

FINAL PRINTED ISSUE
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Fall 2024

VOL. 24. NO. 2

FRONT LINES



Bargaining Better

WITH A SECOND ARBITRATION DECISION IN OUR FAVOUR, ONA'S NEW MEMBER-DRIVEN PROVINCIAL NEGOTIATING STRATEGY IS CLEARLY PAYING OFF

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FRONTLINES

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ONIA 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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FAREWELL, (PRINTED) FRONT LINES



You spoke clearly and we have listened.

The issue of *Front Lines* you are currently reading will be the last in printed form, as ONA prepares to shift to an exciting digital news platform early in 2025. This decision was not made lightly by your Board of Directors. In fact, several factors were taken into consideration, including budgetary concerns as printing costs escalate and environmental issues raised by members. Shifting to a digital *Front Lines* also aligns with our Strategic Plan priorities.

A membership communications survey, conducted last summer, found that most members in all age groups preferred *Front Lines* content to be delivered online. Respondents who reported frequently reading *Front Lines* ranked a print newsletter as their fourth overall preferred method of communications, with email, the ONA website and social media ranking higher. A subsequent series of focus groups with interested members across all five ONA regions and sectors last fall garnered similar results.

Quite simply, the world of communications delivery is changing and ONA news must change with it. However, we are very aware some members enjoy receiving printed news in the mail — not to mention your pocket calendar! Work is underway to ensure you still receive your calendar and some updates in this format. So watch your mailbox for new and exciting things!

Since its inception in 2007, *Front Lines* and its predecessors, *ONA Vision* and *ONA News*, have been

your source for both important union and external news, fascinating member profiles and handy reference material. We can assure you none of that will be going anywhere. In fact, having a digital platform will allow us to provide this content in a much timelier fashion than a print publication allows, with a wider array of accompanying visuals, including short video clips. Stories in our digital news space will be shared on social media and in our suite of email newsletters. You'll be able to read them in a responsive format on any device. We are confident that you will love the new digital space!

We hope that just as with the printed *Front Lines*, you will continue to send us your stories, ideas and photos, so your work can be reflected throughout our digital space.

See you in 2025!

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):

- **October:** National Occupational Therapy Month
- **October 20-26:** National Respiratory Therapy Week
- **November 3-9:** Medical Radiation Technologists Week
- **November 10-16:** Nurse Practitioner Week
- **November 18-24:** National Nursing Students' Week
- **November 18:** National Indigenous Nursing Students' Day
- **December 3:** International Day of Persons with Disabilities
- **December 6:** National Day of Remembrance and Action on Violence Against Women
- **December 10:** Human Rights Day



Check ona.org for more information.

Have something to say?

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



ERIN ARISS, RN



Follow Erin at
twitter.com/erinariss.

Bottom of the Barrel

DIFFERENT YEAR, SAME OLD SERIOUS PROBLEM.

This past July, the Canadian Institute for Health Information (CIHI) released data that will come as a surprise to none of you. The nursing shortage in Ontario is bad – very bad – and getting worse. In fact, for the fourth year in a row, we remain at the very bottom of all provinces in terms of RN-to-population ratios. Yes, you read that right. Dead last.

Specifically the CIHI report, *Nursing in Canada 2023*, which examines the supply, workforce and demographic trends of the nursing workforce across Canada, shows that Ontario has only 651 RNs per 100,000 population – a drop from 661 the year before, and a whopping seven per cent lower than a mere decade ago. Not only are we not moving in the right direction, we can't even see the right direction! To put it into perspective, just to catch up to the national average, Ontario needs more than 25,000 RNs.

The situation is even more dire when you consider that for every nurse that joins the workforce, we hear of many more who are leaving or planning to leave because they are struggling to provide the care their patients, residents and clients need. That can present a real moral dilemma. Simply put, nurses are exhausted, fed up and seeking greener pastures. And sadly, it's no better for health-care professionals.

But wait, it gets even worse. We recently learned that projections from the Ford government itself show that Ontario needs 33,200 more nurses and 50,853 more personal support workers by 2032 – just a few short years! Projections, I should add, that the Ford government attempted to keep under wraps. While they won a fight in front of the Information and Privacy Commissioner to keep those numbers out of the public domain following a Global News freedom of information request, the information was made available to the Canadian Press through a separate request.

So, apart from the fact that these projections added to the CIHI numbers make the situation even grimmer, the public now knows the Ford government has been well aware for goodness knows how long – we have certainly

sounded the alarm about the nursing shortage for years – and still refuses to do anything about it.

They had a real opportunity this past summer when the NDP proposed a bill that would guarantee ratios of nurses to patients for specific types of care (see page 26). Those ratios would have kept both staff and patients safe. Instead, the Ford government used their majority to vote it down, at a time when we are seeing other parts of the world and two other provinces – British Columbia and Nova Scotia – put safe staffing ratios into legislation and/or collective agreements (see page 26). So, I ask you this, Premier Ford: with our population booming and aging and the nursing shortage worsening, how can you continue to ignore this serious situation? What is your long-term plan here?

The good news is that we have the ability to turn this around at the next provincial election, which may be sooner than we think. But it will take each and every one of us working together. We will provide more information in the months to come, but I implore you now to get involved in the upcoming election where you can and, most importantly, vote for health care. We owe it to ourselves and those under our care.

Au dernier rang

UNE NOUVELLE ANNÉE, MAIS TOUJOURS LE MÊME PROBLÈME MAJEUR.

En juillet dernier, l'Institut canadien d'information sur la santé (ICIS) a publié des données qui ne

surprendront personne. La pénurie de personnel infirmier en Ontario est grave – très grave – et ne fait que s'empirer. En fait, pour la quatrième année consécutive, nous demeurons au dernier rang de toutes les provinces en termes de ratio d'IA par habitant. Oui, vous avez bien lu. Au tout dernier rang.

Plus précisément, le rapport de l'ICIS, « Le personnel infirmier au Canada, 2023 », qui examine l'offre, la main-d'œuvre et les tendances démographiques de la main-d'œuvre infirmière au Canada, montre que l'Ontario n'a que 651 IA pour 100 000 habitants, soit une baisse de 661 IA par rapport à l'année précédente et une chute de 7 % par rapport à il y a à peine dix ans. Non seulement nous n'avancions pas dans la bonne direction, mais nous ne voyons même pas la direction à prendre! Pour remettre les choses en perspective, l'Ontario a besoin de plus de 25 000 IA pour simplement rattraper la moyenne nationale.

La situation est encore plus désastreuse si l'on tient compte du fait que, pour chaque infirmier ou infirmière qui intègre le marché du travail, nous entendons parler de beaucoup d'autres qui partent ou prévoient partir en raison de

SUITE À LA PAGE 30

**ANGELA PREOCANIN, RN**Follow Angela at
twitter.com/4angiepreocanin.

You are the Union

I DON'T HAVE TO TELL YOU that our public health-care system and our working environments are under attack more than ever.

Attack from Premier Doug Ford, who favours helping his corporate buddies get even richer over ensuring Ontarians receive the care they need when they need it from the public purse. Attack from our employers, who, at the expense of you and your patients, residents and clients, are looking for ways to save money due to a lack of appropriate government funding. It's reckless. It's stressful. And it's just plain wrong.

But we are not powerless. Far from it. As one of the principles of ONA's brand states, we do not fear governments and administrators. The nurses and health-care professionals are coming. In fact, I can't think of a time in ONA's rich 51-year history when our members have been as riled up and active as today.

You are creating action committees in your workplaces to push back against harmful employer policies. You are signing petitions, meeting with your CEOs and MPPs, rallying your colleagues, writing letters to your local newspaper editors and talking to the public, just to name a few. You are making your displeasure known in your workplaces and communities – and you are making gains! Flip through the pages of this issue of *Front Lines* to see just some of your impressive work in action. You are the union, and as your First Vice-President with the portfolio for Local political action, I am beyond proud of you all.

Knowing the critical importance of this work, the ONA Board of Directors recently approved an increase to Policy 26.11 funds available to each Local, from \$1,000 to \$1,500 per year, which are earmarked specifically for Local political action activities. We want all Locals to take full advantage of this money – and we urge you to get involved when they do.

But there are other ways to participate in your union that you may not even know about. ONA has a vast array of provincial teams and networks that need your voice. Want to help develop and implement organizing campaigns

in your regions, Locals and workplaces? The Provincial Political Action Committee is up and running. At the end of your career, but want to stay involved in political action? Our new Retiree Network is right up your alley! You will find expression of interest forms on our website for these teams and many others at ona.org, and while positions are not always available, teams do rotate members, so another opportunity will come up.

Your Bargaining Unit also has many committees and positions in areas such as Local political action and professional practice (the other side of my portfolio) that need to be filled. I encourage you to reach out to your Bargaining Unit President to see where there may be a need (if you don't know who that person is, visit ona.org/bup). Whatever strikes your fancy, I beg you to do something. With the bad bosses of this province sadly going nowhere, the old union mottos of *solidarity* and *strength in numbers* could not be truer.

Vous êtes le syndicat

JE N'AI PAS BESOIN DE VOUS DIRE que notre système public de soins de santé et nos environnements de travail n'ont jamais essuyé autant d'attaques.

L'attaque du Premier ministre Doug Ford, qui préfère aider ses amis du secteur privé à s'enrichir que veiller à ce que les Ontariens reçoivent les soins dont ils ont besoin au moment où ils en ont besoin, grâce aux fonds publics. L'attaque de nos employeurs qui, à vos dépens et à ceux de vos patients, résidents et clients, cherchent des moyens d'économiser de l'argent en raison d'un manque de financement gouvernemental approprié. C'est irresponsable. C'est stressant. Et c'est tout simplement injuste.

