provincial office, joined by Region 1 Vice-President Dawn Armstrong, who then held the HRE portfolio, anti-racism and anti-oppression lead consultant Tomee Sojourner-Campbell and staff. Pictured are (left to right, standing) Jasen Richards, Shalini Dass, Sharron Wright, Janet Porter-Green, Ingrid Garrick, Annie Mazmanian, Brittany Hertz. Virtual (left to right) April Kakekagumick, Irma Wakegijig.



Dying for Better

ONA members go to the extreme in lead-up to arbitrator's favourable decision on hospital contract

Never in the history of ONA have we seen anything like it.

In all corners of the province, from large cities to rural communities, you came out in full force to support our escalating actions in the lead-up to the arbitrators' decisions on our Bill 124 reopeners and central hospital collective agreement. And because those decisions combined finally start to show your true value to the health-care system, our message was obviously clearly understood: ONA members will not be silenced and your collective voice will only grow stronger!

Kaplan Arbitration Decision

"Despite three years of one per cent wage caps thanks to the despicable Bill 124, there was simply no interest on the part of the Ontario Hospital Association (OHA), and by extension the Ford government, in reaching a fair deal at the bargaining table with our Hospital Central Negotiating Team (HCNT) this round," said ONA President Erin Ariss.

"Instead, they forced us once again to arbitration, meaning a negotiated settlement for our hospital members has not been reached in more than 12 years."

Still, ONA did everything in our power to sway the William Kaplan Board of Arbitration in our favour during a hearing for our hospital contract in May. We made it clear that better wages, staffing and care are our members' top priorities. We highlighted your deplorable working conditions in a health-care system that is severely underfunded and short-staffed. We noted that despite this, hospital employers continue to push to eliminate even more full-time positions in favour of part-time jobs to balance budgets at the expense of safe, quality patient care. Read what ONA sought in our brief and our reply to the OHA's proposals at ona.org/bargaining.

It clearly worked. In July, Arbitrator Kaplan released his decision, which provides the most significant wage increases for ONA members in

All the "feels:" ONA members lay down and hold hands in a touching show of solidarity at our powerful "die-in" near Queen's Park on April 5 to symbolize that a lack of health-care funding and staffing can have deadly consequences.

decades – averaging 11 per cent over two years (he awarded a new wage grid, which increases all hourly rates on the grid an average of 4.5 per cent and then added an additional 3.5 per cent in the first year and 3 per cent in the second) – while also noting that this is just a first step in forging better working conditions. Calling the increases "long overdue and meaningful," the decision acknowledges that wages have fallen behind over the past decade and play a significant role in the ability to retain and recruit desperately needed nurses in Ontario and address the dire nursing shortage.

While Arbitrator Kaplan noted that "an NP grid was also a bargaining priority" – it was a key component in our brief – and that "a common

16 per cent: Combined average wage increase to hospital RNs/health-care professionals by April 2024 in Bill 124 reopeners and Kaplan decision or **\$5 to \$7/hour**

« This is engagement at its best! »

– St. Thomas Elgin General Hospital Bargaining Unit President Trudy Frank-MacEwen, RN

[NP] grid has been an ONA priority in earlier bargaining rounds,” he did nothing about it. That means NPs will receive the general wage increases (3.5 per cent and 3 per cent), applied to all NP rates. We made it very clear that NPs’ wages and work must be addressed and enhanced, including the implementation of a central NP wage grid, as part of an overall provincial nurse retention and recruitment strategy. ONA will continue to push hard for action.

In a first for provincial health-care contracts, Arbitrator Kaplan also provided dedicated isolation pay to ensure salary continuation in the event of exposure to communicable diseases, such as COVID-19, recognizing that health-care workers are at heightened risk. Read the full Kaplan decision at ona.org/bargaining.

“This decision is a step in the right direction to bringing the compensation of our hospital RNs and health-care professionals up to where it should be,” said Ariss. “We were heard and that is thanks to our dedicated HCNT, who

ensured your bargaining priorities were front and centre throughout the process, and front-line members organizing across the province to push for better wages to improve staffing and patient care. It is our hope that this decision will impact future negotiations for members in other sectors who equally deserve to have their work valued.”

Bill 124 Reopeners

The Kaplan decision comes on the heels of three other arbitration decisions this spring that dealt specifically with Bill 124.

When ONA and our members were successful through our collective actions in having the Ontario Superior Court strike down Bill 124 as unconstitutional last November, we immediately contacted arbitrators of the contracts impacted by the legislation, which contained reopener clauses allowing us to seek retroactive wages should this legislation be overturned. While Premier Ford almost immediately appealed the court’s decision, he

didn’t request a “stay,” which would have reinstated Bill 124 while the appeal was heard.

As a result, the reopeners provide members working in charitable homes with an additional 0.75 per cent in each of three years, effective July 1 of 2021, 2022 and 2023; and hospital members will receive additional retroactive wage increases of 0.75 per cent effective April 1, 2020, one per cent effective April 1, 2021 and two per cent effective April 1, 2022.

When the reopeners are combined with the Kaplan decision, RNs and health-care professionals who work in hospitals that participated in central bargaining will receive wage increases that average 16 per cent to April 1, 2024. This amounts to an average hourly wage increase of approximately \$5 to \$7.

Additionally, hospital members and their dependents achieved access to unlimited mental health coverage in the reopeners. This is crucial as a recent Canadian Federation of Nurses Unions poll of nurses across



While not solely about wages, staffing and care, the Ontario Federation of Labour’s *Enough is Enough* campaign allowed ONA and our members to amplify calls for all the above, along with keeping health care and schools public and making groceries, gas and housing affordable. Members came out in full force at a series of rallies on June 3 to say enough is enough to Ontario’s affordability crisis, including in Sudbury (left photo) and downtown Toronto, where many of you converged on the steps of ONA’s provincial office before joining the larger labour contingent.

the country continues to show exceedingly high rates of burnout and post-traumatic stress disorder (see page 25).

See specific details on the reopeners, including a question-and-answer document, at ona.org/bargaining.

Escalating Actions

“Long gone are the days of ONA and our members presenting to an arbitration board and then just sitting back and waiting for the decision to be released,” noted First Vice-President Angela Preocanin. “We used every bit of that time – and the months before – to make our demands for better wages, staffing and care known!”

Since the last issue of *Front Lines*, that has included one of our most extreme and symbolic actions to date: a “die-in” in the shadow of Queen’s Park on April 5. During the hour-long

event, approximately 300 members attending our nearby Provincial Leadership Meeting (see page 24) laid on the cold, wet street holding *Time’s Up* signs to emphasize that understaffing and underfunding are, quite literally, having a deadly impact on health care. Those who couldn’t attend were encouraged to sign an emailer to your MPP, Health Minister Sylvia Jones and Premier Doug Ford at valuenurses.ca or to call your MPP to let them know they can use their power to secure a fair contract.

“A die-in was not something I had ever heard of before let alone done,” a member who joined the die-in during a day off from her job on nearby hospital row told us on the condition of anonymity. “It was definitely a bit odd at first, but then it felt so unbelievably powerful! I’m so proud to have been part of such a drastic

action – and that’s exactly what we need right now.”

