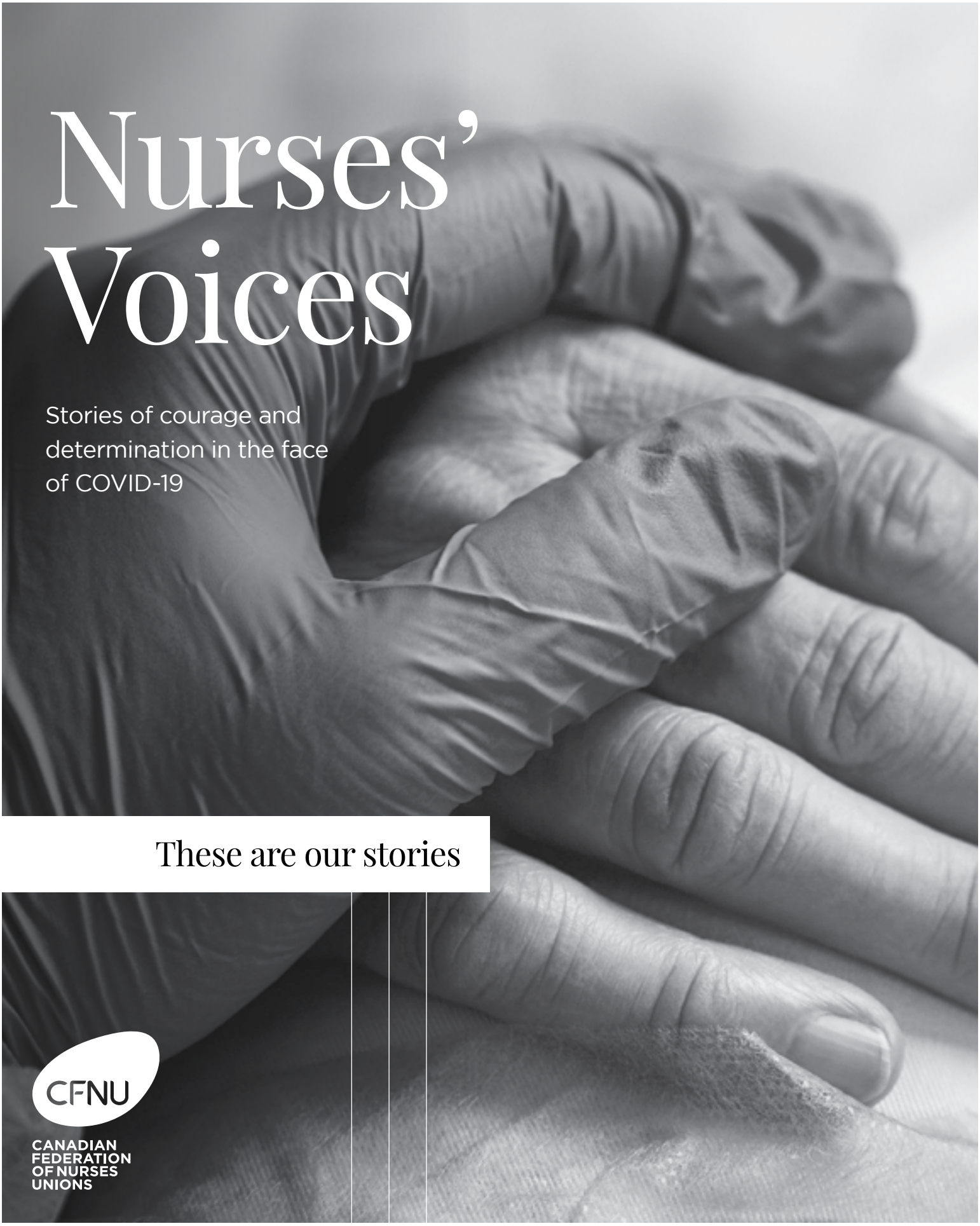

Nurses' Voices

Stories of courage and determination in the face of COVID-19

These are our stories

CFNU

CANADIAN FEDERATION OF NURSES UNIONS

Nurses' Voices

Stories of courage and determination
in the face of COVID-19

We Are Canada's Nurses

The Canadian Federation of Nurses Unions is Canada's largest organization representing Canada's frontline nurses in every sector of health care – from home care, longterm care, community and acute care, including nursing students – and advocating on key health priorities and federal engagement in the future of public health care.

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CFNU project team
Project manager & chief editor:
Ben René
Researcher & author of chapters 1 and 3:
Carol Reichert
Project support:
Oxana Genina
Translation by:
Jocelyne Demers-Owoka, Ideal Translation
Design and layout:
Alyster Mahoney

***rabble* project team**
Publisher, *rabble.ca*:
Kim Elliott
Managing editor:
Breanne Doyle
Journalist:
Stephen Wentzell
Journalist:
Matthew Behrens
Editor:
Michelle Gregus
Editor:
Chelsea Nash

From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis and First Nations People that call this land home. The Canadian Federation of Nurses Unions is located on the traditional unceded territory of the Algonquin Anishnaabeg People. As settlers and visitors, we feel it's important to acknowledge the importance of these lands, which we each call home. We do this to reaffirm our commitment and responsibility to improve relationships between nations, to work towards healing the wounds of colonialism and to improve our own understanding of local Indigenous peoples and their cultures.

This book is dedicated to all the nurses and health care teams whose courage and determination during the COVID-19 pandemic inspired the world. During Canada's darkest hour in recent history, you rose to the occasion and braved the storm. As a nation, we owe you a tremendous debt of gratitude for your unflagging efforts on the front lines of this pandemic.

Trigger warning

Many of the stories in this publication touch on topics that may be triggering to some. It goes without saying that many of these stories include descriptions of intense anxieties brought on by the pandemic, detailed medical talk and death.

Two stories briefly touch on suicide and suicidal feelings: these are clearly identified with a trigger warning. Please skip these stories if these topics are triggering to you.

Help is available.

The CFNU is committed to destigmatizing mental illness. In the wake of this pandemic, our psychological health has been tested like never before. As has been often said over the last two years: it's okay not to be okay.

Recent CFNU research shows that nurses feel more comfortable expressing their anxieties and feelings to fellow nurses who can better appreciate their particular situation. Certainly, there is no denying the power of a compassionate ear from a trustworthy friend, but please remember that there are mental health professionals ready and willing to help you and your colleagues. Below are just a few resources you can consider.