Mais nous ne sommes pas impuissants. Loin de là. Comme l'affirme l'un des principes de la marque de l'Association des infirmières et infirmiers de l'Ontario, nous ne craignons pas les gouvernements et les administrateurs. Le personnel infirmier et de soins de santé est en marche. De fait, je pense que nos membres n'ont jamais été aussi exaspérés et actifs qu'aujourd'hui au cours des 51 ans d'histoire de l'Association des infirmières et infirmiers de l'Ontario.

Vous créez des comités d'action dans vos milieux de travail pour lutter contre les politiques néfastes des employeurs. Vous signez des pétitions, vous rencontrez vos chefs de la direction et vos députés provinciaux, vous rassemblez vos collègues, vous écrivez des lettres aux rédacteurs de vos journaux locaux et vous parlez au public, pour ne citer que quelques actions. Vous faites connaître votre mécontentement dans vos milieux de travail et vos collectivités, et vous gagnez du terrain! Parcourez les pages

SUITE À LA PAGE 30

ONA MOURNS TRAGIC PASSING OF MEMBER



ONA's collective hearts are broken as we grieve the sudden and senseless loss of one of our own.

Shannan Hickey, a 26-year-old RN, was working in the acute care unit at Quinte Health in Belleville, ONA31, when she was tragically killed on May 21. ONA's Provincial President was immediately in contact with Shannan's family, Bargaining Unit President and Local Coordinator, and met with her coworkers to offer our profound condolences and full support. We have been overwhelmed by the outpouring of grief and support shown by so many of you.

With the blessing of her family, the ONA Board of Directors, members and staff, wearing black and/or purple, the international colour of intimate partner violence, formed a solemn honour guard procession in Shannan's memory at her service in Madoc on May 31. Busloads of members came from as far away as Ottawa and Belleville to participate, and ONA President Erin Ariss was asked by the family to speak at the touching service (see sidebar). A candlelight vigil for Shannan also took place on June 3 in Belleville, attended by many members.

IN MEMORY OF SHANNAN

The following are the heartfelt remarks made by ONA President Erin Ariss at the memorial service for member Shannan Hickey.

I am so honoured to have been asked to be here to speak about Shannan Hickey, to bring a message of solidarity to Shannan's friends, family and our fellow RNs, and to reflect on the dedication and skills of Shannan, and all that was good about her.

The circumstances of Shannan's tragic death are not what's relevant today. What is relevant is the incredible human being she was. Speaking as an RN, we are all Shannan. The sisterhood, the solidarity of nursing, is like no other. And Shannan represents the best of what being a nurse is all about.

Every nurse has been Shannan, who became an RN just two short years ago. In that time, she dedicated herself to taking additional education and training to obtain the certification to practise ICU nursing – to be fully prepared to care for the sickest of the sick. She could have just started working in the ICU, but she had the desire and drive to bring her best to her patients.

All nurses know what it is to be Shannan.

When the news reached me of Shannan's death, the shock, anger, outrage and grief was almost unbearable. I thought of Shannan's family, of course, and her friends, but my thoughts also turned to her coworkers and colleagues and the range of emotions I know they were feeling. In speaking with them, I was so struck by the grief that everyone – not just her nursing colleagues, but the clerks, the PSWs, everyone on her unit – was experiencing.

That's when I knew that Shannan truly was the ideal nurse – a team player, someone who truly practised team-based care, and who showed respect for everyone around her. She was an amazing RN in every sense. Shannan was what every RN strives to be. And now she is gone.

For her family, friends and colleagues, Shannan's death is unbearably painful. And for all nurses, her death has left us in deep mourning. For the sisterhood of nurses and the patients she will never care for, Shannan's loss is a profound tragedy.

As nurses, we stand with you all today, to mourn Shannan, to remember all that was wonderful about her, and to honour her life, as both a human being and a nurse. The sisterhood of nurses will not forget her. And as President of the nurses' union, I will not allow her memory to be forgotten or her death to be in vain. Because we are all one, and we are in solidarity.

WE ARE ESSENTIAL, MEMBERS REITERATE DURING NURSING WEEK

Despite the challenging conditions under which you work, ONA members gave yourselves a well-deserved pat on the back this past Nursing Week, May 6-12.

Under the very applicable theme, *We are not an option. We are a necessity*, members from all regions of the province celebrated your steadfast contributions to our health-care system while spreading a very important message to government, employers and all Ontarians about the value you bring. Members of the Board of Directors attended many of your Local events, from dinners and dances to luncheons and onsite visits.

Here are just a few photos you shared of your Nursing Week activities. You can find many more on our Facebook page.



ONA13



ONA42



ONA10



ONA26



ONA43



ONA74



ONA6



ONA75

FED UP AND FIGHTING BACK!

Across the province, members are demanding fair contracts that address their key concerns and are pushing back against employer and government policies that are having a detrimental effect on their work environments and the care they are able to provide.

These two pages contain just a few recent examples of these actions, supported by the ONA Board of Directors, other members and staff, notably our member mobilizers. We will detail many of these stories in the future, along with some workplace wins from our resilient members.

On May 16, the same day arbitration took place, dozens of health-care professionals at ONA13 rallied outside Heath Sciences North in Sudbury in their quest for a contract that addresses lagging wages and extensive staffing shortages in 15 different classifications, including radiation therapists, occupational therapists, physiotherapists and respiratory therapists, which have delayed diagnostic services and treatments and left these members exhausted. NDP Health Critic France G  linas, who represents the Nickel Belt, made a statement regarding the plight of these 900 health-care professionals in the Legislature, noting they have been without a current contract since June 2022. "The top reasons why health-care professionals leave their work are pay and working conditions," she said. "So, I hope arbitration brings them [that]. I value their important work." Almost six weeks after a first round of arbitration hearings, necessitated



because the employer refused to reach a settlement at the bargaining table, the health-care professionals were back in arbitration on June 24. At press time, we await that decision.



Approximately 200 medical respiratory therapists (MRTs), who provide cutting-edge cancer care planning and treatment at Princess Margaret Hospital, ONA97, formed a powerful action committee last year and implemented two supermajority actions prior to conciliation for a new contract. The unifying issue? The fact these health-care professionals were working at 2019 wages and not being paid the same as other MRTs in the province, resulting

in many graduates leaving. In their first action last fall, 87 per cent wore a sticker demanding fair wages and a fair collective agreement. The next action was a petition, signed by 88 per cent of the MRTs thanks to one-on-one organizing conversations by action committee members, to University Health Network CEO Kevin Smith, who refused to personally accept it during an MRT rally outside the hospital (photo), instead sending the head of security. "We're sending a strong message to Kevin Smith," said Bargaining Unit President Ramesh Mirmooji. "If you wish to retain and attract the very best workers, with the skills, education, knowledge and commitment that one of the best cancer centres in the world should boast of, you must begin walking the walk when it comes to wages and respect." While Smith had the power to settle the contract, it proceeded to arbitration and a February decision resulted in significant increases; however, that still left the Bargaining Unit lagging behind OPSEU's latest contract. Because of the pressure their collective bargaining actions put on their employer, Mirmooji, the negotiating team and Labour Relations Officer immediately secured dates to resume bargaining to fully close the wage gap.

A delegation of members from Muskoka Algonquin Healthcare (MAHC), ONA17, delivered a letter signed by 88 per cent of more than 200 hospital RNs to CEO Cheryl Harrison on April 4 demanding she improve RN staffing and retention by, among other initiatives, immediately returning RN positions eliminated last year to baseline staffing and reducing the patient load of any RN who is orienting new staff. Due to the employer's inadequate response to meet these demands, members remain undeterred. They continue to instigate actions to put pressure on the employer, including rallies in Huntsville and Bracebridge in



late May, and a meeting with Parry Sound-Muskoka MPP Graydon Smith in July. What's particularly exciting and empowering about this campaign is that the MAHC RNs are fighting to resolve their workplaces issues alongside the community, amidst a broader fight for patient care in the Muskoka region after the employer announced a reduction of hospital services earlier this year.

They may be small, but they're mighty! The 10 members from Lakeshore Area Multi-Service Project (LAMP), ONA115, let their stickers do the talking on Sticker Up day this past May 24 to demand a fair contract with fair wages to retain and recruit nurses. The NPs, RNs and RPNs provide holistic and specialized primary care to community health centre clients, many of whom are the most vulnerable members of the community they serve, including seniors and those with complex medical needs, which can prevent unnecessary hospital visits. The member-driven LAMP action committee organized every single member of their Bargaining Unit to come out to their strike mandate meeting – their highest attended meeting ever! – prepared two letters about wage improvements signed by a strong majority of Bargaining Unit members (one to LAMP's executive director and the other to their MPP), and are currently seeking support from community members to sign an electronic email that will be sent to their executive director and board of directors. Deputy Mayor Amber Morley, the Toronto city councillor for this ward, also wrote a letter of support to the executive director, noting, "LAMP nurses are essential to our community. As they begin bargaining, I urge the LAMP leadership to recognize their contributions and offer fair wages to avoid any interruption of vital services in our community."