And so, we didn’t stop. On April 23, members across the province held a community day of action to tell those in your communities what is really going on with their care and who is to blame and ask them to sign a petition demanding better. And did they ever, with 7,000 petitions gathered and tabled in the Legislature (see page 13)! Those numbers really can put pressure on decision-makers and our elected officials, who must file a response.

“It’s so important that members come together,” said Local 73 Coordinator Donna Wheal. “As nurses and health-care professionals, we haven’t traditionally used our ‘outside’ voices, but these challenging times are making us much more vocal. I hope our communities see us as patient advocates who want the best for them and that we know better than anyone what is happening to health care, so they can put their voices out there as well.”

We are also that much louder when we join forces with our allies in the broader labour movement. ONA members were a very visible presence at more than 30 Ontario Federation of Labour *Enough is Enough* rallies on June 3, speaking out against the Ford government’s destructive agenda and demanding real solutions to the cost-of-living crisis (see ofl.ca).

“We have been put through hell by the Ford government,” Local 238 Coordinator Laurie Rogers said at the Guelph rally. “Enough is enough! We are sick and tired of being disrespected. It’s time to invest in nurses, public health care and solutions we know will work. Doug Ford thinks he can divide us, but he’s wrong. Today is about workers coming together to send a clear message to him. We are fed up. We are united. We are going to win!”



VON Contract Also Before Arbitrator

At the same time our hospital contract was being decided by an arbitrator, our Victorian Order of Nurses (VON) Central Negotiating Team completed bargaining and mediation with VON Canada – Ontario Branch and also headed to arbitration.

The team put forward proposals at the bargaining table that addressed your priorities, as identified in ONA’s *Have Your Say* bargaining survey. We made it very clear that nurses have seen their real wage steadily reduced over the last 10 years and full-

time RNs at the maximum rate have seen their purchasing power eroded by \$14,169.18 since 2010, exacerbated by the high cost of inflation. Our agenda doesn’t include concessions, nor are we interested in providing the employer with “flexible and agile” language that will further erode members’ rights.

We were enraged that the employer wasn’t interested in negotiating a respectful settlement we could present to our members, and so arbitration was the next and final step.

During the arbitration hearing on June 26 with Arbitrator John Stout, your priorities remained at the forefront of our arguments. We now await his decision.



Read updates at ona.org/bargaining.



« While a hospital contract that truly respects our value and enables us to provide safe patient care was always the end goal of our hospital bargaining campaign, we knew that no matter the outcome, we made our collective voices known. You should all be very proud of that. »

— ONA President Erin Ariss, RN



When it came to our hospital bargaining campaign, the support of our communities was critical. And so, we took our issues straight to them for our community day of action on April 23. During the event, held in various locations throughout the province, members talked to the public about our issues and asked them to sign our petition, which we delivered to Queen's Park.

“We held our ONA flags proudly on that inspiring day,” added St. Thomas Elgin General Hospital Bargaining Unit President Trudy Frank-MacEwen of the multi-Local rally she attended in London. “We had someone approach us, and I engaged with her and found out she was retired from London Regional Cancer Centre. I asked if she would be willing to wear a sign and carry a mini flag. She was very happy and even posed in some of our photos! Another member brought her mother who also wore a sign and carried a mini flag. Another member was scheduled to work the night shift but came out to support the cause. That impressed me more than anything. That’s engagement at its best!”

Throughout these actions, members were fully informed and supported via regular communications from ONA,

including our website, eblasts and social media channels, and at our frequent Hospital Contract Action Team meetings, which commenced earlier in the year for those committed to raising awareness and mobilizing others, and wrapped up in June (although we are ready to start them again where needed)!

Next Steps

As we close the chapter on this frustrating round of bargaining, the ONA Board of Directors is committed to taking what we have learned and applying it to the next. We heard you and are committed to being transparent about the negotiations process. Putting our arbitration brief on our website was just a start.

And while we don’t expect the next round to be any easier, we know exactly what we have to do.

“You have shown every Ontarian that nurses and health-care professionals are organizing to build power,” concluded Ariss. “You have done incredible work mobilizing your colleagues, communities and labour movement partners. So, please give yourselves a huge pat on the back, take a quick breath and then move full steam ahead! Because we must continue to build our collective power and our Bargaining Units, engage all members, and get every person we can involved in the fight for better wages, staffing and care. After all, this is not just our fight. It is the fight of every Ontarian.”



Read more about bargaining, the Bill 124 reopeners, and the Kaplan decision at ona.org/bargaining.



Meet Your New ONA President: “I envision an army of members with a collective voice”

A powerful, respected union where all members are highly engaged and feel included. That’s the kind of ONA new President Erin Ariss envisions.

An emergency department (ED) nurse at St. Mary’s Hospital in Kitchener, Ariss, ONA’s former Region 4 Vice-President who was elected President earlier this year, speaks from experience.

“In 2002 when I became a nurse, my advocacy role with the union began immediately as we started to experience violence and inequities in our work lives that we thought were unique to the ED,” she said. “My Bargaining Unit President at the time got me involved as I’m known to be a bit of a firecracker. I stepped up and wanted to bring something positive to our members. I became return to work rep, health and safety rep. I saw change and was proud of that advocacy.”

“All members protected”

That came in very handy when Ariss, who became St. Mary’s Bargaining Unit President, experienced what she calls her “most challenging and terrifying time” as a member: working on the front lines of the COVID-19 pandemic.

“We received many patients and residents from long-term care who were so ill they never made it out of the ED,” she said, visibly emotional. “We were unprotected and worried for our families. There was no vaccination then and no immunity to this at all. But we mobilized and created a movement in my hospital that brought on the lead case to unlock PPE for the whole province. We weren’t going to accept that any protection for us was locked away in a cabinet that only managers and security guards could access. That lit a fire under our members. They were courageous and together we unlocked the PPE. It’s because of ONA that all members were protected.”

“A movement”

And it’s that advocacy that Ariss wants to see provincewide as we continue to face what she calls our biggest challenges: the dire staffing crisis, the excessive use of agency nurses, chronic underfunding of our health-care system, oppressive government legislation and privatization.

“ONA is helping our members the same way we always have through representation via health and safety, labour



« What kind of president will I be? I’m fair, consistent, outspoken and spicy. I will always be there for our members, and I want us to all be there for each other. Let’s get out and show them who we are! »

— ONA President Erin Ariss, RN

relations and professional practice,” she noted. “But it’s not just being concerned with grievances – and it’s not really just because those grievances and our rights are very important and the foundations of unionism. But what we’ve been seeing the past few months with our pickets, rallies and die-in shows how ONA is evolving into this movement. We’re seeing members by the thousands across all regions and sectors become engaged. This is hugely exciting for me and what a lot of members thought was lacking in our union. And this is just the beginning. I can’t wait to see where we go.”

Ariss explained that part of that activism will be making the public and government aware of the importance of nurses and health-care professionals and not allowing your work to be eroded.

“I see a lot of hope for our professions because of ONA,” she said, adding that “the best thing I’ve seen during my time on the Board is the fall of Bill 124 and how we led the

way. I worked under that bill; I know how oppressed it made us feel and how it drove nurses and health-care professionals away by the thousands.”