Employee Assistance Program

Your unions have fought for your access to Employee Assistance Programs (EAP). This valuable resource is available anytime; calls are answered by mental health professionals with a background in counselling, social work or psychology. They can also refer you to external community resources if your needs require more than short-term counselling. For more information on EAP, please speak with your employer or your union.

Wellness Together Canada

Wellness Together Canada was created by the Government in Canada in response to the significant psychological pressures brought on by COVID-19. Mental health and substance use support to everyone in Canada at https://www.wellnesstogether.ca/en-CA/wellness-for-healthcare-workers. This virtual service is free and available 24/7.

If you experience any form of acute mental distress, please dial 911 or contact Crisis Services Canada at 1-833-456-4566, or 1-866-277-3553 if you reside in Quebec. The Canada Suicide Prevention Service is available 24/7 for telephone support.

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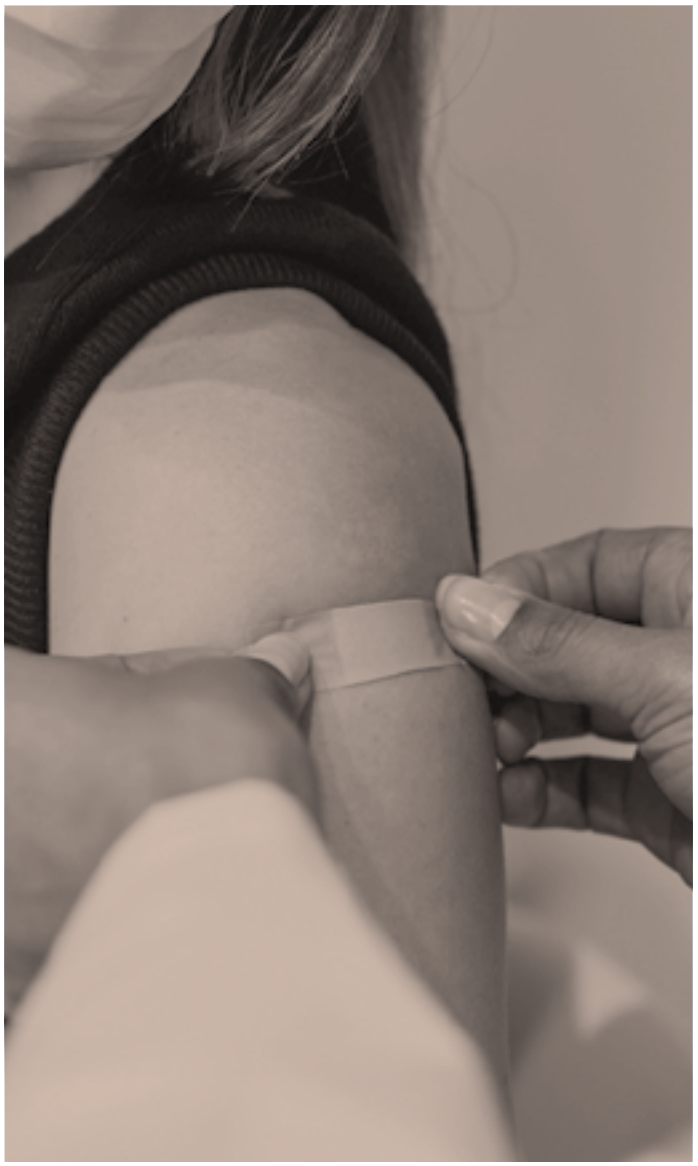

President's message

By Linda Silas

Throughout the pandemic, we have heard from a wide range of voices.

Politicians, pundits and public health experts have weighed in from their podiums and dominated the Internet and the airwaves. Amid this cacophony, the stories of nurses have remained largely unheard.

In *Nurses' Voices*, the Canadian Federation of Nurses Unions gives frontline nurses – licensed practical nurses, registered nurses, registered psychiatric nurses and nurse practitioners – the opportunity to share their stories.

What follows are stories of courage, dedication and unwavering professionalism by nurses. Day in and day out, nurses braved uncertain waters to care for their patients, often at great risk to themselves. Despite grave fears for their safety as well as the safety of colleagues, loved ones and patients, nurses didn't hesitate to go into battle.

In those eerie first days of the pandemic, many nurses, both young and old, sat down with their families to write their wills.

To date, over 200,000 health care workers have been infected with COVID-19. Many struggled to recover; others continue to suffer from long COVID. And sadly, over 50 health care workers have died.

Nurses' advocacy extended beyond hospital hallways. As politicians began to let economic concerns drive public health guidance, nurses clamoured for evidence-based policy-making. As COVID-19 began tearing its way through Canada, nurses encouraged the public to wear masks (properly!) and adopt social distancing. To support health care workers, Canadians urged each other to do their part to flatten the curve. Later, when vaccines became available, nurses were among the first to roll up their sleeves and beseeched all Canadians to follow their lead – to trust in the science and to trust nurses. Likewise, the CFNU was among the first organizations to launch a vaccination education and outreach campaign.

Throughout the pandemic, nurses' messages were anchored in compassion and caring.

Meanwhile, inside hospital rooms, emergency rooms and long-term care homes, nurses struggled to comfort their patients, residents and family members. Buried under cumbersome layers of PPE, reassuring smiles were hard to find. In the ICU, nurses were experiencing great highs and terrible lows. These nurses describe the joy they felt when a patient finally beat COVID-19 and the immense heartache of seeing patient after patient succumb to the virus.

The pandemic also meant that patients' bedsides were devoid of the reassuring presence of family members; nurses, who often had to enforce this restriction, were not immune to the pain and sadness they saw as patients and their families were forced to stay apart.

Throughout the pandemic, nurses have had to deal with an endless number of stressors, both inside and outside the workplace. In these stories, nurses overwhelmingly highlight their colleagues as an unfailing source of strength and support. The rapport they shared with their colleagues helped them get through the worst moments of the pandemic.

These stories provide a compelling window into the emotional and physical toll of the pandemic. Increasingly, nurses are speaking of compassion fatigue and moral distress. After more than two years of unremitting stress, many of them are feeling the effects of burnout.