When members from South Bruce Grey Health Centre (SBGHC), ONA4, learned this past April the in-patient beds at its Durham hospital were being moved to two other hospitals in its local network – one an hour away – as of June 3, with continued reduced emergency department hours due to a severe nursing shortage, they were having none of it. Joining forces with the local health coalition and other concerned citizens to form the Save Durham Hospital Committee, they immediately helped plan a push-back, instigating a lawn sign, social media and telephone campaign, organizing townhall meetings, holding a candlelight vigil and rally outside the hospital, protesting at Owen Sound City Hall, travelling to an Ontario Health Coalition (OHC) anti-privatization rally at Queen's Park (photo), and making their displeasure known outside the SBGHC's annual meeting in Walkerton. At a subsequent Queen's Park media conference, ONA President Erin Ariss, along with OHC Executive Director Natalie Mehra and OPSEU President J.P. Hornick, demanded a moratorium on the closure of rural hospitals. "While Ontario continues to have



the worst RN-to-population ratio in all of Canada, good employers are managing to hire," Ariss said. "Clearly, there is an issue with management here. Our RNs have proposed solutions and gone to extraordinary lengths to avert the decisions this employer is making that will result in harm to patients, but have been met with a brick wall. It's an outrage." While the employer plan has proceeded with zero community consultations, the group is not giving up.

RETIREE NETWORK RARING TO GO!

Just because retiring members leave their careers behind doesn't mean they have to leave ONA behind too!

In fact, it's quite the opposite. ONA recently launched a Retiree Network to allow members who still have a passion for their union, advocacy and profession to stay connected and keep fighting for the issues we all care about, while participating in our various benefit programs. In turn, ONA gets the profound advantage of their extensive experience as a nurse/health-care professional and union member, making us even stronger!

To support this network, we also created a Retiree Network Advisory Team (RNAT), with representatives from each region, chosen by expression of interest. We are pleased to announce the successful candidates, who may be familiar to some of you:

Region 1: Kelly Latimer

Region 2: Anne Clark

Region 3: Carolyn Edgar

Region 4: Jean Kuehl

Region 5: Sandra Kravets

These dedicated retirees will work with the ONA Board of Directors and staff to build a strong, informed and supportive network of ONA retirees across the province, organize opportunities for retirees, and host virtual provincial networking opportunities. The first network meetings take place this fall and are open to all ONA retiree members with entitlements.

Interested in joining this exciting network and becoming an ONA retiree member? Complete the form at ona.org/retiree-application and get involved! Learn more at ona.org/retirees.

We will feature an interview with the RNAT representatives about their work to date when we launch our microsite. Stay tuned!



One of our most active retirees since she left her position as Region 2 Vice-President, Anne Clark, now that region's representative on our Retiree Network Advisory Team, continues to fight for what matters most to nurses and health-care professionals, including public health care at this anti-privatization rally at The Ottawa Hospital on June 13. She joins four equally active retirees on the team.

A WIN FOR ONE...

We asked and you delivered! On July 5, approximately 9,000 LCBO workers represented by OPSEU hit the picket line to keep good jobs in our communities with fair wages and full-time hours and to protest the Ford government's plan to increase private alcohol sales, essentially handing over profit to grocery and convenience chain CEOs. They wanted to protect the \$2.5 billion dollars that the LCBO brings in each year – money that funds public health care and education. Because this strike impacted every Ontarian and we know that a win for these workers is a win for all workers, we asked members to show support by joining a solidarity visit to a picket line. In Toronto (top photo), ONA97 member Luisa Guevara joins other Region 3 members to ask passersby to sign a petition to Premier Doug Ford and explain the implications of his plan, while ONA7 members were a strong presence at a rally outside Conservative MPP Will Bouma's Brantford office. "The LCBO workers were so pleased to have ONA attend and so impressed with our signs that the picket captain asked if they could have some to hang in their union office to show their members that they are supported by other unions, including 'the nurses,'" said ONA7 Local Coordinator Melanie Holjak. After more than two weeks of job action, a settlement was reached whereby the LCBO committed to keeping 680 of its retail locations open until 2027 and launching a taskforce to examine the impacts of the government's access-to-alcohol policies on the revenues of the Crown corporation.



EDUCATION KEY TO TRUTH AND RECONCILIATION, MEMBERS SAY

In honour of Truth and Reconciliation Day this past September, we asked our member allies to let us know what it meant to them – and their responses were both heartfelt and thoughtful.

"Truth and reconciliation is about righting past wrongs," said ONA83 Local Coordinator Rachel Muir. "It means a recognition of the injustices, the genocide, the continued

perpetuation of violence and all the awful things we, as the colonial interlopers, have done."

ONA34 Local Coordinator Ann Scott couldn't agree more. Growing up in northern Ontario in the 1960s, she said Indigenous children who were bussed to her school from nearby reserves were segregated in class, treated differently by

teachers, and called names by other students, noting, "this was a very distressing time they went through and Indigenous people continue to go through, and we have to recognize that harm so we can ensure this is never inflicted on anyone again."

Lorna Thompson, who serves as VON Toronto/York-Peel Victorian Order of Nurses Bargaining Unit President, also saw for herself the "distain in which Indigenous people were treated" when she visited her daughter in Yellowknife.

"I came back and did the research," she said. "Now I have a 12-year-old grandson, who is half Canadian Métis, and he is the reason my family has spent so much time learning the history and making

"Truth and reconciliation means fostering relationships between us and Indigenous people across the country. We can be active listeners, and learn and acknowledge the territories in which we live and the people who came before us."

— EMILIE GORDON AND MELISSA KARGER, ONA139

CONTINUED ON NEXT PAGE

ONA238 answered our call to recognize Red Dress Day, now one of our major observances, by wearing the symbolic colour. Also known as National Day of Awareness for Missing and Murdered Indigenous Women, Girls and Two-Spirit People, Red Dress Day, first held in 2010, was inspired by the work of Métis artist Jaime Black on the REDress Project, which includes a series of red dresses to honour and symbolize the disproportionately high rates of violence, disappearance and murder of Indigenous women, girls and Two-Spirit people – they are 12 times more likely to be murdered or go missing than non-Indigenous women in Canada – and to note their absence with a visual reminder. "At ONA238, we try to bring awareness to important issues," said Local Vice-Coordinator Carolyn Pawloski-Gardner. "When we learned about Red Dress Day, we knew right away we needed to participate. For too long our Indigenous sisters have been

stolen. It needs to stop." Members were also encouraged to send a request to the Minister of Public Safety to implement a "Red Dress Alert" to notify the public when an Indigenous woman, girl or Two-Spirit person goes missing.



For more information, visit mmiwg-ffada.ca.

the trips back to Yellowknife. We even do daytrips to reserves within the perimeters of Toronto because he's never going to learn anything sitting downtown. If we are able to teach these kids the history and acknowledge we've made a lot of mistakes, we can make it better."

And it's that learning members say is key.

"Truth and reconciliation means understanding everybody's different lived experience, their barriers, and coming together to break down the barriers of equality and allow equal opportunity and access," said ONA214 Local Vice-President James Chu.

Added ONA105 Local Coordinator Melissa Tilly, "I need to educate myself about Indigenous people and this land where we all came from so that I can take action. But I'm also educating myself so I can educate others."

Jaclyn Kruisselbrink from ONA139 concurs, adding, "truth and reconciliation means elevating Indigenous voices, bringing those people who have lived experiences to the table, actively listening to their experiences and issues, and acting on them. So, it's really three

parts. On a personal level, I listen to the concerns of people who are part of the Indigenous community, and I put my money where my mouth is, supporting Indigenous-owned businesses. On a Local and union level, we need to reach out to the employee resource groups that exist – my hospital has an Indigenous employee resource group – asking them what their concerns are and how we can support them. And on a provincial level, we need to support legislation that addresses their concerns, so we can enact change."



To view videos of these members and others, visit ona.org/arao.

COMMISSION TO COMBAT INDIGENOUS DISCRIMINATION IN HEALTH CARE

The Ontario Human Rights Commission (OHRC) has announced the development of human rights policy guidance to address and combat long-standing and widespread Indigenous-specific discrimination in Ontario's health-care system.

This discrimination is a key determinant of poor Indigenous health outcomes, leading to very serious, and sometimes lethal, consequences, the OHRC said, noting it is well documented that Indigenous people score significantly lower than the general Ontario population on a range of health metrics.

The OHRC's policy guidance will:

- Provide practical guidance to health-care providers on what they should do to meet their *Ontario Human Rights Code* (Code) obligations.
- Help First Nations, Inuit, Métis and urban Indigenous people understand how they are protected by the Code when seeking health-care services.

To inform this guidance, the OHRC is meeting with Indigenous health professionals, organizations and communities across the province to gain a deeper understanding of systemic concerns, barriers and priorities related to Indigenous-specific discrimination in the delivery of health care. As well, the OHRC launched an online survey to learn about lived experiences.

ONA MOVES AHEAD WITH COMMUNITIES OF SUPPORT

ONA has taken another critical step in our progressive Communities of Support (CoS) initiative.

CoS, part of ONA's *Anti-Racism and Anti-Oppression Action Plan* (priorities 2 and 4), are peer-supportive groups of members facing intersectional forms of prejudice. Held in a virtual setting that allows culturally safe learning and work environments to rebuild trust and strengthening solidarity, CoS are a platform where members can share commonalities, seek guidance and feel empowered. Peer facilitators, also comprised of ONA members and elected leaders, serve as moderators.

The first information session for peer facilitators took place this past spring, allowing participants to learn about this critical role and how to conduct a CoS session. Many reported they were engaged in and optimistic about the CoS initiative. Additional peer facilitator information sessions will be held in the coming months as we move this strategy forward, so stay tuned.



Learn more at ohrc.on.ca/en/combating-anti-indigenous-discrimination-healthcare.



For more information, go to ona.org/arao.