“Loud, proud and inclusive”

While Ariss doesn’t have a crystal ball, she said ONA’s future role is very clear to her: “loud and proud and inclusive!”

“We need to look at the inequities within our professions and celebrate our diversities. I’m a member of a diverse group and am proud to be the President of a union that has prioritized that. I envision an army of nurses and health-care professionals that speak using their collective voice and power, but that group is an inclusive one where everyone is at the table and is heard.”

In fact, she stresses that the Board wants to hear from our members and is open to any and all suggestions.

“And that won’t be one-way communications,” she concluded. “I don’t envision a Board under my presidency only existing in ONA’s provincial or regional offices. I want us out and about with members, boots on the ground, so we can have unvarnished, authentic conversations to understand what your needs are. Together, we can address these issues, move them forward and get resolution.”

New Region 4 Vice-President has Activism in Her Blood

Members in Region 4 (central and southeastern Ontario) have a new Vice-President on the ONA Board of Directors, who is ready to fight for your rights!

Grace Pierias, RN, was voted into the position by members in that region this past May in a byelection necessitated by the election of former Region 4 Vice-President Erin Ariss to the role of ONA President earlier this year (see page 22).

Pierias comes to the role with a plethora of leadership experience, having served as Local 75 Vice-President at St. Joseph’s Healthcare Hamilton since 2015, holding the portfolios of political action, professional responsibility and human rights and equity. She also sat on her Local’s grievance, scheduling and Local negotiations committees, assisted members through the return-to-work/accommodation and professional responsibility and workload processes, and pushed back against employer violations of the collective agreement. Most recently, she took the lead on organizing her members to attend events in support of central hospital bargaining (see cover story).

Provincially, Pierias, who comes from a long line of union leaders and activists, served as the disabilities representative on ONA’s Human Rights and Equity Team from 2016-2018, noting that “respect, inclusion and diversity are at the heart of my decision-making and leadership style,” and the Region 4 part-time member on the 2021 Hospital Central Negotiating Team.

“My philosophy is based on a collectively powerful union that works towards excellent economic, social and professional well-being,” she said. “My vision is centred around the delivery of safe care to patients, equitable and high-quality workplaces, and the big-picture labour movement to organize a supermajority of members to achieve your goals and win! Fighting is in my blood, leadership is in my bones and unionism is in my heart. This is the essence of Region 4 and ONA.”



Grace Pierias, RN, took over as Region 4 Vice-President on July 1.



Read Ariss' full bio at ona.org/board.

ONA in the News

ONA was cited a total of **283** times in the news from March 1 to May 31, 2023, with the most common topics being privatized surgeries performed at The Ottawa Hospital, Bill 60, actions taken by ONA and members to call for better staffing, wages and care, and the Bill 124 reopeners.

64 newspapers | **106** radio stations | **89** television stations
21 online news sources | **3** magazines and specialty publications

One ONA-written opinion-editorial and **three** letters to the editor were published.



ONA President Erin Ariss (left) takes part in a thought-provoking panel interview on health care on Zoomer TV this past May.

“We’re in this together,” PLM Hears

If one thing was crystal clear at the recent Provincial Leadership Meeting (PLM) in Toronto, it was that it takes all members fighting together to bring about change.

“Over these past several months, members had to show the Ontario Hospital Association, the Ford government and the public the challenges you face on a daily basis,” (then) Interim ONA President and current Region 2 Vice-President Bernie Robinson said in kicking off the two-day event on April 4, her final provincial meeting before handing the reigns over to new President Erin Ariss. “We had to tell the public, the media and our communities that we need better staffing, better care and better wages – and did you ever! But we are not done.”

Our guest speakers reiterated that, with Ontario Health Coalition Executive Director Natalie Mehra telling delegates that “public services don’t belong to Premier Doug Ford; they are not his steal. His government is doing nothing about the staffing crisis. They are purposely driving health care into the ground to privatize it, and if we don’t fight back, we will lose public hospitals.”

“We can’t wait three years to get rid of Doug Ford; we have to still push the agenda forward,” added Canadian Federation of Nurses Unions President Linda Silas. “The nursing crisis is a global problem that is getting global attention, and never have I seen it so bad. It’s all about fighting back.”

And that extends to all areas of ONA’s work, with Canadian Labour Congress Secretary-Treasurer Lily Chang praising our anti-racism and anti-oppression action plan and emphasizing the importance of utilizing demographic data “to allow unions to understand who their members are and how to better service them.” Staff from our Legal Expense Assistance Plan (LEAP) Team also highlighted how advocacy for two members through applications for judicial review of decisions from the College of Nurses of Ontario resulted in significant wins (see page 32).

After delegates were divided into breakout sessions by region and sector to network and share ideas with their peers and to receive education on a variety of hot topics, including professional practice, grievances, negotiations and social media, they were in for final treat, as Ariss took to the stage to provide her first address as President-elect.

“We are seeing a new ONA take shape,” she said. “One of collective might and a strong, unified voice. But ONA can’t do this alone. The Board can’t do this alone. Staff can’t do this alone. We need all members to be part of this shared movement. Together, we will fight injustice and harness our collective power to create change.”



50

Fascinating Fact

In March 2017, the spring Provincial Coordinators Meeting is changed to a Joint (now Provincial) Leadership Meeting to provide breakout sector and education sessions to Local leaders.

Nurses Looking for Exit Sign, CFNU Poll Shows



Four in 10 nurses are intending to retire, leave their jobs or quit the nursing profession altogether, a sobering new poll from the Canadian Federation of Nurses Unions (CFNU) finds.

When asked why, seven in 10 nurses pointed to insufficient staffing levels and high workloads as the number one reason. In fact, 75 per cent noted their workplace is regularly overcapacity and nine in 10 have been asked to work overtime.

Even more troubling is that half of all nurses polled relayed their mental health is worse now compared to a year ago. In a two-week span, a majority feel symptoms of anxiety and depression on some or all days. As if that wasn't serious enough, nine in 10 nurses stated they also experienced some form of abuse last year.

"Canada's nurses have been sounding the alarm on grueling and unsustainable health-care working conditions for years," said CFNU President Linda Silas. "Working short-staffed and overcapacity means nurses can't do their jobs safely. When we can't ensure patients are getting the care they need, it weighs heavily on both nurses and our patients. And the sustainability of our whole health-care system is put at risk when an alarming one-third of newer nurses say they intend to leave."



Fascinating Fact

ONA launches *An Industry in Crisis* position paper on the provincial nursing shortage, backed by an ad campaign in 13 major daily Ontario newspapers, in April 1988.

Noting that "solutions start with respecting nurses," Silas added that governments must work with nurses to implement badly needed retention initiatives. More than two in five nurses said they would consider staying in their jobs if they had access to guaranteed days off, scheduling flexibility and tax incentives.

"Health care is facing a crisis unlike anything we've seen before, but it is not beyond repair," concluded Silas. "We just have to work together and implement retention, return and recruitment initiatives, backed by a pan-Canadian plan to address the systemic challenges facing the public health system. Nurses have been telling us what they need. Now the question is whether governments are listening."

The survey, conducted by Viewpoints Research earlier this year, polled 4,820 nurses across the country.



Read the full report at tinyurl.com/5cye5hf5/.