Undoubtedly, the pandemic has left an indelible mark on both nurses and our health care system.

With respect to COVID-19, it's clear we are still wading into an uncertain future. The prospects for our health care system, however, are much clearer. We are facing an unprecedented crisis; our health care system is teetering on the verge of collapse.

Nationally, we have reached 126,000 vacant health care and social assistance positions – an all-time high. Each quarter, the number of nurse vacancies across Canada rises. The domino effect is felt throughout the health care system. Those who remain must shoulder the impacts of an unrelenting nursing shortage: increased workloads, untold amounts of overtime and eroding standards of care.

Exhausted by untenable working conditions, many nurses have left the health system. Soon, others will follow.

The deep cracks in our health care system have been vividly revealed for all to see. It has become glaringly apparent that staffing levels in health care facilities are dangerously low. Dwindling staff and grueling schedules are regularly putting patient safety at risk.

Enough is enough. As the nursing shortage increasingly puts Canada's beloved public health care system on the brink of collapse, a concerted effort is urgently needed. To tackle this crisis, governments must work together and put unhelpful jurisdictional squabbles aside. Federal leadership is urgently needed to address this critical health workforce data gap and work towards an evidence-based approach to health human resources planning.

In Canada's darkest hour in recent memory, nurses and health care workers showed bravery, solidarity and resolve to shepherd us through the pandemic. As a nation, we owe them an immense debt of gratitude. Nurses are demanding respect and fairness: they want to be empowered to provide the best care they can in a safe and supportive environment, with appropriate nurse-patient ratios, and where workloads are sustainable and safe patient care informs decision-making.

It's time we listen to nurses' voices. ■

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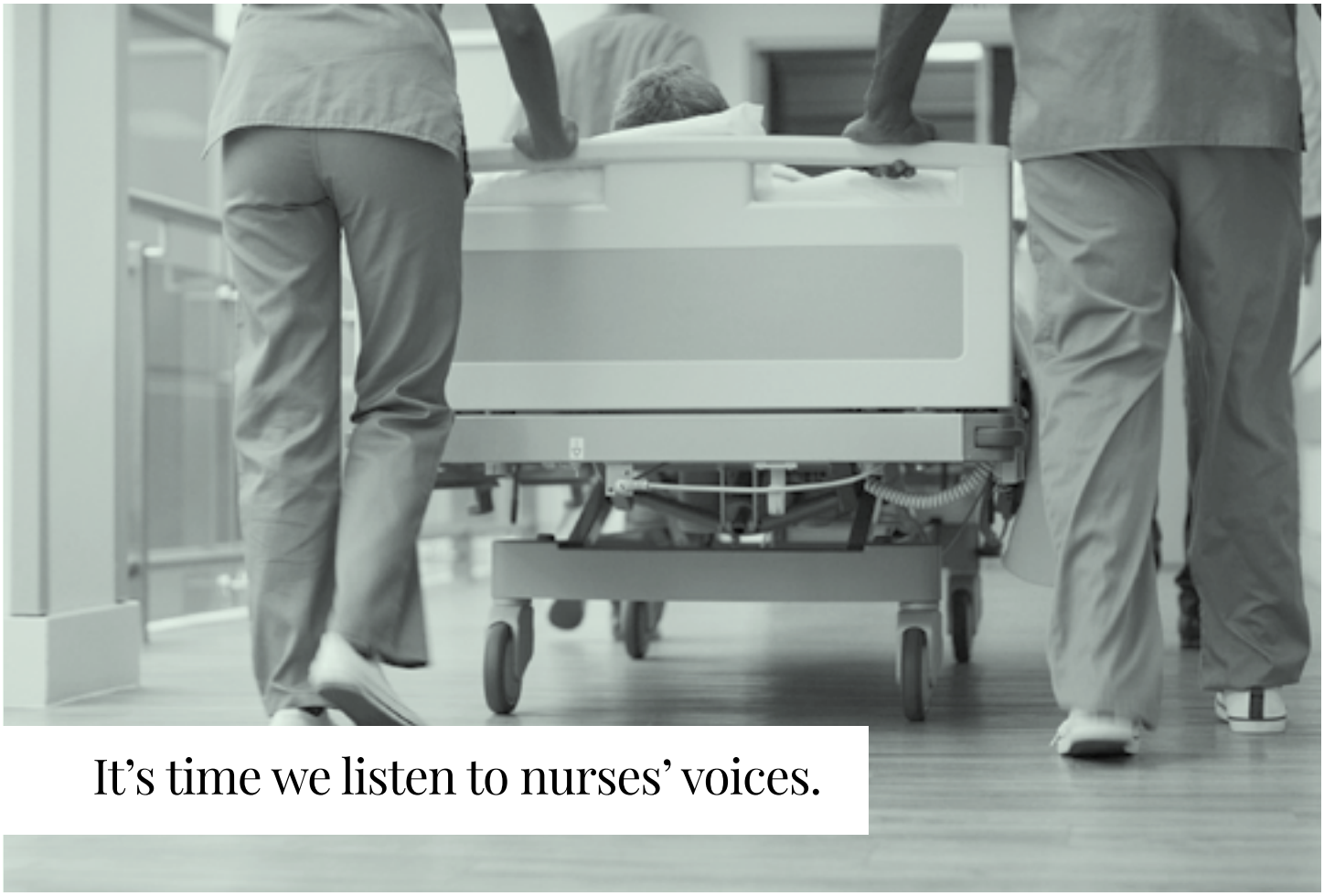

It’s time we listen to nurses’ voices.

Author's note

By Kim Elliott

It is an honour for rabble.ca to co-produce this timely and important book, Nurses' Voices: Stories of courage and determination in the face of COVID-19, that brings visibility and public attention to the realities and experience of frontline nurses' work during the extraordinary times of a pandemic.

Most of us could not have foreseen a public health crisis affecting all of humanity on such a global scale and now trickling into a third year. And yet here we are, still struggling to come to terms with the direct and indirect impacts of this pandemic.

So much has changed on so many levels that it is both profoundly uplifting and disturbing. Uplifting because we have witnessed and experienced the solidarity and common cause with nurses and health care workers who have bravely taken care of us day by day, despite unprecedented challenges, danger and risk. Disturbing because the pandemic has exposed – globally and within Canada – deep inequalities of health care access, precarious working conditions, the failure of privatized long-term care for the elderly and individuals with disabilities, and the obscene profit grab by Big Pharma as the race for effective vaccines superseded fair rules and the public interest.