TAKING PRIDE IN OUR MEMBERS

Wearing hard-to-miss purple t-shirt sporting a rainbow-inspired ONA logomark on the front and a message of empowerment on the back, members participated in the annual Toronto parade to spread a very simple but important message: love is love.

On June 29, during a short reprieve from this summer's stifling heat and humidity, members joined the Board of Directors and staff to march along the parade route and ride on ONA's spectacularly decorated float to reaffirm our union's commitment to support and show solidarity to our 2SLGBTQI members who experience discrimination and harassment, and to enforce their rights to dignity and equal treatment.

Here are just a few photos from this colourful day. You'll find many more on our Facebook page.



Toronto may be the biggest Pride parade in the country, but it's certainly not the only one! ONA members also took part in spectacular parades in Hamilton (left) and Ottawa (right), and many other locations in the province.

MEMBERS MAKE SPLASH AT TORONTO CARIBBEAN CARNIVAL

We had so much fun last year, we decided to do it again!

For only the second time in ONA's history, a handful of randomly selected members were invited to participate in the Grand Parade of the Toronto Caribbean Carnival, a spectacular display of costumes, music and culture gifted to Canada by the Caribbean community during Canada's Centennial celebrations. The Caribbean tradition of parading through the street was linked to the celebration of freedom and emancipation from slavery and is celebrated in Toronto on what has been recognized by the Canadian government as Emancipation Day weekend.

Once again, we joined the Toronto Revellers in the Grand Parade on August 3, this time as part of the Gaia section, led by former Toronto Raptors Jamaal Magloire. ONA's partnership included the sponsoring of 20 costumes for members. Congratulations to the lucky recipients, many of whom are shown on these pages: Donna Pilon (ONA97), Monica Pedzinski (ONA68), Jessica Bregstein (ONA80), Angelo Catalonia (ONA80), Norisha Ghany (ONA80), Tatenda Hall (ONA16), Alia Maulgue (ONA95), Nicole Thompson (ONA75), Cindy Prom (ONA82), Candice Cousins (ONA95), Zakiya Foyle (ONA80), Amoy Hugh (ONA6), Sukhi Famutimi (ONA16), Junelle Francis (ONA237), Nadia Umadas (ONA6), Michelle Brooks (ONA16), Priya Vijay (ONA75), Shelly-Anne Anderson (ONA95), Jonathan Tel (ONA75) and Travis Edwards (ONA80).

Members were joined by ONA President Erin Ariss, Region 3 Vice-President Karen McKay-Eden,



Princess Margaret Bargaining Unit President (RNs) Ingrid Garrick, ONA97, and Anti-Racism and Anti-Oppression Manager Kieran Maxwell, who explained, "we handed out ONA swag and had meaningful discussions about how we can continue to build relationships and support members

experiencing intersectional forms of discrimination."

ONA's involvement is thanks to two very dedicated members who work in the Greater Toronto Area – Sandra Campbell and Helene Bernard – who successfully proposed ONA's participation in the annual event



Meanwhile, Further North...

In another exciting first for our union, on August 17, ONA members, members of the Board and staff were enthusiastic participants at Carnival North, a celebration that observes Black and Caribbean cultures in Collingwood. ONA was a platinum sponsor of the event and also set up an information booth.

last year, which was overwhelmingly approved by the Board of Directors. Campbell noted the idea “was in response to ONA's commitment to

addressing the ongoing racism and oppression that exists and affects our members within their workplaces and communities.”



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GETTING TO KNOW YOU!



ONA's Anti-Racism and Anti-Oppression (ARAO) Specialists Anu Lokre, who supports Regions 3 and 4, and Patrick Mazambi, who supports Regions 1, 2 and 5, emphasized our ARAO approach, the permanency of the ARAO Team, and shared ARAO education materials at the spring Area Coordinators Conferences (ARAO Specialist - Reconciliation Brigitte Goar joined the team in August). Local Coordinators were very receptive to the information and provided positive feedback on the presentation. Our ARAO Specialists regularly staff tables at provincial events, including Provincial Leadership Meetings and Provincial Coordinators Meetings, to provide information and answer questions. Stop by and say hello!

MICROAGGRESSIONS eLEARNING FOCUSES ON INCLUSIVE LANGUAGE

Have you ever wondered what microaggressions are or the impact certain words or phrases can have on others? ONA's eLearning course, *Demystifying Microaggressions and Decolonizing Our Language*, can help.

This 30-minute course focuses on examining our own behaviours and language to discover the words and phrases that need to be changed to be more inclusive, along with how we can avoid discriminatory comments and decolonize our language. We encourage all members to participate in this interactive free course.



Access the course at ona.org/elearning.

MEMBERS SUPPORT GRASSY NARROWS FIRST NATION'S RIVER RUN

ONA members are supporting what should be a basic human right: clean drinking water.

More than 50 years ago, a paper mill in Dryden, Ontario contaminated the Wabigoon River with mercury, upstream of Grassy Narrows First Nation, making it one of Canada's worst environmental disasters. To this day, mercury levels in the fish remain very high, and long-term exposure has resulted in increasing symptoms of mercury poisoning in the community. The contamination and its impacts on health, the economy and culture have been much deeper and more prolonged than the people of Grassy anticipated. Everyone in the community has been impacted by some combination of loss of health, loved ones, culture, livelihoods and social disruption.

"Nurses and health-care professionals know that access to clean water can be a matter of life or death," said ONA President Erin Ariss. "Every person across Turtle Island has a responsibility to uphold treaty rights. Governments have a duty to ensure clean and accessible water for Grassy Narrows First Nation and all Indigenous communities."

Unfortunately, multiple calls on Prime Minister Justin Trudeau to build the Mercury Home and Treatment Centre and Premier Ford to withdraw all mining and logging from Grassy Narrows have been ignored.

Members of Grassy Narrows First Nation organized a series of events called *River Run 2024: Walk with Grassy Narrows for Mercury Justice*. In solidarity, ONA members, the Board of Directors and staff participated in the River Run Walk on September 18 to call for mercury justice and freedom.

"In any other community, a situation like this would have been addressed immediately," added Ariss. "I was reflecting on this and remembering when I was pregnant. I was worried about drinking Coke and taking folic acid, not being poisoned by mercury. No one should have to live this way."

ARAO ADVOCACY 101 DIGITAL TOOLKIT NOW AVAILABLE

ONA is excited to announce the launch of our Anti-Racism and Anti-Oppression (ARAO) Advocacy 101 Digital toolkit in both official languages.

The toolkit is intended to be used as a quick reference guide on ARAO concepts and practices and offers different ways for members to develop advocacy skills. By using it, you can demonstrate and reinforce your individual and collective commitment to ONA's ARAO journey, which, in turn, strengthens solidarity across our union.



Access your toolkit at ona.org/arao.

CHALLENGING INTIMATE PARTNER VIOLENCE

On August 15, ONA President Erin Ariss and member Michelle Bobala, forensic nurse and sexual assault nurse examiner (see photo below), presented our submission to the Standing Committee on Justice Policy's subcommittee studying intimate partner violence (IPV). In our submission, we provided 16 recommendations to the government outlining steps the province can take to end IPV. We highlighted the urgency of recognizing IPV as an epidemic in Ontario, addressing root causes of violence, protecting workers and providing additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.



COVID-19 DATA COLLECTION AND REPORTING REMOVED

On June 3, the Ministry of Health proposed Amendments to R.R.O. 1990, Reg 569: Reports and O. Reg 135/18: Designation of Diseases under the *Health Protection and Promotion Act*, exempting medical officers of health from forwarding and reporting COVID-19 data to the Ministry. Stakeholders were given only one week to provide feedback. ONA opposed these changes as they put vulnerable populations at risk, including those in the long-term care sector, and

reduce our public health system to a reactive one, especially as the Ministry of Health ended the provincial Wastewater Surveillance Program.

NEW LTC MINISTER ANNOUNCED

Premier Ford announced changes to his cabinet on June 6, the last day of Parliament before a 19-week-long summer break. Natalie Kusendova-Bashta, a registered nurse, former ONA member and MPP for Mississauga Centre, became the new Minister of Long-Term Care. Kusendova-Bashta replaced MPP Stan Cho, who had served as Long-Term Care Minister since September 2023. With the shuffle, Essex MPP Anthony Leardi became the new Parliamentary Assistant to the Minister of Health. Parliament will return from their extended summer break on October 21.

PROPOSED CHANGES TO NURSING EDUCATION REQUIREMENTS FOR MIDWIVES

ONA has welcomed the proposed amendments to Ontario Regulation 45/22 (General) under the *Laboratory*

and Specimen Collection Centre Licensing Act to expand midwives' authority to order additional laboratory tests and allow them to perform specific point-of-care tests. ONA supported these changes, allowing midwives to be more autonomous while delivering care in various health-care settings.

ONA OPPOSES NEW PUBLIC HEALTH DRAFT STANDARDS

Over the summer, the Ministry of Health consulted with the public health sector as they conduct a review of Ontario Public Health Standards. Unfortunately, the Ministry didn't include ONA in the consultation process. In a letter to Health Minister Sylvia Jones, we highlighted the ambiguity in the latest draft standards, the lack of transparency and oversight, and the need to maintain detailed program requirements and collaborate with ONA and other unions representing front-line nurses and health-care professionals.



Read ONA submissions at
ona.org/submissions.



BARGAINING BETTER

With a second arbitration decision in our favour, ONA's new member-driven provincial negotiating strategy is clearly paying off

ONA is continuing to give our members an even greater voice in provincial bargaining. And with a second arbitration decision resulting in landmark wage increases, this time for our long-term care (LTC) members, and anticipation building for the next round of hospital bargaining, our new strategy is clearly hitting its mark.