Seven out of 10

Number of polled nurses who say insufficient staffing levels/high workloads are the top reason they want to leave.

Silas Uncontested, ONA First VP Acclaimed to CFNU Board

After two decades at the helm of the Canadian Federation of Nurses Unions (CFNU), Linda Silas isn't going anywhere!

On March 10, ahead of the CFNU's Biennial Convention this June in Prince Edward Island, Silas, who was first elected CFNU President in 2003 and served as President of the New Brunswick Nurses Union before that, was nominated for the 10th time unchallenged. She said she is proud to accept the uncontested support from nurses across the country.

"Front-line nurses have faced years of growing challenges, worsening working conditions and now dire

staffing shortages, and time and again, Linda has shown herself to be a passionate and potent national voice for nurses," outgoing CFNU Secretary-Treasurer Pauline Worsfold said.

Joining Silas is ONA First Vice-President Angela Preocanin, who has been acclaimed as CFNU Secretary-Treasurer, replacing the retiring Worsfold. As the commitment to CFNU is minimal, Preocanin will continue in her ONA role to its fullest.

"This is the best of both worlds in terms of representing ONA members," she explained. "I will continue to proudly serve as your First Vice-President, advocating for improved



ONA First Vice-President Angela Preocanin (left) joins CFNU President Linda Silas in fighting for nurses at the national level.

staffing and working conditions for all members to the provincial government, and will support Linda and all Canadian nurses as we lobby the federal decision-makers for needed changes at the national level."

ONA Protects Members' Rights, Student Essays Say

In our continuing series, *Front Lines*

is featuring the names and pictures of the recipients of the 2022 ONA Nursing Student Scholarships, along with snippets from their winning essays on "The Importance of the Ontario Nurses' Association for Nurses."



Read the full essays at
ona.org/students.



BAILEY BROWN, daughter of Amy Bell, Erie Shores Healthcare, Local 8

"In a profession where safety, overworking and overloading of responsibility is of concern, it is important to have an organization such as ONA to protect the rights and well-being of nurses and health-care professionals. ONA ensures they have safe and equitable workplaces, and advocates directly with government, employers and stakeholders to make positive changes."



JACLYN FINNEY, daughter-in-law of Tammy Finney, Peterborough Regional Health Centre, Local 3

"With so much uncertainty for the future of health care and nurses alike, nurses rely on ONA for their energetic approach to fighting the battles of COVID-19 and Bill 124. ONA is an imperative team, not only fighting for nurses' rights to negotiate, obtain pay equality and workplace safety, but for dignity, respect and fairness for all."



RYANN LUNN, daughter of Jeffrey Lunn, Hamilton Health Sciences, Local 70

"The significance of ONA dates all the way back to its founding day in October 1973. From this point forward, ONA has been dedicated to defending and advocating for the rights of nurses and health-care professionals in Ontario. Prevailing through changes in society, pandemics and many more challenges, the vision and mission of ONA has always remained intact."



NAOMI MUHEDIN, daughter of Rowena Tan, The Ottawa Hospital, Local 83

"ONA is a support for Ontario nurses, and without it, they would have no one to advocate and fight for their rights. I am optimistic for the future and how impactful ONA will continue to be for nurses and health-care professionals. In a field that is physically and mentally demanding, it is integral to have a union that stands behind nurses, so they feel heard and safe in their workplaces."

IN BRIEF...

BC Nurses Ratify "Historic" Contract

Nurses in British Columbia have ratified a new three-year collective agreement that provides wage increases and a commitment to become the first Canadian province to adopt a nurse-to-patient ratio.

The agreement, which covers approximately 51,000 registered, psychiatric and licensed practical nurses (LPNs) represented by the B.C. Nurses Union (BCNU), also includes improvements in job flexibility and access to leaves, investments in workplace health and safety, and language to advance the principles of diversity, equity and inclusivity. BCNU revealed that 61 per cent of its members voted in favour of the new deal, which runs from April 1, 2022 to March 31, 2025.

The collective agreement also secures the following historic funding agreements reached with the B.C. government: \$750 million to support the establishment of minimum nurse-patient ratios, making B.C. the first province in Canada to implement this model; \$100 million to establish a nurse support fund and career laddering opportunities for LPNs to become RNs; and \$108.6 million in ongoing funding to support retention strategies that include, but are not limited to, mentorship and preceptorship incentives.

OHA, Elderly Advocacy Group Launch Charter Challenge Against Bill 7

The Ontario Health Coalition (OHC) and the Advocacy Centre for the Elderly (ACE) have launched a Charter Challenge of the Ford government's Bill 7, *More Beds, Better Care Act*, which passed last year.



Despite its title, the groups say the law neither provides more beds in hospitals or long-term care (LTC) homes, nor does it improve care. Instead, it enables the overriding of the right to informed consent for elderly patients, removing their ability to select homes and forcing them out of hospitals and into LTC homes not of their choosing.

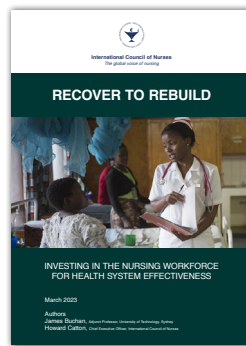
On April 12, 2023, OHC and ACE filed a Notice of Application with the Ontario Superior Court of Justice challenging the legislation as contravening the *Canadian Charter of Rights and Freedoms*. The application is supported by evidence from four expert physicians and a national expert in health services, and the two groups have been gathering evidence from patients and their substitute decision-makers.

The Notice of Application, expert affidavits and summaries are available at ontariohealthcoalition.ca.

Nursing Shortage “Global Emergency:” ICN

The worldwide shortage of nurses should be treated as a global health emergency, a new report from the International Council of Nurses (ICN) states.

Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness, co-authored by Professor James Buchan and ICN Chief Executive



Officer Howard Catton, recounts the vital and often dangerous role nurses played during the COVID-19 pandemic and cites more than 100 studies. Those studies show that up to 80 per cent of nurses report having experienced symptoms of psychological distress, the rate of nurses intending to leave has risen to 20 per cent or more, and annual hospital turnover rates have increased to at least 10 per cent.

“Our report substantiates what we have been saying since the start of the pandemic: nurses were on the front lines, and often on the firing line, and it has taken its toll,” said ICN President Pamela Cipriano. “Nurses are the professionals who can lead us out of this post-pandemic slump in health care, but only if there are enough of them, if they are properly supported and paid, and if the fragile health systems they work in are rejuvenated with large investments from governments everywhere. But the clock is ticking. It’s time to stop ignoring the solutions and take decisive action now.”



Learn more at icn.ch.



DID YOU KNOW?



Nurses have more than a 1 in 3 chance of being disabled before 65 years.

Long Term Disability (LTD)

Coverage provides the necessary financial protection for your most valuable asset – your ability to earn an income.

All dues-paying ONA members without employer-sponsored LTD income protection are automatically covered for **\$250/month LTD Benefit!**

Additional voluntary LTD insurance is available when you do not have coverage through your employer. Plus, monthly benefits are tax free!

Call us or visit us at:

ona.johnson.ca
1.800.461.4155

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Johnson Insurance is a trademark of Johnson Inc. (“JI”), a licensed insurance intermediary. LTD benefits are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Some conditions may apply.