On so many levels, we need critical examination, analysis and learning from the pandemic. We cannot allow time to march forward without understanding what happened; we must come out of this pandemic determined to do better. This unprecedented modern-day tragedy should serve as an opportunity to make our communities and the world overall more just, equitable and compassionate.

At the heart of that learning are the voices of nurses who, as exemplified in this book, showed us all what love and care are really about, in periods of chaos and risk. These voices are clear and strong about what happened but also what needs to be done. These voices and experiences cannot be thwarted or ignored – if we let that happen, we will have learned nothing.

We in the rabble community are mindful too of the other, less publicized, public health crisis of drug overdoses that has taken an unbearable toll on individuals, families and communities across the country. Nurses have been on the front line of that crisis too and experienced the trauma, loss of life and unpreparedness of our health care systems to respond.

This book is a valiant effort to document and illuminate the scope of the pandemic in human terms

On so many levels, we need critical examination, analysis and learning from the pandemic. We cannot allow time to march forward without understanding what happened; we must come out of this pandemic determined to do better.

from those who were at the centre of it. It touches every aspect of our lives – emotional, economic, political and global. It is a deeply personal story, and for that, we are very grateful and indebted to the nurses who shared their pain and experience in such an open and honest way.

rabble.ca has a history of over 21 years of seeking the truth and reality of people and communities that are often overlooked and left unheard. It is a mission of solidarity and hope to realize the truths around us and bring forward transformative change that makes us all better off. We believe this book and its powerful stories are transformative.

We offer our respect and thanks to the Canadian Federation of Nurses Unions and its president Linda Silas, in particular, for having the foresight and courage to see the importance of this publication.

Most of all, we thank the participants who agreed to be interviewed and who gave their time and energy so we can learn the important lessons from the pandemic.

It has been a privilege and honour to work in collaboration with nurses.

Kim Elliott, Publisher, rabble.ca,
and the book production team:
Breanne Doyle, Managing Editor
Stephen Wentzell, Journalist
Matthew Behrens, Journalist
Michelle Gregus, Editor
Chelsea Nash, Editor ■

Chapter 1

Gathering clouds

By Carol Reichert

Just three days into 2020, *The Globe and Mail* headline welcomed the new year with a brief article entitled “Health authorities seek to identify the cause of pneumonia outbreak in China as cases rise”. The article – just a little over 300 words in length – described the outbreak of 44 cases of a mysterious form of pneumonia in the central Chinese city of Wuhan in Hubei province.

Asked about the outbreak, the World Health Organization reported on Twitter that China had identified a cluster of pneumonia cases of unknown origin. However, there were no deaths, and officials were still investigating the cause.

It would later emerge that China had detected cases of the virus in mid-November 2019 but failed to report them.

Five days after the WHO's Twitter post, Chinese authorities reported that a novel coronavirus caused the outbreak in Wuhan. The first death occurred only a few days later.

By January 13, 2020, the novel coronavirus was detected in Thailand; this was the first time the virus was detected outside China. That same day, the Public Health Agency of Canada issued an advisory saying Canadians were "at low risk" of contracting the novel coronavirus, but PHAC posted a warning to Canadian travellers in Wuhan.

The next day, seeking to allay fears about the spread of the virus, the WHO reassured the world that there was "no clear evidence of human-to-human transmission." Less than a week later, the WHO confirmed "limited human-to-human transmission."

As news about the emergence of a novel coronavirus made global headlines, Canadian nurses braced themselves for what was to come.

There was an immediate sense of fear and foreboding among those who had worked during the 2003 SARS outbreak, which took 44 lives, including two nurses who were members of the Ontario Nurses' Association and a family doctor.

Canada's experience with SARS highlighted the serious deficiencies in its public health infrastructure. Our nation's lack of preparedness meant that we were the hardest hit by SARS outside of Asia. In fact, Canada's failures during SARS directly led to the creation of the Public Health Agency of Canada.

The detection of the novel coronavirus in Wuhan, China, immediately raised alarm bells for the Canadian Federation of Nurses Unions. Having weathered SARS, H1N1 and Ebola, the CFNU knew delayed action on the part of public health officials could result in dire consequences, especially for health care workers.

Near the end of January 2020, Linda Silas, president of the CFNU, penned a letter to Canada's Chief Public Health Officer, Dr. Theresa Tam, urging her to include nurses' unions in their direct consultations to better inform infection prevention and control guidance. The CFNU had previously played such a role during the 2009 H1N1 outbreak and the 2014 Ebola scare. The CFNU explained that, as representatives of frontline nurses, nurses' unions were responsible for their memberships' health and safety.

The public health agency dismissed our request.

Alarmed by the PHAC's response, the CFNU followed up with a direct appeal to the then-minister of health, Patty Hajdu. Minister Hajdu

...the CFNU knew delayed action on the part of public health officials could result in dire consequences, especially for health care workers.

agreed to broker a meeting with Deputy Chief Medical Officer Dr. Howard Njoo. The meeting was a success. The CFNU was assured that, going forward, the PHAC would include nurses, and other health care unions, in any subsequent meetings on infection prevention for the novel coronavirus.

By the end of January 2020, the virus had reached Canada; nurses were bracing themselves for impact. With more than 6,000 confirmed cases worldwide, the virus had spread throughout Asia, Europe, Australia and the Americas.

Nurses everywhere were on high alert.

Initially, the CFNU was optimistic that its membership would be protected with N95 respirators. At this stage, little was known about how the virus was transmitted, but N95s and other airborne precautions would be sufficient to keep nurses safe.

Given the palpable uncertainty surrounding this virus and how it was transmitted – uncertainty which the PHAC publicly acknowledged – it behooved public health officials to follow the recommendations from Ontario's SARS Commission report. One of the key lessons from SARS – the precautionary principle – calls on decision-makers to err on the side of caution. Faced with a novel pathogen, health care workers should start off with a higher level of protection; practically speaking, this meant N95 respirators and other precautions aimed at mitigating the risk of airborne spread. Protections could be reduced when scientific evidence indicated it was safe to do so.