Traditionally, ONA's provincial negotiating teams have used our *Have a Say* questionnaire, available to members in all sectors, as a basis for determining the bargaining objectives we bring to employers. And while we still do rely heavily on that survey and read every single comment, we are now getting our members even more involved in the bargaining process. That includes the opportunity to attend demand-setting meetings to provide feedback to help ONA prepare our first bargaining position, and subsequent meetings to vote on those proposals.

This member-driven strategy began with our 2023 hospital bargaining campaign, where we launched provincial Hospital Contract Action Team (now referred to as Bargaining Action Team) meetings to provide Local leaders with training on how to build strong teams in their own Bargaining Units to support the work of our Hospital Provincial Negotiating Team. We also held a series of escalating actions, in which members heavily participated, including sticker up days, all-out pickets throughout the province and an all-out shut-down outside the downtown Toronto hotel where mediation was taking place



with the Ontario Hospital Association, followed by a march to Queen's Park.

"Never in our history have we asked members to get so involved in provincial bargaining – and have you ever!" said ONA President Erin Ariss. "In all regions of the province, members committed to talking to

their colleagues to build the power needed to win – and you can't tell me our subsequent collective actions didn't impact the arbitration board, which issued a favourable decision with significant wage increases. You have yourselves to thank for that."

"The arbitration decision includes the most significant wage increases for members working in nursing homes in more than 30 years. Your advocacy and tenacity absolutely made that happen."

— ERIN ARISS, RN, ONA PRESIDENT

NURSING HOMES DECISION

And so, for the recent round of provincial nursing homes bargaining with 208 participating homes, we did it again. We prioritized issues important to our LTC members, who risked their own health and safety and put their families at risk to ensure their residents were cared for during the pandemic: compensation equal to hospital members and safe staffing ratios, while using the central theme of Care, Not Profits. It was during this campaign that we launched our demand-setting meetings to allow LTC members, for the first time, to help determine our bargaining proposals to support these priorities and subsequent meetings to vote on them.

"Short-staffing is the most concerning issue," said LTC member Genevieve Tiri. "Because of heavy workloads, many nurses leave for hospitals where there is higher pay, better benefits and pensions. They retire because of mental stress. New grads and internationally educated nurses often leave, sometimes from the profession altogether."

Provincially, we focused our Nurses Talk Truth campaign, which featured our LTC members in a series of social media, radio, transit shelter and print ads, on telling Ontarians the brutal truth about short-staffing and how outcomes are significantly poorer for residents in for-profit homes, which receive generous taxpayer funding while skimming profit off the top, compared to not-for-profits.

"For-profits want money for their shareholders, which leaves less for resident care than at not-for-profit nursing homes," noted LTC member Joann Carey. "Premier Ford needs to appropriately fund homes because they don't need to be privatized, which is what this campaign was all about."

Launching Nursing Homes Contract Action Team (NCAT) meetings late last year to support our Nursing Homes Provincial Negotiating Team, members pursued several tried and true tactics throughout the spring, including a sticker up action, phone zap, where 394 emails and 147 calls were sent to corporate for-profit nursing home CEOs, the Board of for-profit Extendicare, the Ontario Long-Term Care Association (OLTCA) and MPPs, and all-out pickets at 37 employers in all regions (see page 21).

"Members' tenacity was evident at the pickets," reported ONA45 Local Coordinator Teresa Grover-Kelley. "I worried the night before because there was a possibility that members who signed up might not come due to the weather. So much preparation went into the event, I didn't want it to be for nothing. But our members prevailed, and the relentless wind and rain proved no match for them. Despite being soaked, tired and cold, I was in awe. What a fantastic day! We hit a home run and never gave up the fight."

That might be an understatement. In fact, members got very creative with their actions. Joined by our union and

11.5 PER CENT

SALARY INCREASE FOR NURSING HOME MEMBERS OVER TWO-YEAR CONTRACT



Long-term investments.

It's a sad irony that, when it comes to long-term care, there's so much short-term thinking by employers and the government.

Corporate long-term care providers are making record profits on the backs of their staff and residents. Wages for long-term care nurses are significantly lower than what hospitals are paying for comparable work, and minimal staffing levels are creating unsafe conditions for residents and the people who care for them. No wonder it's become so difficult to retain experienced nurses in this sector. What happened in private long-term care homes during the pandemic should have been a wake-up call for change. Instead, it's still profit over care.

It's time for urgency. Ontario's population is aging in numbers we've never seen, with huge implications for our health-care system. If investments aren't made in long-term care - and especially in the people who provide the care - we'll feel the disruption in our hospitals, our communities, and our homes. We already are.

**Nurses
talk
truth.**



NursesTalkTruth.ca

ONA is using print, radio, TV, transit shelter and social media advertisements to alert the public to the plight of our health-care system and those who work within it, including this ad featuring our long-term care members, which appeared in major daily newspapers during our nursing homes bargaining campaign.



Our strong new bargaining process and unwillingness to sit back is clearly affecting other sectors, including Home and Community Care Support Services and Victorian Order of Nurses, seen here bargaining for their last contract. Both sectors recently received unexpected wage improvements from the government.

community allies, we picketed outside the OLTC general meeting, rallied outside Extendicare's headquarters, and protested so loudly outside the University of Toronto's Rotman School of Management where Extendicare CEO Dr. Michael Guerriere was presenting, we could be heard – and seen – from the inside (see page 21)! This clearly resonated with other for-profit nursing home CEOs, one of whom called ONA to ask if they would be next!

While the participating homes failed to reach a fair deal with us at the bargaining table, forcing a mediation-arbitration hearing on May 1-2, it's clear our actions made a difference. In fact, Arbitrator Price issued a decision on May 21 that included wage increases not seen in this sector in 30 years. Specifically, the two-year agreement, which runs from July 1, 2024 to June 30, 2026, provides an 11.5 per cent salary increase (8.5 per cent in 2024 and 3 per cent in 2025).

"Together, we fought hard for this outcome," stated Ariss. "While the decision doesn't eliminate the wage gap between public and private sector nurses or with hospital nurses, and won't fix staffing shortages or sector neglect, we definitely made gains."

IMPACT ON OTHER SECTORS

And those gains are clearly having a ripple effect in other sectors. In fact, we believe our strong bargaining stance and tactics for the last two provincial rounds are behind two unexpected compensation improvements for our Victorian Order of Nurses (VON) and Home and Community Care Support Services (HCCSS) members.

Following a disappointing arbitration decision last year after which Ariss put the government and employers on notice that ONA is committed to amplifying the issues of VON members as part of our fight-back for better staffing and equity, they received compensation improvements through an agreement with the employer, following an increase in funding from the government. A few months later, all 10 HCCSS Bargaining Units, whose central contract expired on March 31, 2024, voted separately to accept a one-year agreement from the government, providing a 3 per cent wage increase (no other improvements were achieved), so they could enter the

mergers brought about by Bill 135 with a valid contract in place.

BACK TO HOSPITAL BARGAINING

And now, with the fall upon us, we are looking ahead to the upcoming round of hospital bargaining, set to begin early in 2025. We have already commenced our Bargaining Action Team meetings, with many more scheduled, began planning escalating actions, held a demand-setting meeting and will, for the first time in this sector, give members an opportunity to vote on those bargaining proposals.

"This isn't the old ONA where we negotiated on your behalf while you simply waited for a tentative agreement to vote on; together, we're bargaining better," concluded Ariss. "You're getting involved from the get-go and making it clear that you won't settle for anything less than collective agreements that respect and value the work you do and allow you to provide safe, quality care. We're loud, proud and being heard – and we need you all to join us in this fight."



For bargaining updates, visit ona.org/bargaining.



ONA members chanted so loudly outside the University of Toronto's Rotman School of Management on April 30 to demand Extendicare CEO Dr. Michael Guerriere put resident care over profits, that they could be heard on the inside! We posted this social media post that also clearly shows the ONA flag flying behind his head – that is, until the blinds were drawn! Ironically, Guerriere was the keynote speaker at a breakfast meeting on the topic, “Thinking Differently: Recreating a Health System We are Proud of.”



REGION 1 – SUDBURY



REGION 3 – SCARBOROUGH



REGION 2 – OTTAWA



REGION 4 – KITCHENER



REGION 5 – LONDON

Because our all-out pickets were so successful for our hospital bargaining campaign in February 2023, we did them again for our nursing homes bargaining campaign. On April 12, members at dozens of pickets across the province, including the ones pictured here, came out in full force to show their employers, the government and their communities that they mean business when it comes to bargaining a fair collective agreement that puts quality resident care first.

JUNE PCM HIGHLIGHTS “BAD BOSSES”

ONA President Erin Ariss kicked off the June Provincial Coordinators Meeting (PCM) with a sad reality.

“We have all faced bad bosses and had to deal with them in our own way,” she told delegates and those watching on Facebook Live (https://youtu.be/W_ObVBqPvf4), highlighting the many ways ONA and our members have fought back against their employers, governments and for-profit corporations. “Together, we will not back down. We do not fear our governments or our employers, no matter how powerful or influential, because we have real power. The kind that comes from solidarity. So all the bad bosses out there are on notice: the nurses and health-care professionals are coming! And we are ready to fight bad bosses, to fight for ourselves and to fight for our patients, residents and clients. And we will win!”

It was a sentiment echoed throughout the PCM, hosted by Region 2 in Ottawa from June 11-13,



which also included standard updates from the Board and staff on service areas such as bargaining, professional practice, litigation, and anti-racism and anti-oppression.