References

1 “ACCAP – Consumer Information – A Guide to Disability Insurance.” Canadian Life and Health Insurance Association. <http://clhia.uberflip.com/i/199350-a-guide-to-disability-insurance>



How do you want to hear from your union?

Share your preferences by completing a short survey.

at ona.org/comms | **Deadline: August 31**



HEALTH AND SAFETY

“ONA is behind you,” Health and Safety Caucus Participants Hear

We need to break the stigma of mental health by encouraging open conversations about the challenges nurses and health-care professionals face in the workplace and the resources needed to support your well-being, delegates at ONA’s annual Health and Safety Caucuses were told.

Under the theme, *Preventing and Responding to Psychological Injuries in the Workplace*, the Caucuses, held throughout May in each ONA region, were designed to support our health and safety leads in assisting our members with this serious issue. While ONA members have long experienced psychological injury in the workplace, it has never been so broadly recognized or its impact so pronounced than during the pandemic.

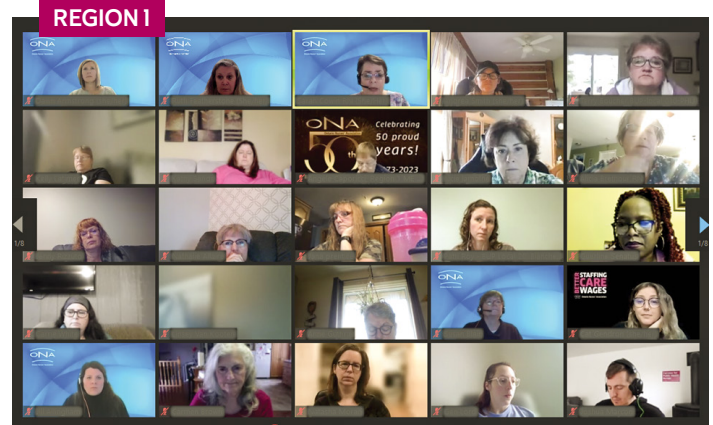
Stronger Together

Held in person for the first time since the pandemic began in four of the five regions, the Caucuses began on a emotional note when ONA member Alexis Peplinskie described her difficult and painful journey from starting her career in 2005 “full of hope and excitement” until 2022 when she considered leaving for the first time due to “a series of cumulative traumas over the years that eventually broke me.

“I was diagnosed with PTSD [post-traumatic stress disorder] and burnout...and no matter what I did, it didn’t fix anything,” she said. “Through the WSIB [Workplace Safety and Insurance Board] and ONA advocacy, I was connected with the proper resources. We do not become nurses to be traumatized; we bear witness to trauma time and time again, and it’s not a normal experience. I struggled with the stigma. But there is a light at the end of the tunnel and you do come out the other side. No matter how alone you feel, you have your union behind you, and we are always stronger together.”

That was echoed by Region 5 Vice-President Alan Warrington, who also experienced PTSD during the pandemic working in critical care due to the untimely COVID-19 death of a young patient.

“I felt claustrophobic, and I wanted to tear my respirator off,” he explained. “But like most of us, I was going to stay in the battle and provide help. I was fortunate to have a supportive group of peers and leaders who knew that wasn’t in the best interest of me or my patients. As health-care



workers, we often find ourselves on the front lines of the most challenging and stressful situations imaginable. We are asked to care for patients who are suffering, to make life and death decisions, and all with limited resources and under intense pressures. While we are trained to manage these situations to the best of our abilities, the toll on our mental health and well-being can be profound. Sometimes the coping mechanisms you already have work until they don’t. Psychological injury can manifest in a number of ways – anxiety, burnout, PTSD, depression and sometimes substance abuse – that can affect our personal lives and our ability to provide quality care to our patients. The effects of psychological injury on health-care workers are well documented and studies have shown they are more likely to make medical errors, take time off work and leave the profession altogether.”

Breaking the Stigma

But it doesn’t have to be this way, with Warrington noting that the first step in addressing psychological injury is to acknowledge it is a significant issue that requires attention.

“We need to break the stigma of mental health and encourage open, honest discussions about the challenges we face,” he noted. “We need to invest in resources to support our mental health and well-being, which includes access to counselling services, peer support programs, and training in resilience and stress management. And we need to prioritize a culture of self-care and self-compassion. We are often so focused on caring for others, we neglect our own needs. But self-care is not selfish.”



REGION 2

« We must acknowledge the toll that our work can take on our mental health and well-being and prioritize resources to support ourselves and our colleagues. By doing so, we can not only improve our own lives, but provide better care to our patients and communities. »

— Region 5 Vice-President Alan Warrington, RN



REGION 3



REGION 4



REGION 5

Multifaceted Approach

Prior to each Caucus, participants were asked to complete the Occupational Health Clinics for Ontario Workers (OHCOW) Stress Assess survey, a tool that measures the impact workplaces have on employees' mental health. The results were analyzed and shared with Caucus attendees by OHCOW Occupational Hygienist John Oudyk to demonstrate how the survey works and can be implemented in the workplace, along with a mental injury toolkit (see ohcow.on.ca).

Apart from facilitating the Caucuses, staff also played a big role in the sessions, with ONA litigators Sevda Mansour and Farzana Khan providing updates on health and safety legislation/regulations and new case law, and highlights of ONA settlements and decisions; Health and Safety Specialist Paul Rabelo speaking about the frequency and nature of psychological injuries in the workplace, the conditions that give rise to them, and the ONA resources that can help; and WSIB Appeals Teams Labour Relations Officers Akilah Glasgow and Tina Shogren highlighting WSIB psychological policies regarding PTSD and chronic mental stress, how to file a claim, and resulting notices under the *Occupational Health and Safety Act*.

"The role of the union in advocating for members who experience psychological injury in the workplace is multifaceted," noted Mansour. "First and foremost, we should aim to identify psychological hazards in the workplace in collaboration with the Joint Health and Safety Committee and recommend the hazards to be discussed with

the employer. Our role is to actively work towards creating and maintaining a psychologically safe and healthy work environment for all members."

Ill Due to a Workplace Exposure of COVID-19? Suffering from a Psychological Injury Due to Work-related COVID-19 Trauma or Stress?

Here's what 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.

Ensure Employer Calculates Service Correctly for LTD, STD Benefits

ONA's Long-term Disability Appeals Team has identified an issue with employers not recognizing or including the total years of service an employee may have, which can negatively affect the amount of disability benefits that employee receives.

Service Calculation When in Receipt of STD or LTD Benefits

The amount payable under the Short-term Disability (STD) or Long-term Disability (LTD) Plan is based on years of service with your employer. Although STD and LTD are for full-time members, it is essential to confirm when receiving these benefits that all service is included.

This includes any service as a part-time ONA member before becoming full-time. It also consists of any service with the employer, not just as an ONA member. If a member receives STD or LTD, the percentage includes, for example, any service the member has accumulated outside the ONA Bargaining Unit in any other position, whether that position is with another union, such as working as an RPN or a PSW, or service in a non-union position.