In the early months of 2020, Ontario, which had experienced the worst of the SARS outbreak, followed the precautionary principle. It required N95 respirators for health care workers caring for patients who were suspected or confirmed to be infected with the novel coronavirus.

At the time, Ontario's decision was in keeping with guidance in the United States, the United Kingdom and the European Union.

The CFNU urged the Public Health Agency of Canada and all Canadian provinces and territories to adopt Ontario's approach.

“

You know, an alarming memo was recently sent to frontline health care workers in Hamilton, Ontario. It stated: **‘Staff should be keeping their first surgical mask on until grossly soiled or wet, or until an N95 respirator is needed for an aerosol-generating procedure. […] After the procedure, the N95 will be kept on until grossly soiled.**’ Do you have any comment on that memo?

- Don Davies

Sick, sick, sick. It goes against all our training in disease prevention. Any training that we ever got is that you have to derobe after leaving the patient. You have to throw away anything from one patient to the other. And of course, as soon as it is soiled, never mind grossly soiled, you have to discard it.

- Linda Silas

In late February and early March 2020, the demand for PPE supplies, especially for N95 respirators, skyrocketed as countries worldwide vied for a finite supply.

During this time, it also became glaringly apparent that Canada had failed to maintain a sufficient stockpile of PPE despite the PHAC's mandate.

Public health officials and politicians began calling attention to a severe PPE shortage.

On March 11, 2020, the World Health Organization declared that the COVID-19 outbreak had reached pandemic proportions. Canada had just over 100 cases of COVID-19. By the end of the month, the number of cases in Canada would surpass 7,500 cases; more than half a million Canadians would be infected by the end of the year.

One day after the pandemic was declared, Ontario abruptly downgraded its precautions calling instead for 'droplet precautions', which only require surgical masks when caring for presumed and confirmed cases of COVID-19. Ontario's chief medical officer of health, Dr. David Williams, ruled out airborne transmission, stating that the science on COVID-19 transmission was settled.

The Ontario Nurses' Association immediately wrote to Dr. Williams, asking him to reinstate airborne precautions. The new approach, ONA maintained, was completely at odds with the recommendations of Ontario's SARS Commission.

Concerned that health workers were being abandoned as the PPE supply dwindled, the CFNU called on a coalition of health care unions, including the Canadian Labour Congress, the Canadian Union of Public Employees, UNIFOR, the National Union of Public and General Employees, and the Service Employees International Union, to issue a joint statement demanding that both health care workers and their patients be adequately protected in keeping with the precautionary principle.

For nurses in Canada, the downgrading of protections for health care workers marked a turning point during the first wave. In the following months, nurses found themselves in an untenable position.

While the public was largely supportive, hailing them as heroes and angels, politicians' praises rang hollow as nurses struggled to access the PPE they needed to stay safe.

Over the next few months, employers were guided by public health directives that seemed designed to keep stockpiles from shrinking. Alarmingly, nurses were instructed to reuse surgical masks and N95 respirators in ways they had been taught were unsafe – in ways that directly contradicted basic infection prevention and control principles.

One example of a memo on mask reuse issued in Ontario was highlighted at a meeting of the Commons health committee on April 7, 2020, by Member of Parliament Don Davies (Vancouver Kingsway):

> ***Don Davies***: *"You know, an alarming memo was recently sent to frontline health care workers in Hamilton, Ontario. It stated: 'Staff should be keeping their first surgical mask on until grossly soiled or wet, or until an N95 respirator is needed for an aerosol-generating procedure. […] After the procedure, the N95 will be kept on until grossly soiled.' Do you have any comment on that memo?"*
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> ***Linda Silas***: *"Sick, sick, sick. It goes against all our training in disease prevention. Any training that we ever got is that you have to derobe after leaving the patient. You have to throw away anything from one patient to the other. And of course, as soon as it is soiled, never mind grossly soiled, you have to discard it."*

Throughout the spring and summer of 2020, evidence continued to emerge that COVID-19 was airborne. Further, it became apparent that asymptomatic transmission was not only possible but commonplace. Of particular concern was the growing number of reports of superspreader events in Asia and the United States; this pointed firmly towards airborne transmission, which could occur merely by breathing, speaking or singing.

Nurses grew more anxious knowing that they were putting themselves, their patients, their colleagues, their families and their friends at risk every day.

The CFNU and other health worker unions, dismayed by the failure of public health officials to follow the science and acknowledge the risk to health workers, began compiling and posting the evidence of airborne transmission.

Within the CFNU, the occupational health and safety network – Dewey Funk (UNA), Denise Dick (SUN), Tom Henderson (MNU), Erna Bujna (ONA), Paul Curry (NSNU), Jeff Hull (NBNU) and Leah Healey (RNUNL) – played a crucial advocacy role, forming a close-knit group. The network members, led by the CFNU, often strategized throughout the first wave and shared resources to protect nurses. As part of their efforts, members of the network often spoke with officials from the PHAC. Week after week, they urged them to recognize airborne transmission and recommend appropriate PPE in the national infection guidance documents aimed at health care workers. The group repeatedly argued that occupational health and safety principles must serve as a foundation of any guidance, not an afterthought.

Within Canada and internationally, a loose-knit coalition of engineers, doctors, occupational health and safety experts, and others – recently dubbed the Canadian Aerosol Transmission Coalition – banded together to counter the prevailing narrative around 'droplet spread.'

Members of this Canadian group joined with scientists and doctors worldwide to highlight the mounting evidence of airborne transmission. In July 2020, 239 scientists took the extraordinary step of writing a letter to the WHO, asking it to reconsider its position on airborne transmission.

But despite ongoing pressure from nurses and their unions for greater protections, our community was gaslighted by public health officials across Canada who continued to deny the evidence.

Nevertheless, these Canadian coalitions played a key role, alongside the CFNU's health and safety network and other health care unions, in persuading the PHAC to change its public position. In November 2020, the agency finally (albeit quietly) acknowledged that COVID-19 was airborne. It would be January 2021 before the PHAC eventually

changed its guidance for health care workers to reflect the science of airborne transmission.

The constantly shifting ground around transmission dynamics and how to protect oneself made nurses feel uneasy and off-balance.

Some nurses' experiences during the first wave of the pandemic were captured in *A Time of Fear*, a comprehensive report publicly released in October 2020 and authored by Mario Possamai, a former senior advisor to Ontario's SARS Commission.