In a video message, Canadian Federation of Nurses Unions President Linda Silas, a staple at ONA provincial events, highlighted the initiatives her organization is undertaking, including lobbying the bosses on Parliament Hill for safe staffing, an end to privatization of health care and expanded pharmacare, while Ontario Federation of Labour President Laura Walton focused on a big bad boss closer to home.

“Doug Ford is afraid and possibly calling an election early,” she said. “We don’t have to agree on everything, but we can all agree that we are worse off than we were when the Ford government came to power and that public services are more under attack. We will be everywhere Ford and his cronies are and every single worker needs to be as well. I need something else from you: I want to elect ONA members into Queen’s Park. Think about who you have in your workplace who would be good in your community. I want to build a workers’ party that cares about public services. Bad governments are put in power by people who don’t vote,

so we need to vote and for people who will impact our lives positively. We’re not giving this province up to corporations and privatization.”

And it is privatization of long-term care, where corporations put profits ahead of resident care, that featured so poignantly in a special PCM screening of *Stolen Time*, attended by filmmaker Helene Klodowsky and Melissa Miller, the lawyer featured in the documentary who is taking on those bad bosses.

“When I started this film, I was told people are not interested in stories about vulnerable residents,” said Klodowsky. “But there are so many stories in long-term care,



including private health care, greed and money. The conditions of work are the conditions of care, and unless we see, value and support the people who are providing that care, we can’t imagine a system that will be fair, trustworthy and dignified.”

Continuing with this theme, delegates joined members from the Civic campus of The Ottawa Hospital for a rally to close out the PCM. During the hour-long event, they called for an immediate end to for-profit care, including private orthopedic surgeries being performed under a veil of secrecy at the Riverside campus.



Read full PCM highlights at ona.org/highlights.

BEYOND CAPACITY: NURSE SURVEY SHEDS LIGHT ON SHORT-STAFFING RAMIFICATIONS

The results don't seem to improve.

For the third time in the past four years, the Canadian Federation of Nurses Unions (CFNU) has published the results of its nation-wide survey of 5,595 nurses, which continue to show that staffing shortages have left them reeling. Specifically, the *CFNU Member Survey Report*, conducted by Viewpoints Research earlier this year, finds that seven in 10 nurses report workplaces that are regularly overcapacity; one in two has experienced a "near-miss" or patient safety incident in the past six months, with most pointing to inadequate staffing as the cause; and seven in eight nurses worked paid or unpaid overtime the past year. Read the full survey at tinyurl.com/39wjkw4e.

"Day in and day out, nurses come face to face with what it means to not have enough staff or resources to ensure patients get the care they deserve," said CFNU President Linda Silas. "Staffing is a matter of safety. The extreme conditions nurses work under are not safe for them or their patients."

Particularly alarming is that the survey shows one in four nurses are considering leaving their job, with seven in 10 citing staffing, workload and lack of work-life balance as extremely important when making that decision. However, more than two in five would consider staying for scheduling flexibility, days off and lower taxes.

"Nurses care deeply about their patients – the weight of these heartbreaking conditions has a profound impact on them and is pushing them out of the profession," added Silas. "Safe staffing models

like mandatory nurse-patient ratios empower nurses to give patients the quality care they deserve while creating manageable workloads and better work-life balance. Health systems with ratios in place see improved outcomes for patients and higher job satisfaction."

On the heels of this sobering survey, the CFNU unveiled its Staff Up campaign, which includes a letter writing component, to push governments to address the serious issues that are causing nurses to leave.



CFNU President Linda Silas, RN

 Learn more at staffupsavelives.ca.

SICK AND TIRED

Other key findings from the *CFNU Member Survey Report* include:

- Nine in 10 nurses registered some amount of burnout, up from 2023.
- Four in 10 took half or less of their allotted vacation last year, including 16 per cent who took no vacation.
- Two-thirds feel their relationships with friends and family have been negatively impacted because of the number of hours they work.
- One in three are interested in agency work or increasing the agency work they already do due to better pay (Ontario nurses are most likely to say they are not interested in agency work).
- Nine in 10 nurses experienced some form of abuse last year.

Nursing Retention Toolkit Released

The federal government has unveiled its Nursing Retention Toolkit, which outlines key initiatives to improve the working lives of nurses and retain them within the public health-care system.

The CFNU solicited input from members at its Biennial Convention last year, and CFNU President Linda Silas contributed to the toolkit as a member of the Advisory Committee.



See the toolkit at canada.ca/en/health-canada.

ONA JOINS OHC PRIVATIZATION FIGHT



ONA's bold new street logo was impossible to miss at a mass OHC anti-privatization rally at Queen's Park on May 30.

Using ONA as a backdrop, the Ontario Health Coalition (OHC) issued a bombshell report finding that Ontarians are being charged significant user fees for access to care in for-profit clinics.

Illegal, Unlawful and Unethical: Case Studies of Patients Charged for Medical Care in Ontario's Private Clinics, released at a media conference at ONA's provincial office in Toronto on April 16, provides evidence from more than 100 patients, the majority of whom are seniors on fixed incomes, who were charged up to \$8,000 or more for eye surgeries and tests. Patients also reported being charged appointment, membership and administrative fees for primary care, as well as user fees for diagnostics and physician-ordered lab tests. These fees impose significant financial strain, forcing one patient to go back to work at the age of 71 and others to fall into debt, use up all their savings, borrow money or go without other needs, the report finds.

"The Ford government is expanding privatization in the very for-profit clinics that are breaking our medicare protection laws, charging patients outrageous prices and manipulating them into paying for a burgeoning array of medically unnecessary things," said OHC Executive Director Natalie Mehra. "This widescale extra-billing never happened before the for-profit clinics began to take over our public hospitals' surgeries, and, in our experience, it has never been worse than it is now. Ontarians need to raise their voices and force the Ford government to stop privatizing the ownership and control of our public hospital services."

ONA members certainly raised their voices at mass



OHC Executive Director Natalie Mehra addressed the media on the high cost of privatization at ONA's provincial office in Toronto on April 16. She is joined by three patients sharing their personal stories about extra billing (from left) Wendy Cladman, Kate Armstrong and Shalom Schachter, a former ONA staff member.

OHC anti-privatization protests across the province a few weeks later, including a march to and rally at Queen's Park that drew thousands, and at a series of OHC townhalls in June to hear from members of communities where local hospitals are under threat of cuts and closures. Information gleaned will assist the OHC prepare a report containing recommendations.

"We see in our own community where the government is willing to fund agencies, a lot of our home care, if not most, is private agencies," said ONA73 Local Vice-President Cheryl McSweeney, who spoke at the Thunder Bay event. "A lot of our long-term care is private agencies, and they make a profit off of health care. That profit does not go to our local community in public health-care dollars."

ONA Ensures Members have a Voice, Student Essays Say

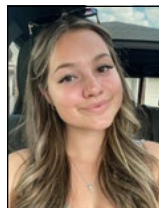
In the final installment of our series, *Front Lines* is featuring the names and pictures of the recipients of the 2023 ONA Nursing Student Scholarship, along with snippets from their winning essays on "The Importance of the Ontario Nurses' Association for Nurses."



Read the full essays at ona.org/students.



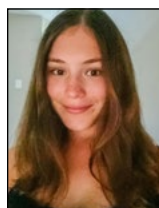
OLIVIA DOORENSPLEET, sister of Vanessa Doorenspleet, Lakeridge Health, ONA51
"Promoting safe staffing, advocating for better working conditions, and ensuring nurses have a role in health-care decision-making are just some of the advocacy initiatives undertaken by ONA."



HANNAH CRANE, daughter of Angela Crane, Canadian Blood Services, ONA2
"ONA is extremely important to nurses and health-care professionals, as it improves their quality of worklife."



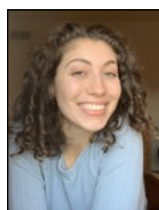
CATHERINE CORBEIL, daughter of Beth Corbeil, St. Mary's General Hospital, ONA55
"When nurses are speaking out in favour of reforms and changes to policy, they do it as a group through ONA."



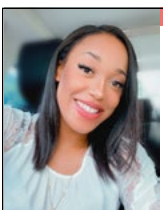
NATALIE KATHEN, daughter of Maureen Kathen, Grand River Hospital, ONA139
"There will always be challenges within the health-care system, but it is comforting to know that ONA will continue to advocate strongly for nurses and the health of all Ontarians."



MARCUS MEDEIROS, son of Sandra Medeiros, North York General Hospital, ONA6
"As a family, we have seen the benefits this organization provides and continues to fight for."



NATALIA GIANNINI, daughter of Daniela Giannini, Hamilton Niagara Haldimand Brant HCCSS, ONA9
"It's reassuring to know there is an amazing organization that continues to support students as we transition into the role of registered nurse."



TONI LEWIS, daughter of Anthony Roy Lewis, Unity Health Toronto, ONA95
"As a member of the BIPOC community, I appreciate the progress being made within ONA to increase member visibility, representation and equitable employment opportunities."



JULIA Buset, daughter of Laura Buset, Thunder Bay Regional Health Sciences Centre, ONA73
"ONA brings attention to nursing-related issues and makes sure that nurses' opinions are taken into consideration at all levels of decision-making."

IN BRIEF...

ONA Condemns Premier Ford's Blood-for-Cash Scheme

ONA strongly condemns the Ford government's latest scheme to introduce profit into health care by violating the *Voluntary Blood Donations Act*.

This law was passed in 2014 to help ensure the blood supply remains safe by banning donor payments and

forbidding profits from the sale of blood and plasma donations.