Correct service calculation ensures appropriate payment under the 1980 or 1992 Hospitals of Ontario Disability Income Program (HOODIP) for both STD and LTD benefits (see chart). If you are a new hire from another participating employer, please advise your employer immediately, as this could positively affect your entitlement under HOODIP with your new employer.

Definitions

Under the central hospital collective agreement:

- ① Service = length of employment within the agency. It is defined

Correct service calculation ensures appropriate payment under the 1980 or 1992 Hospitals of Ontario Disability Income Program for both STD and LTD benefits.

differently for full-time and part-time employees, and used to calculate entitlements to pay levels, vacations, some benefit quantum, etc. Service with an employer is preserved when working in different jobs, regardless of Bargaining Unit or non-union status.

- ② Seniority = length of employment within the Bargaining Unit. It is calculated differently for full-time and part-time employees. Seniority is a union concept used to rank employees within the Bargaining Unit to give preferential job rights for job postings, layoff, recall, choice of vacation, etc.

Entitlement Allowance under STD and LTD

Article 12.01 of the central hospital agreement states: *The Hospital will assume total responsibility for providing and funding a short-term sick leave plan at least equivalent to that described in the 1980 Hospitals of Ontario Disability Income Plan brochure. Effective January 1, 2006, new hires will be covered under the 1992 Hospitals of Ontario Disability Income Plan.*

The following chart provides a breakdown of the entitlement allowance under STD and LTD for both the 1980 and 1992 plans.

1980 Plan

Short-term Disability

- Three months to one year of service: 66 ²/₃ per cent of regular pay
- One year of service but less than two: 70 per cent of regular pay
- Two years of service but less than three: 80 per cent of regular pay
- Three years of service but less than four: 90 per cent of regular pay
- Four years of service or more: 100 per cent of regular pay

Long-term Disability

- One to nine years of service: 60 per cent of regular pay
- 10 to 19 years of service: 65 per cent of regular pay
- 20 to 29 years of service: 70 per cent of regular pay
- 30 or more years of service: 75 per cent of regular pay

1992 Plan

Short-term Disability

- Three months to one year of service: 66 ²/₃ per cent of earnings pay
- One year of service but less than two: 70 per cent of earnings pay
- Two years of service but less than three: 80 per cent of earnings pay
- Three years of service but less than four: 90 per cent of earnings pay
- Four years of service or more: 100 per cent of earnings pay

Long-term Disability

- At least six months: 65 per cent of regular earnings
- At least 20 years: 70 per cent of regular earnings
- At least 30 years: 75 per cent of regular earnings

Day of Mourning Highlights Grievous Situation for Members

No other group of workers has suffered more these past three years due to their occupation than nurses and health-care professionals, ONA has stated in recognition of the 2023 Day of Mourning (DOM).

DOM is held each year on April 28 to acknowledge those who have tragically been injured, made ill or killed because of their job, including ONA members Tecla Lin and Nelia Laroza, who died from SARS, Lori Dupont, who was murdered at her hospital, Brian Beattie, who succumbed to COVID-19, and a member who passed away from a work-related car accident, and to recommit to building safe and healthy workplaces for all Ontario workers.

In honour of the day – our fourth since the pandemic began – members and staff participated in somber commemorative events throughout the province and shared our downloadable poster (see image). This year, ONA also had our letter to the editor published in the *Sudbury Star* to highlight the grievous situation for our members.

“Nurses and health-care professionals continue to be among the most injured and ill professionals,” the letter, penned by (then) Interim ONA President Bernie Robinson, states. “It was true before the pandemic, and it has only worsened to a heartbreaking degree – with no end in sight. Despite this, they have been there for their patients. Not only have they suffered physically, the rates of moral distress and post-traumatic stress disorder have skyrocketed. They have lost far too much during the pandemic – wages, benefits, support, colleagues and their patients. Many have lost any hope of continuing to work in the profession they love.”



The letter concludes by imploring readers to show nurses and health-care professionals the respect they deserve this DOM by demanding that their politicians do the same.



Local 80 Coordinator Serge Ganzburg addresses the crowd on the workplace challenges our members face at a solemn Day of Mourning ceremony at Larry Sefton parkette in downtown Toronto on April 28. Ganzburg, who also met NDP Leader Jagmeet Singh at the event (see page 2), said he wanted to participate because “lived experiences are staying with us and we know that all members lost in the line of duty would rather still be with their families – along with our colleagues and friends who continue experiencing PTSD and live through their memories every time they come to work.”



LEAP Team Advocacy Results in “Important, Exciting Victory” for Members

ONA's Legal Expense Assistance Plan (LEAP) Team is celebrating a significant victory after bringing two applications for judicial review of decisions of the College of Nurses of Ontario's (CNO) Inquiries, Complaints and Reports Committee (ICRC) related to two members.

The Investigations

The members were reported to the CNO by their former employers for alleged practice issues. In each case, 18 months elapsed from the time the CNO received the report to the time the ICRC approved an investigation, and the investigations then took more than four years. That meant some of the practice issues they were asked to respond to occurred almost six years previously.

“We have noticed a disturbing trend over the past few years that the CNO is taking a very long time to notify members when a report or complaint has been made and then an absurd amount of time to complete their investigation,” said LEAP Team lawyer Dena Smith-Springer. “It’s only at the conclusion that members are given the opportunity to respond to the allegations and concerns. You can imagine that having this hanging over a nurse’s head for many months or years is not only incredibly stressful and anxiety-inducing, but there is also a potential for the long delay to negatively impact their ability to respond to and defend against allegations. We know with the passage of time memories naturally fade, witnesses may become unavailable, and video or documentary evidence can be lost or destroyed.”

In response to the investigations, LEAP Team lawyers provided written submissions to the ICRC on behalf of the two members, who submitted that the delay in their cases was inordinate and an abuse of process. One member

also submitted that her disability was a contributing factor in her alleged practice issues and that the ICRC was required to consider the Ontario *Human Rights Code*.

In its decisions, the ICRC ordered a caution for one member and a caution and remediation program (SCERP) for the other, both of which appear as permanent notations on Find a Nurse, the CNO’s public register. The ICRC’s reasons were entirely silent on the members’ arguments about the delay, abuse of process and the *Code*.

ONA decided to judicially review both cases.

The Arguments

“Our main argument at Divisional Court was that the ICRC’s decision was unreasonable because they failed to address the nurses’ central arguments in response to their investigation: the long delay, the abuse of process and, in the case of one member, the human rights consideration,” said LEAP Team lawyer Adrienne Anderson. “We argued that decision-makers like the ICRC are required by law to consider the parties’



LEAP Team lawyers Dena Smith-Springer (at podium) and Adrienne Anderson provide a summary of this case to resounding applause at ONA's Provincial Leadership Meeting on April 5 in Toronto.

central arguments and their complete silence called into question whether they even turned their mind to them.”

“The two nurses also argued they had been prejudiced when the investigator contacted their current employers, which was very disruptive and upsetting,” added Smith-Springer. “Both of them had different employers during those years while the investigations were outstanding and were doing quite well.”

The CNO’s main argument was that the ICRC is merely a screening, not an adjudicative, committee, and therefore doesn’t evaluate contested evidence and can’t make factual findings. Abuse of process and human rights issues are legal and factual questions that the ICRC is unable to determine. They also argued that neither the delay nor the one member’s disability were material to the ICRC’s determination.