In this report, nurses described COVID-19 as a sneaky virus that was made all the scarier given its potential to transmit through asymptomatic people. Other nurses described fearing for their family's safety and constantly worrying about bringing the virus home. Rather than take this risk, many nurses chose to physically isolate themselves from their families, staying in RVs or hotels. Nurses who shared their stories in *A Time of Fear* were dismayed by employers' and governments' failures to stockpile and provide appropriate PPE. They lamented the lack of proper safety protocols.

Rather than let their fears paralyze them, nurses and their unions fought back. In March 2020, nurses in Alberta refused to swab patients to test for COVID-19 because they were not provided with N95 masks. Nurses in Newfoundland and Labrador sent 1,700 emails to their Ministry of Health and Community Services, asking for access to proper PPE. Health care unions filed thousands of complaints with provincial ministries of labour and numerous grievances on behalf of their membership.

When all else failed, unions went to court to protect their membership. For example, the Ontario Nurses' Association was compelled to take several long-term care employers to court to protect its membership. During the first wave of the pandemic, thousands of residents were infected in long-term care, and many died in overcrowded homes with lax infection prevention protocols. Workers lacked access to basic PPE as facilities rationed surgical masks and N95 respirators, sometimes locking them away. This likely contributed to many infections among long-term care workers. During the first wave, health care worker deaths were concentrated in the long-term care sector.

Nurses' unions also targeted their efforts towards providing their members with practical tools to

Canada's failure to learn the lessons of SARS and to implement the precautionary principle resulted in thousands of health care workers being needlessly infected with COVID-19 during the first wave.

prevent infection and death. Across Canada, as an interim measure to address employers' failure to uphold basic occupational health and safety principles, agreements were negotiated to empower nurses through point-of-care risk assessments (PCRA). These allowed individual health care workers to use their professional judgement and clinical experience to identify the PPE they need based on an assessment of the situation and the patient.

Nevertheless, despite all the efforts of nurses' unions, by July 23, 2020, as the first wave ebbed, 21,842 health care workers in Canada had been infected; they represented an astonishing 19.4 per cent of all cases in Canada.

Tragically, several health care workers died during the first wave. The first registered nurse to die, Brian Beattie, 57, died on May 11, 2020. Beattie, an Ontario Nurses' Association member, worked in a long-term care home in London, Ontario.

To date, over 50 health care workers have died of COVID-19 in Canada, joining over 100,000 health care workers who have died worldwide.

Canada's failure to learn the lessons of SARS and to implement the precautionary principle resulted in thousands of health care workers being needlessly infected with COVID-19 during the first wave, many of whom would go on to suffer from the symptoms of long COVID.

More worrying still, Canada's failure to protect health care workers during the pandemic added to an already high level of stress among nurses, many of whom were already battling anxiety, mental distress and severe burnout symptoms from decades of untenable working conditions.

Pre-pandemic, severe clinical burnout among nurses – burnout that requires treatment – stood at 29 per cent. By late 2021, that figure climbed to 45 per cent.

Nurses who gave their all to save others feel demoralized and abandoned by the public health officials and governments who failed to protect them.

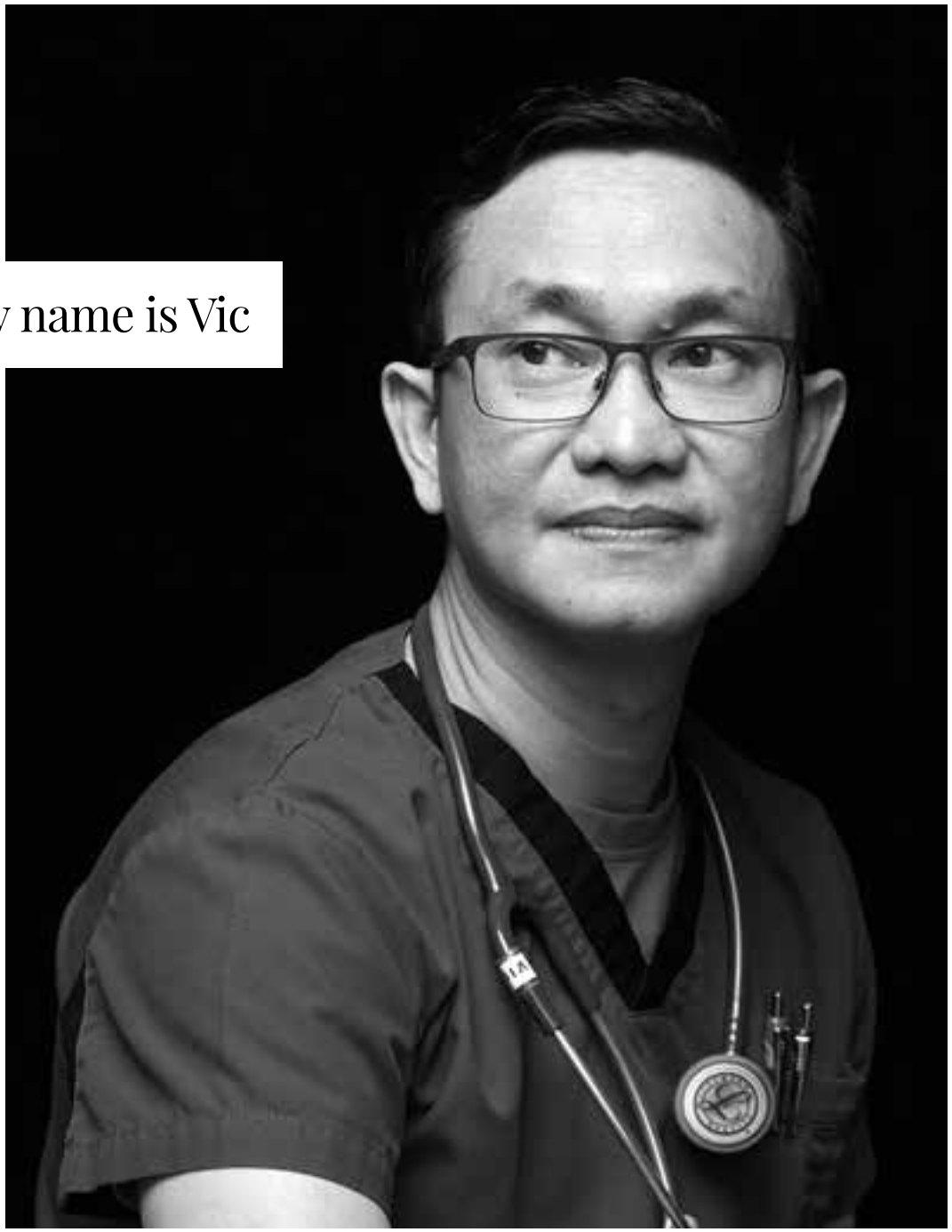
Two years on, as the first waves of the pandemic are receding into history, nurses everywhere are now drawing a hopeful breath and hoping that the worst is over. ■

Nurses who gave their all to save others feel demoralized and abandoned by the public health officials and governments who failed to protect them.