"The evidence is clear from other jurisdictions: for-profit blood and plasma collection erodes the voluntary donor base and exploits the vulnerable," said ONA President Erin Ariss. "This scheme will put a safe blood supply at risk in Ontario."

Grifols, a multinational private pharmaceutical company, plans to

open private, for-profit paid-plasma collection sites in three Ontario cities: Cambridge, Hamilton and Whitby.

"This is just the next step in Premier Ford's plan to dismantle the province's publicly funded and publicly delivered health-care system," added Ariss. "I strongly urge all members to protest this scheme."

CONT. ON PAGE 26

IN BRIEF...

■ B.C., N.S. Announce Staffing Ratios

While the Ford government quashed similar calls in Ontario, two provinces are now guaranteeing safe staffing ratios.

Working in conjunction with the British Columbia Nurses' Union (BCNU), B.C. recently established minimum nurse-to-patient ratios in hospitals, long-term care and the community setting. They include a minimum of one nurse for every four patients in adult medical and surgical units, 24 hours a day, seven days a week. To support this initiative, the province is investing \$237 million to recruit and retain nurses, as well as rehire those who have left. BCNU President Adriane Gear called the announcement "historic, and a game-changer for how patient care is delivered and received."

On the opposite end of the country, Nova Scotia is also establishing nurse-to-patient ratios, thanks to a provision in most hospital collective agreements. N.S. Nurses' Union President Janet Hazelton said the change will have a huge impact on patient care and the working lives of nurses who can go to work knowing they won't be overloaded with patients, can take breaks and go home when their shift is scheduled to end.

ONA continues to lobby the Ford government for similar ratios in our province (see photo and outline above).

■ Half a Million Seniors Struggled to Get Specialized Care: Report

A recent Statistics Canada report says half a million seniors had trouble accessing specialized health services in 2019 and 2020, including medical specialist visits, non-emergency testing and non-emergency surgeries.



ONA President Erin Ariss, flanked by NDP Health Critic France Gélinas (left) and SEIU Healthcare Executive Vice-President Jackie Walker, spoke in support of the NDP's Bill 192, *Patient-to-Nurse Ratios for Hospitals Act, 2024* at a Queen's Park media conference on June 4. Under the bill, ratios of nurses to patients would be guaranteed for specific types of care, similar to B.C. and N.S. (see story on this page). "We work short-staffed every single shift," Ariss said. "We are burned out. We simply can't keep up with the number of patients admitted to hospitals. When there are not enough nurses on the floor, patients don't get the life-saving care they need and deserve. This can't continue. Nurse staffing ratios are a solution to this crisis. They improve patient health outcomes. They reduce the patient's length of stay, and thereby lower public costs. We need the Minister of Health and MPPs from all parties to come together, vote for patient care and support this crucial legislation." Unfortunately, the bill was subsequently defeated by the majority Ford government.

The report estimates more than 4.5 million people aged 65 and older sought specialized care during this period, and more than 15 per cent reported having difficulty acquiring those services.

Common barriers include trouble getting a referral or appointment, long wait times and services being unavailable at the time of need. It was also reported that older women were less likely than older men to get specialized care, as well as seniors with a lower education level. Older Canadians with ongoing physical illness or mental health issues were found more likely to use specialized health services than those who were relatively healthy.



ONA'S SPECIAL SPRING LEADERSHIP SUMMIT **BIG HIT**

It was unique, it was informative and it was a big hit!

For the first time, ONA offered a special Spring Leadership Summit to 90 leaders and grassroots members from each region. Held at the Niagara Falls Hilton hotel from April 22-26, the event was similar to our annual Fall Leadership Summit, which takes place each September in Grand Bend to provide union-specific education to novice, advanced and activist members. The decision to hold a summit this past spring was based on feedback from advanced Local leaders, and aligns with our Strategic Plan priority, *Stronger Bargaining Units*.

Led by Queen's University and co-facilitated by ONA's Member Education Team, education at the summit was divided into three streams: building emotional intelligence (EI) and trust, strategic grievance handling and labour arbitration foundations. Members received valuable tips and tools through a variety of techniques, including facilitation, guest speakers, panel discussions, self-assessments, role playing and other exercises. And if the evaluations are anything to go by, these three sessions were right on target.

"I came away with a much better understanding of the process and my part in it, which I will share with my members," noted one participant about the labour arbitration foundation program, while another said of the grievance handling session: "I enjoyed the lived experiences amongst the group and the facilitators spoke of real case scenarios to apply experience to knowledge."

"It was such an inspiring and educational experience," added



"This was an awesome program. I've never attended anything like it!"

— SUMMIT PARTICIPANT

another about the EI stream. "I gained a much better understanding of myself and a clearer insight into how I react and present myself. It allowed me to reflect on how to make connections to members and others in my life through the trust I build."

Throughout the week, members were also encouraged to build

relationships with each other, and share information and experiences. A room full of active members was also a perfect opportunity for ONA to ask for help in an hour-long phone zap to send messages to Premier Doug Ford and Conservative MPPs that nursing home members deserve a fair contract (see cover story).

FALL LEADERSHIP SUMMIT MARKS ANOTHER FIRST

Another ONA first was the inclusion of a Diversity, Equity and Inclusion stream in our Fall Leadership Summit, which aligns with our Strategic Plan priorities, *Everyone Included* and *Telling Ontarians the Truth*.

This stream, open to 20 participants chosen from expression of interest, provided key learnings about anti-racism and anti-oppression (ARAO), recognizing it as a core component of ONA's work. Participants learned skills to campaign for change and discovered strategies to implement within their workplaces and communities to shift systems. They also developed a group presentation reflecting their learnings and how they will use the information to inspire and engage their colleagues.

The summit was held from September 23-27 at the Oakwood Resort in Grand Bend.

WORKPLACE VIOLENCE CAN'T BE TOLERATED, HEALTH AND SAFETY CAUCUSES HEAR



Members from Region 4 gather for our annual Health and Safety Caucuses in Niagara Falls, one of several held throughout the province in late spring on the serious topic of workplace violence.

Members must never stop advocating for workplaces free from all forms of violence, delegates at our annual Health and Safety Caucuses were told.

Under the theme, *Preventing and Responding to Violence-Related Incidents in the Workplace*, the Caucuses, which took place in late spring in all five Regions (Region 1 met virtually), were designed to provide our health and safety leads and other members with information and tools to apply in their own workplaces to address this solemn issue.

FACT GATHERING

"Workplace violence encompasses a range of harmful behaviours, including physical assaults, verbal abuse, intimidation and discrimination, and these acts jeopardize the safety and security of us all and undermine our health-care system's trust and integrity," Region 4 Vice-President Grace Pierias, who holds the portfolio of occupational health and safety, said in opening the Caucuses. "Patients, families and colleagues lash out in moments of distress and frustration, often resulting in physical and psychological trauma and harm, and emotional distress. The epidemic of violence in health care can't be tolerated."

She noted there are many risk factors and root causes of workplace violence, including the stressful environments

in which members work, long working hours, inadequate staffing, and gaps in training and supports for conflict resolution and de-escalating techniques.

ONA litigators Lori Harreman and Rob Dobrucki, who set the landscape for the current state of affairs in workplace violence caselaw, including significant settlements and awards, added there are different ways of addressing such issues arising in the workplace.

"There's the legal grievance option, discussing it through your Joint Health and Safety Committee (JHSC), and trying to work collaboratively," said Harreman. "There is also the potential to call the Ministry of Labour and bring in an inspector and potentially appeal those orders. All of these processes have strengths and weaknesses, so it's important to consult with your ONA servicing Labour Relations Officer, Health and Safety Specialist and possibly even Litigation at an earlier stage so we can strategize the best way to bring forward a legal challenge to the employer's conduct. Regardless of the method, fact gathering is absolutely essential to a good outcome."

"WE AREN'T ALONE"

Using an interactive quiz, labour and employment lawyer Mireille Mortimer outlined ways to evaluate the effectiveness of an employer's workplace harassment/

violence investigation report while ONA Workplace Safety and Insurance Board (WSIB) Appeals Team specialists Candis Simpraga and Marlene Ciarrocchi provided advice on how to attain an accepted WSIB claim following a workplace violence incident, including filling out the necessary forms.

Health and Safety Specialist Denise Werner highlighted the four forms of violence that can be encountered in the workplace – external from someone with no legitimate relationship to or business with the employees, those involving patients/residents/clients, those involving workers, and domestic violence that can spill into the workplace – central components of a workplace violence and prevention program/policy and employer obligations; risk assessments; information that should be provided to the JHSC; and ONA resources and tip sheets.

It is that assistance from ONA that two members with firsthand experience of workplace violence – Angie and Louise, who were featured in videos that played during the Caucuses – said was so critical.

“I am forever grateful for the information and recommendations ONA gave me and support from staff,” said Angie, while Louise emphasized that “as ONA, we are strong; we have to be relentless and keep fighting for the safety of our staff and patients, and remember we aren’t alone.”

Pierias couldn’t agree more, adding that we have the power to put an end to workplace violence.