The Decision

“The court agreed with us on all accounts,” explained Anderson. “They stated that since the nurses had raised these arguments, the ICRC had to at

the very least consider and give reason as to why a caution and SCERP were the appropriate dispositions, given the considerable passage of time. In other words, how does it protect the public to remediate practice concerns raised almost six years prior when there have been no concerns since? The ICRC's reason in its decision didn't show that the nurses had even been heard or their arguments considered. The court also found that while the ICRC is technically a screening body, as the CNO says, its role and function are actually quite robust. It has the ability to make determinations that while remedial, remain on a nurse's public profile indefinitely, which can have a significant impact on their reputation and livelihood. We're so pleased the court agreed with us on this point as LEAP has always taken the position that the way cautions and SCERPs are displayed on Find a Nurse are unnecessarily harsh, and no nurse with one of these on their public profile views it as merely remedial, nor do any potential employers."

The court set aside the ICRC's orders and remitted the cases back to it for new decisions, which ONA hopes will be outcomes of take no action or advice, which are both dispositions that don't appear on the CNO's public register.

"This is a very exciting and important victory for the LEAP Team on behalf of our members," concluded Anderson. "We have been frustrated for years at the ICRC's lack of reasons and its failure to justify their dispositions. It's still too soon to gauge the effect this decision will have, but we really hope this case will at least move the needle in the right direction. We will continue to advocate for change at the CNO through our submissions on behalf of members, and on a systemic level through regular discussions with the CNO's Director of Misconduct. Overall, this is a very important and exciting victory for the LEAP Team on behalf of our members as we continue to advocate for fairness at the CNO."

ONA Continues Litigation over Mandatory Vaccination Policies



ONA is proceeding with our litigation strategy for mandatory vaccination policies, which require that members either receive the vaccine or face disciplinary consequences such as a suspension, indefinite leave of absence, and/or termination with no reasonable alternatives.

While many long-term care employers have rescinded or paused such policies and members have been reinstated with full service/seniority, the majority of other employers are maintaining them. We have selected the following lead cases to proceed to litigation first and are holding other cases in abeyance pending those decisions. We will ask other employers to follow the outcome of these cases.

Home Care: Victorian Order of Nurses Brant

While individual grievances have settled with terminated members reinstated, the employer would not rescind its vaccination policy, so ONA will continue to challenge it, especially pertaining to employees who work at home. The next hearing is in October, with further dates in 2024.

Home and Care Community Support Services: Erie St. Clair

A hearing was held in April, with one of our Bargaining Unit leaders testifying. Continuation dates are scheduled for this December and February, March and April 2024. ONA has retained an expert doctor to testify.

Hospitals: Orillia Soldiers Memorial, Quinte Health, Niagara Health System

For Orillia and Quinte, an infectious disease expert will opine that the vaccine (including two doses mandated by most policies) does not meaningfully prevent transmission or infection. Hearing dates were held in May and June for Orillia, with more set for next April and June. A hearing was held in April for Quinte, with continuation dates in July and November. We negotiated an extensive statement of facts to expedite the hearing process and expect to receive this decision first. Due to the arbitrator's limited availability, eight hearing dates are scheduled for Niagara starting next February.

As reported in *Front Lines*, ONA won one of the first cases in Ontario on human rights grounds, after an arbitrator ruled that Public Health Sudbury and District discriminated against a member by denying her a creed/religious exemption under its vaccination policy. We were successful in having the employer's request for the court to judicially review this decision dismissed. Some employers accepted it and reinstated employees with human rights exemptions, and we have referred other creed cases to arbitration.



Chronique de la président, AIOO
ERIN ARISS, RN

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à ce que j'appelle « les plus en santé et les plus riches » pendant que les cas complexes et plus coûteux restent dans le système public. Je maintiens ce que j'ai dit : c'est honteux! Et je continuerai à faire entendre ma voix.

Je ne laisserai pas non plus vos employeurs empiéter sur vos droits liés à la convention collective et mettre en œuvre des modèles de soins qui mettent non seulement en péril vos normes professionnelles, mais aussi vos patients, vos résidents et vos clients. Je ne vais certainement pas non plus rester silencieuse pendant que le gouvernement Ford continue de manquer de respect aux infirmiers et aux infirmières et aux professionnels de la santé et à la valeur que nous apportons au système de santé. J'en ai fait la preuve depuis que je suis membre de l'AIOO, et encore plus au cours de notre récente campagne de négociation dans les hôpitaux.

Le moins qu'on puisse dire, c'est qu'il s'agit de la ronde de négociations la plus difficile que j'aie jamais vue. En dépit des sacrifices que vous faites tous les jours au travail, encore plus pendant la pandémie, l'Association des hôpitaux de l'Ontario n'était pas disposée à négocier une entente équitable. Cependant, avec des augmentations de salaire moyennes de 16 % d'ici le 1er avril 2024 – soit environ de 5 \$ à 7 \$ l'heure – prévues dans les clauses de réouverture du projet de loi 124 et de la décision d'arbitrage Kaplan, nous avons sans aucun doute fait entendre notre voix, et ce n'est que le début (pour en savoir plus, je vous encourage à lire l'article de couverture).

Nous nous sommes mobilisés à l'extérieur de nos lieux de travail. Nous avons marché dans les rues. Nous avons protesté à Queen's Park. Nous sommes « morts » sur la chaussée. Nous avons sensibilisé le public. Nous avons tout fait! C'est pourquoi le gouvernement sait exactement qui nous sommes.

J'ai été très impressionnée par votre dévouement à cette cause, surtout de la part de ceux d'entre vous qui n'ont jamais été actifs sur le plan politique. Parce que même si je suis la dirigeante officielle de ce syndicat, ni moi ni votre conseil d'administration ne pouvons faire ce travail seul. Nous avons besoin de chacun d'entre vous.

Et nous devons continuer. Nous devons continuer à renforcer le pouvoir de nos unités de négociation et de l'AIOO dans son ensemble. Nous devons nous tenir debout ensemble, et faire preuve de force et de professionnalisme. Nous devons discuter des enjeux avec nos collègues, notre famille, nos amis et les membres de nos collectivités. Parce que c'est ce qui crée un mouvement. C'est ce qui crée le changement.

Je veux que vous sachiez que le conseil d'administration et moi sommes à l'écoute de ce que vous avez à dire. Nous sommes déterminés à faire de l'AIOO un syndicat plus ouvert et plus transparent, ce qui comprend un processus de négociation plus inclusif. Après tout, il s'agit de votre syndicat et, alors que nous célébrons les 50 ans de l'AIOO, je suis très enthousiaste à l'idée de la direction que nous prendrons ensemble. Il ne fait aucun doute que la pente est abrupte, mais je crois sincèrement que lorsque nous faisons face à l'adversité ensemble, nous gagnons. Continuons à aller de l'avant! Pour en savoir plus sur Mme Ariss et sa vision pour l'AIOO, rendez-vous à la page 22.

Suivez Erin : twitter.com/erinariss.