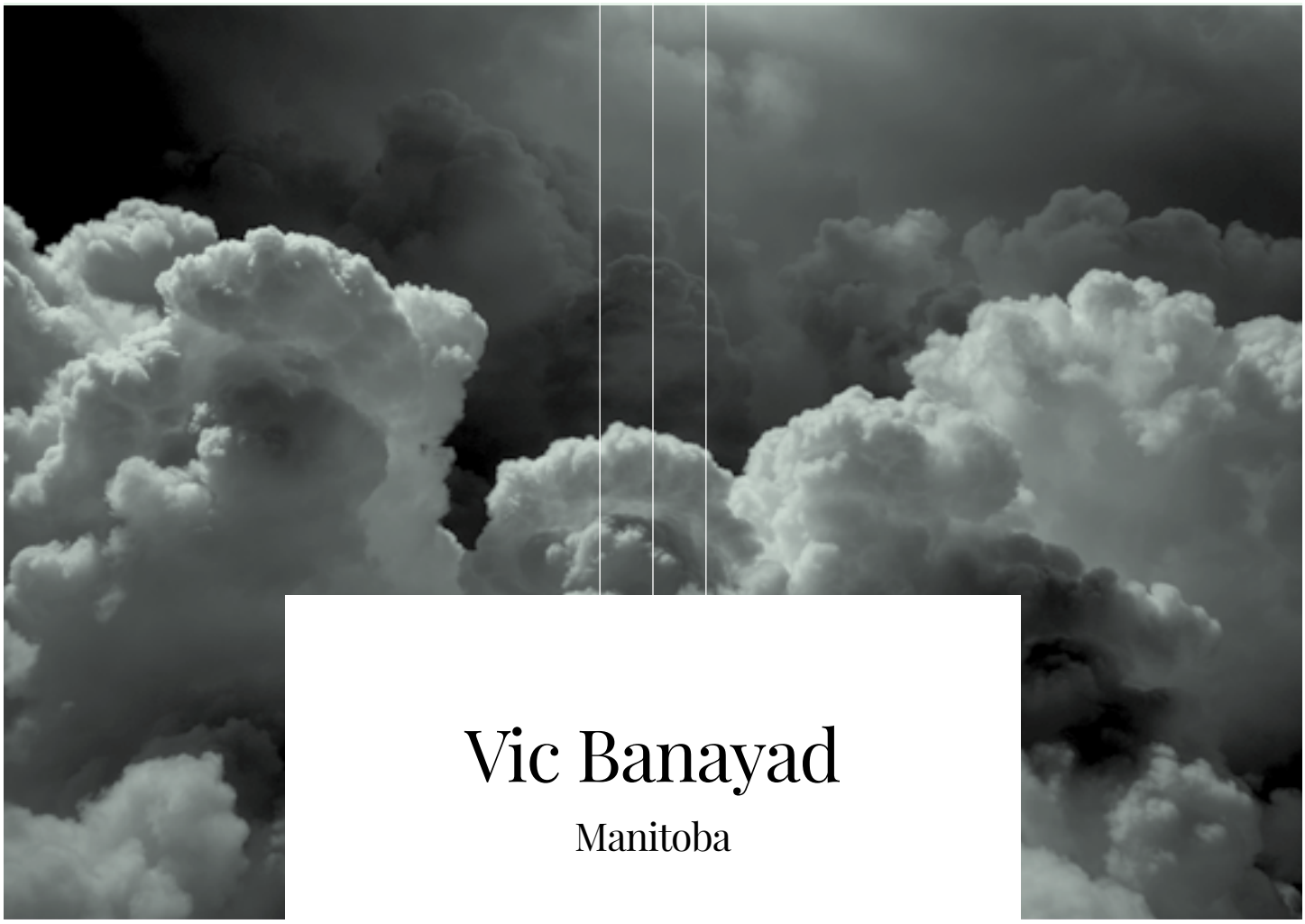
Chapter 2

The storm

Hi, my name is Vic



> It's very, very rewarding when you save a life, basically bringing them back from the dead...



Vic Banayad

Manitoba

Despite receiving a scholarship from Philippines Airlines, Vic Banayad's dream of becoming a pilot was foiled by the requirement for 20/20 vision.

But wearing glasses didn't stop him from exercising what he saw as a civic duty to respond to the nursing shortage in the Philippines, a career choice he's never regretted.

"Being a nurse is not a profession," he explains. "Honestly, it's a calling. If you don't have that heart, a sense of empathy and being very caring for [...] patients, nursing is not for you."

Banayad recalls a female-to-male ratio of 40 to 1 at school, which was later reflected in the profession. Often asked if he was a doctor, he'd patiently declare: "No, I'm a nurse. I'm the one taking care of you."

After immigrating and upgrading (he now teaches at the bridging program that allowed him to receive his Canadian certification), he found his calling as a hemodialysis nurse in Winnipeg, where he's worked since 2013.

A high patient volume over a 12-hour shift – he estimates 180 people come through in three time segments – keeps him and his fellow nurses on their toes, preparing and administering medication, monitoring dialysis machines and adjusting treatment orders.

It can be a stressful environment at the best of times, ensuring fragile patients don't experience a sudden drop in blood pressure when "half their blood is outside their body during the treatment," Banayad explains. "You have to really closely monitor them. I've seen people go sour in a split second."

When news of an overseas pandemic first broke, he felt "it was going to be easily contained." He reasoned Winnipeg receives few direct international flights, so any presumptive COVID patients would have been quarantined upon landing in Toronto or

Vancouver. “But then, it came on like a storm,” he recalls.