“We must invest in comprehensive training programs that equip health-care workers with skills and resources to defuse tense situations and respond effectively to acts of violence,” she said. “We must establish clear protocols and procedures for reporting incidents of violence and provide support to affected employees, including access to counselling services and mental health supports. We must cultivate a culture of respect, empathy and accountability within our institutions

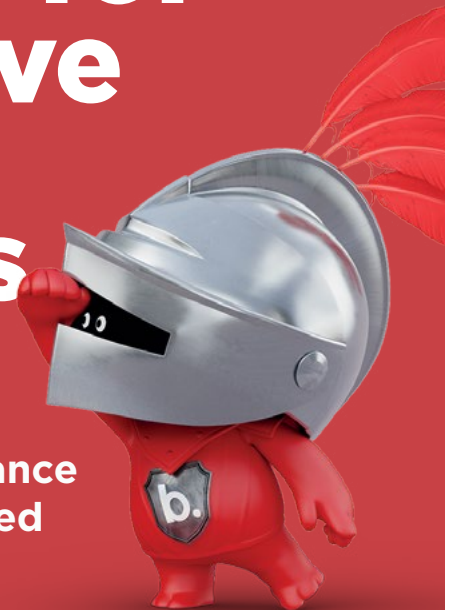
to promote diversity and inclusion and address systemic inequalities. We must work collaboratively with law enforcement, community organizations and policymakers and address broader social factors contributing to this violence such as substance abuse, mental health issues and socio-economic disparities. The issue of workplace violence in health is a moral imperative that demands unwavering attention and commitment, and we must come together in solidarity to create safe, supportive and compassionate environments where health-care workers can fulfil their calling without fear of harm.”



Learn more and find resources at ona.org/ohs.

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ERIN ARISS, RN

SUITE DE LA PAGE 4

leurs difficultés à fournir les soins dont ont besoin leurs patients, leurs résidents et leurs clients. Cela peut présenter un véritable dilemme moral. En termes simples, la main-d'œuvre infirmière est épuisée, lasse et cherche de meilleures conditions de travail. Malheureusement, les professionnels des soins de santé ne sont pas dans une meilleure situation.

Mais attendez, ce n'est pas tout. Nous avons récemment appris que d'après les projections du gouvernement Ford lui-même, l'Ontario a besoin de 33 200 infirmières et infirmiers de plus et de 50 853 préposé-e-s aux bénéficiaires supplémentaires d'ici 2032 – dans quelques années seulement! Je dois ajouter que le gouvernement Ford a tenté de dissimuler ces projections. Bien que le gouvernement ait gagné une bataille devant le Commissaire à l'information et à la protection de la vie privée pour que ces chiffres n'entrent pas dans le domaine public à la suite d'une demande d'accès à l'information de Global News, les informations ont été mises à la disposition de La Presse canadienne au moyen d'une demande distincte.

Ainsi, outre le fait que ces projections, ajoutées aux chiffres de l'ICIS, dressent un tableau encore plus sombre de la situation, le public sait maintenant que le gouvernement Ford en est conscient depuis très longtemps – nous tirons la sonnette d'alarme sur la pénurie d'infirmières et d'infirmiers depuis des années – et refuse toujours de faire quoi que ce soit à ce sujet.

Le gouvernement a eu une véritable opportunité l'été dernier lorsque le NPD a proposé un projet de loi qui garantirait des ratios de personnel infirmier par patient pour des types de soins particuliers (voir page 26). Ces ratios auraient assuré la sécurité du personnel et des patients. Le gouvernement Ford a préféré utiliser sa majorité pour rejeter cette proposition, à un moment où d'autres régions du monde et deux autres provinces canadiennes – la Colombie-Britannique et la Nouvelle-Écosse – intègrent des ratios de personnel assurant la sécurité dans les lois et/ou les conventions collectives (voir page 26). Je pose donc la question suivante au Premier ministre Ford : compte tenu de l'explosion démographique, du vieillissement de notre population et de l'aggravation de la pénurie de personnel infirmier, comment pouvez-vous continuer d'ignorer cette situation grave? Quel est votre plan à long terme?

La bonne nouvelle, c'est que nous avons la capacité de renverser la vapeur à la prochaine élection provinciale, qui pourrait avoir lieu plus tôt que nous le pensons. Mais il faudra que chacun et chacune d'entre nous collabore. Nous vous fournirons plus de renseignements au cours des prochains mois, mais je vous implore maintenant de participer aux prochaines élections, où vous le pourrez et, plus important encore, de voter en faveur des soins de santé. Nous le devons à nous-mêmes et à ceux dont nous prenons soin.



ANGELA PREOCANIN, RN

SUITE DE LA PAGE 5

de ce numéro de *Front Lines* pour voir certaines de vos actions impressionnantes. Vous êtes le syndicat, et en tant que première vice-présidente chargée du portefeuille de l'action politique des sections locales, je suis extrêmement fière de vous.

Conscient de l'importance cruciale de ce travail, le conseil d'administration de l'Association des infirmières et infirmiers de l'Ontario a récemment approuvé une augmentation des fonds de la Politique 26.11 mis à la disposition de chaque section locale, qui passent de 1 000 \$ à 1 500 \$ par an, et qui sont consacrés spécifiquement aux activités politiques des sections locales. Nous voulons que toutes les sections locales tirent pleinement parti de cet argent, et nous vous exhortons à vous impliquer lorsqu'elles le font.

Mais il existe d'autres façons de participer à votre syndicat que vous ne connaissez peut-être même pas. L'Association des infirmières et infirmiers de l'Ontario dispose d'un vaste éventail d'équipes et de réseaux provinciaux qui ont besoin de votre voix. Vous souhaitez contribuer à l'élaboration et à la mise en œuvre de campagnes dans vos régions, sections locales et lieux de travail? Le Comité provincial d'action politique est en place. Vous êtes en fin de carrière, mais vous souhaitez continuer à participer à l'action politique? Vous allez apprécier notre nouveau Réseau des retraités! Vous trouverez des formulaires d'appel à manifestation d'intérêt sur notre site Web, ona.org, pour ces équipes et bien d'autres. Bien qu'il n'y ait pas toujours de postes disponibles, les équipes assurent une rotation des membres, ce qui vous offrira une autre opportunité.

Votre unité de négociation compte également de nombreux comités et postes dans des domaines comme les activités politiques des sections locales et la pratique professionnelle (l'autre aspect de mon portefeuille) qui doivent être pourvus. Je vous encourage à communiquer avec votre président d'unité de négociation pour voir où il pourrait y avoir un besoin (si vous ne savez pas qui est cette personne, rendez-vous sur ona.org/bup). Quel que soit votre domaine de prédilection, je vous demande instamment d'agir. Avec les mauvais patrons de cette province qui ne vont malheureusement nulle part, les anciennes devises syndicales de *solidarité* et de *force du nombre* ne pourraient pas être plus vraies.

MEMBER PENSION PLAN REMAINS STRONG

Despite the challenging times, the Healthcare of Ontario Pension Plan (HOOPP) remains very strong.

Earlier this year, HOOPP, the defined benefit pension (DBP) plan of the majority of ONA members, announced that it delivered a 9.38 per cent return in 2023, bringing its net assets to \$112.6 billion, up from \$103.7 billion at the end of 2022. The plan's funded status remains very strong at 115 per cent, meaning that for every dollar owed in pensions, it had \$1.15 in assets.

"In 2023, there was considerable economic uncertainty resulting from several factors, including increased geopolitical tension, persistent inflationary pressures and unsteady global growth," said HOOPP President and CEO Jeff Wendling. "Amidst this volatility, HOOPP delivered strong returns in support of our pension promise to the health-care workers of Ontario."

Other HOOPP highlights from the year include:

- **Climate plan:** HOOPP reinforced its commitment to sustainable investing with the launch of its climate change strategy, which outlines its approach for achieving net-zero portfolio emissions by 2050.
- **Retirement security research:** HOOPP continued its research around improving retirement security outcomes for all Canadians, including commissioning a discussion paper that suggests Canada may be heading for a renaissance of DBP plans.
- **Growth:** HOOPP added more than 30 new employers to the plan, including hospices, community care and family health teams, with the number of members growing from 439,630 to 460,381.



\$1.15 AMOUNT HOOPP HAS IN ASSETS FOR EVERY DOLLAR OWED IN PENSION

"HOOPP had a successful year on many fronts," Wendling added. "At the core of all we do is our commitment to our pension promise to the health-care workers of Ontario, so we are pleased to have delivered significant value to our members this past year, maintaining our strong funded status so pensions remain secure."



Watch a short video outlining the benefits of being a HOOPP member at youtube.com/watch?v=riVoOA7OMUI.



Read more at hoopp.com.

Your HOOPP Pension is Increasing!

HOOPP's Board of Trustees, which includes representatives from ONA, has approved a benefit improvement for active members, supported by the overall strength of the plan (see main story).

All members active in HOOPP on or after July 1, 2024, will receive this larger lifetime pension for contributory service in 2023. For example, a full-time member with average earnings of \$60,000 and a full year

of service earned in 2023 can expect to receive an extra \$300 per year as a result of this benefit improvement. If that same member received their pension for 20 years in retirement, this would result in an additional \$6,000 in pension income.

The HOOPP Board also announced that contribution rates will remain unchanged until at least the end of 2026. Those rates have not changed since 2004.



Doug Ford's health-care fail.

According to recent numbers, Ontario has the lowest number of registered nurses per capita in the country. Ontario also ranks dead last in the amount spent on health care per person. Underfunding and short staffing - that's Doug Ford's approach to public health care.

Behind the numbers there are the real people who are being failed by our health-care system. The family waiting for hours in the hospital ER because of the staffing crisis. The nurse who reluctantly abandons the profession she loves, to escape unbearable burnout and moral distress. The housebound senior in crisis because there aren't enough home-care resources to provide the services he needs. And on and on.

Doug Ford says his government is transforming health care - but it's not for the better. Numbers don't lie, and neither do the stories. It's time for change.

Nurses talk truth.



**ONTARIO NURSES'
ASSOCIATION**

NursesTalkTruth.ca