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

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laquelle elle veille à ce que vos formulaires de rapport sur la responsabilité professionnelle et la charge de travail, qui vous permettent de consigner de manière succincte vos préoccupations, soient adaptés à votre secteur, et pourquoi les webinaires Ask a Specialist (Demandez à un spécialiste) attirent autant de participants.

Néanmoins, je pense que rien ne vaut des exemples concrets vécus par vos collègues. J'aimerais donc vous parler d'une récente audience d'un comité d'évaluation indépendant, qui intervient dans le cas où nous avons épuisé tous les autres moyens prévus par notre processus de responsabilité professionnelle unique pour régler les problèmes graves de pratique et de charge de travail. Évidemment, on ne veut jamais en arriver là, mais parfois, malgré vos vaillants efforts, les employeurs ne nous laissent pas le choix.

Au cours des deux dernières années, on a demandé aux infirmiers et infirmières autorisés du service des urgences de l'Hôpital général et de l'Hôpital maritime de Collingwood d'effectuer plus de travail que ce qui était conforme aux soins appropriés des patients. Ils ont alors rempli un nombre impressionnant de 224 rapports de responsabilité professionnelle sur la surcharge de travail. En plus d'une foule d'autres problèmes dans des domaines comme l'éducation, l'orientation, le leadership et la communication, qui ont profondément ébranlé le moral, les effectifs étaient tout simplement trop peu nombreux pour un département où on ne sait jamais quelle sera la nature du prochain cas à traiter.

Avec l'appui de leur unité de négociation et du personnel de l'AIOO, ces membres ont habilement décrit en détail leurs expériences horribles et parfois déchirantes au cours d'une audience du comité d'évaluation indépendant, composé d'un groupe de trois experts en soins infirmiers. Et les infirmiers et infirmières ont été entendus! En mai, le comité a formulé 136 recommandations dans neuf domaines clés, dont la dotation, la création d'un milieu de travail sain, le recrutement et le maintien en poste, et le perfectionnement professionnel. Parmi les points saillants, mentionnons l'ajout d'une infirmière autorisée (IA) 11,25 heures par jour à la dotation de base du service des urgences, moins d'IA de 11 h 00 à 23 h 00 heures, d'une deuxième infirmière de triage pendant les mêmes heures, sept jours sur sept, et d'une infirmière autorisée présente 24 heures sur 24, sept jours sur sept, pendant les jours fériés, les fins de semaine et d'autres événements spéciaux, tandis que l'infirmière ressource aura pour principale responsabilité d'appuyer la coordination des soins et les opérations quotidiennes à l'urgence. Le groupe a également reconnu la nécessité d'un changement de culture pour favoriser une communication et une collaboration efficaces, ainsi que l'existence d'un taux de roulement très préoccupant. Je vous encourage à lire toutes les recommandations sur ona.org/pp-iac.

Je ne saurais trop insister sur l'importance de ce rapport. S'il est mis en œuvre, l'employeur a manifesté son intérêt à travailler avec l'AIOO sur les recommandations, et nous veillerons à ce qu'il le fasse! Leur mise en œuvre permettra de créer un milieu de travail de qualité pour ces membres et leurs patients. Tout cela sera possible parce que les infirmiers et infirmières ont décidé de faire entendre leur voix! Ce n'était pas facile – prendre position souvent ne l'est pas – mais l'alternative était tout à fait inenvisageable pour ces infirmiers et infirmières.

Alors, pendant que vous êtes dans la rue et que vous luttez pour obtenir du gouvernement de meilleurs effectifs, salaires et soins de santé, rappelez-vous que la défense des droits s'applique aussi à votre milieu de travail. Ne pensez jamais que vous ne pouvez pas faire une différence dans l'endroit où vous passez tant d'heures durant la journée. Avec l'appui de votre syndicat, vous pouvez sans aucun doute faire une différence. Comme le montre l'exemple, vous le faites déjà.

Suivez Angela : twitter.com/4angiepreocanin.



FOR YOUR BENEFIT

Members' Pension Plan Strong, Secure, Results Show

Despite a challenging year for the markets and investors, the 2022 results of the Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, paint a very positive picture.

The results show that HOOPP's funded status at the end of last year – one of the most important indicators of the plan's health – remained a strong 117 per cent, which means for every dollar of current or future pensions that HOOPP owes its members, there is \$1.17 on hand.

Last year saw some of the worst declines on record in both public equities and fixed-income markets as well as rising interest rates and the highest inflation in 40 years. HOOPP was not immune, posting an annual return of -8.60 per cent, the first negative annual return since 2008. But this will not affect your pension, which

is calculated using earnings and years of service in the plan. HOOPP mitigated the impact, closing out the year with net assets of \$103.7 billion, surpassing the benchmark by 4.61 per cent and generating a value add of more than \$5 billion. HOOPP's 10-year annualized return as of December 31, 2022 is 8.35 per cent.

"While we never want to see negative returns, as a pension delivery organization, we invest and plan in terms of decades, not single years," said President and CEO Jeff Wendling.

"Our focus is on maintaining a healthy funded status and being able to pay pensions; we remain in an excellent position on that front."

With HOOPP's long history of investment success and significant asset growth, ONA members' future is in good hands. In 2001, net assets were \$17 billion; by 2011, they had grown to \$40 billion, surpassing \$100 billion in 2020. This amounts to an increase of more than \$83 billion in less than 20 years.



Learn more at hoopp.com.

HOOPP at a Glance

\$1.17: Amount on hand for every dollar of current/future pensions HOOPP owes its members

8.35%: 10-year annualized return

\$103.7 billion: HOOPP net asset

Get to Know Your Pension!

HOOPP is once again offering three webinars several times throughout the year to help you understand the features of your pension and plan for your golden years:

- 1 **HOOPP Overview:** Discover the benefits of your pension plan and how HOOPP's education resources and pension experts can guide you.
- 2 **HOOPP Connect:** Learn how HOOPP's secure member site can help you explore different retirement scenarios, update your information and more.
- 3 **Are You Getting Retirement Ready?** Find out the value of your pension and ways to maximize it.

Registration is required to guarantee your spot at hoopp.com/members/pension-seminars.

Going Green: HOOPP Unveils Climate Plan

HOOPP has released a climate plan for achieving net-zero emissions in their portfolio over the next 30 years.

Our Climate Strategy: Good for the Plan and the Planet notes that HOOPP has set an interim reduction target for 2030, and expects to deploy \$23 billion in green investments and have credible transition plans for 50 per cent of its infrastructure and private portfolios by then.

"We're focused on being net zero by 2050 and we have a well-researched, science-based and achievable plan to do it," the plan states. "The goal is to allow us to continue to provide retirement security to our members while doing what's right for the global environment."

Read more at hoopp.com/en/newsroom-details/hoopp-releases-climate-plan-for-achieving-net-zero-by-2050.



Celebrating our 50th!

BIENNIAL CONVENTION

2023



NOVEMBER 7-9
Sheraton Centre Toronto Hotel



Human Rights and Equity Caucus: NOVEMBER 6

Building Bridges:

Championing Diversity, Promoting Inclusion and Creating Equitable Communities

Learn more at ona.org/hre-caucus

ONA 50th Anniversary Gala: NOVEMBER 8

Education Session: NOVEMBER 10

(Topic to be determined)

For more information and to register, visit ona.org/biennial