Limiting hospital entrances meant lengthy lineups for screening, and while the pandemic was officially declared in March, Banayad notes that he lives in “Winterpeg,” where long underwear and other protections against the cold are part of daily preparation.

Unlike some procedures which could be delayed, dialysis patients really had no choice but to come in: if they did not receive their treatment, they would not survive.

“If you miss a treatment, it’s going to be a game changer; the toxins in your body cannot be cleaned out and the excess water in your system cannot be expelled because your kidneys are already shut down,” he says. “We have patients who need to come in six times a week. That’s the need of their body. It’s a unit that doesn’t stop.”

Banayad recalls some patients were fearful to come in to what is normally a crowded clinic, given their immunocompromised status, but he reassured them that the combination of distancing, PPE, a deep cleaning disinfection regimen that took place hourly (as opposed to every six hours), and the dedication of one isolation unit for COVID-positive or presumptive patients would meet the challenge.

Among the many losses of the pandemic was the break in community connection shared by patients with a common condition. Their sense of collegiality took a hit when physical distancing requirements were implemented and the uncertainty of the early months left everyone thinking “the person next to you could be killing you without you knowing it.”

The ability to decompress while on shift, which normally happens during a meal break, was also seriously impacted.

“Since the pandemic, I’ve been eating in my car,” Banayad shares. “Going to work is your second family, and now you can’t have them beside you.”

Such changes took a heavy emotional toll, but what powers him through is an innate moral duty recognizing “that you’re a vital link in the health system, and if you break it, somebody would suffer.”

> Being a nurse is not a profession, honestly, it’s a calling. If you don’t have that heart, a sense of empathy and being very caring for patients, nursing is not for you.

Banayad also works as a travel nurse, visiting remote northern Manitoba communities grappling with acute staffing shortages. Sometimes in rural areas "there will be just one nurse in a unit," he says. "And sad to say there are times that you need to divert some patients to other facilities for them to get treatment."

Reflecting on two-plus years of the pandemic, Banayad has been shocked to see things deteriorate to the point where a Winnipeg hospital saw protesters blocking patient and staff access.

"It's a free country where you can voice your concerns, but you don't have the right to make others suffer," he sighs.

Like many of his fellow nurses, Banayad is perplexed at the early lifting of protections like mask mandates, which could translate into higher numbers and stress for his team. It's also a concern that the Manitoba government has failed to address staff shortages, and only recently settled a new contract after five long years of negotiation.

During such troubled times, he draws on his memory bank for stories that sustain him.

"It's very, very rewarding when you save a life, basically bringing them back from the dead," he smiles, recalling one patient he revived with chest compressions who, after emerging from several weeks in the ICU, told him: "I heard you're the one who brought me back to life."

Every time he runs into the patient, Banayad says, the man he saved is sure to inform nurses and other patients about what he did.

"That's the rewarding part of this profession. You can't get that anywhere else." ■

Hello, my name is Candice

> I know in my heart that that patient did not need to die.

Candice Bellegarde

Saskatchewan

Trigger warning: suicide

This story briefly touches on the topic of suicide and suicidal feelings. If this topic is triggering for you, please skip this story.

When psychiatric nurse Candice Bellegarde learns about a suicide in the small Southeastern Saskatchewan community where she lives, she can't help but think of the systemic failures that led to a tragic end.

"We have to maintain confidentiality, and while everyone's talking about it, I know in my heart that that was my patient," she says. "That was somebody who knew how to come to us, but they couldn't get in because there wasn't a bed, or they couldn't get help because there was a waitlist."

"Or when they tried to get their appointments, they [weren't] able to get them as frequently as they need because there's not enough nurses to provide the counselling," she continues. "Or we discharge them too soon because the pressure was on to open up a bed, because there weren't enough beds."

"I know in my heart that that patient did not need to die."

For the past quarter century, Bellegarde has been on the front line of what seems like a never-ending battle, trying to keep people going while health care cutbacks continually reduce staffing and programs for vulnerable patients "that sometimes get forgotten in our society."

While it's fair to say many people experienced mental health issues for the first time during the pandemic, Bellegarde says the patients she normally works with have faced additional challenges resulting from public health protocols.

For those living in group settings or for whom daily programming offered a sense of belonging, self-isolation orders proved especially devastating.

Others struggling with depression or addictions struggled even more when the pandemic and resulting economic fallout led to massive job losses. Financial pressures only added to their already high stress levels.

As vital lifelines were cut, Bellegarde worried that her patients' capacity to keep themselves well was rapidly deteriorating.

The switch to virtual counselling and group sessions cut out those who couldn't access the Internet or afford extra data on their phones. The pandemic also profoundly affected in-person treatment in Bellegarde's mental health unit. She says it's difficult to conduct a full mental health assessment without seeing facial expressions, noting that "you can't just do that with a blood test." PPE also impacts health care workers' ability to provide a warm, smiling introduction to distraught patients aching for some non-verbal reassurance.

While one potential solution was introducing transparent masks, they were deemed too expensive. Throughout the pandemic, infection control guidance often came at the expense of ideal patient care.

Unlike other hospital settings, on the mental health unit, the path to wellness is often rooted in social interaction and group activities, especially during meals.

"You have somebody who's already depressed, already withdrawn, secluded and locking themselves away from the world, and now they're in a tiny little six-foot room with four walls," Bellegarde says. "That's where they eat their meals by themselves because they're not allowed to be in a communal area."

The requirement to isolate patients also increased the physical risk to recovering stroke victims, given their inability to properly swallow. "We've had patients choke; we've had critical incidents, because they should be eating in places where we can see them," she says, lamenting the lack of staffing to individually monitor such patients.

Bellegarde also points to a rise in patient violence and the difficulty of trying to explain to someone on a psychiatric hold why they cannot leave their room or have visitors. "You almost can't blame them," she says. "They've lost control of everything,

> They truly are at rock bottom because we didn't catch them early enough in their downfall to prevent it. And it's so preventable in so many cases.

of all their choices, and they don't get even the basic things met. That'd be hard to accept."

Like most of her peers, punishing hours linked to staff shortages have taken a huge toll. She says that, several times a month, nurses find themselves unable to leave their post at shift's end because there's no one to replace them.

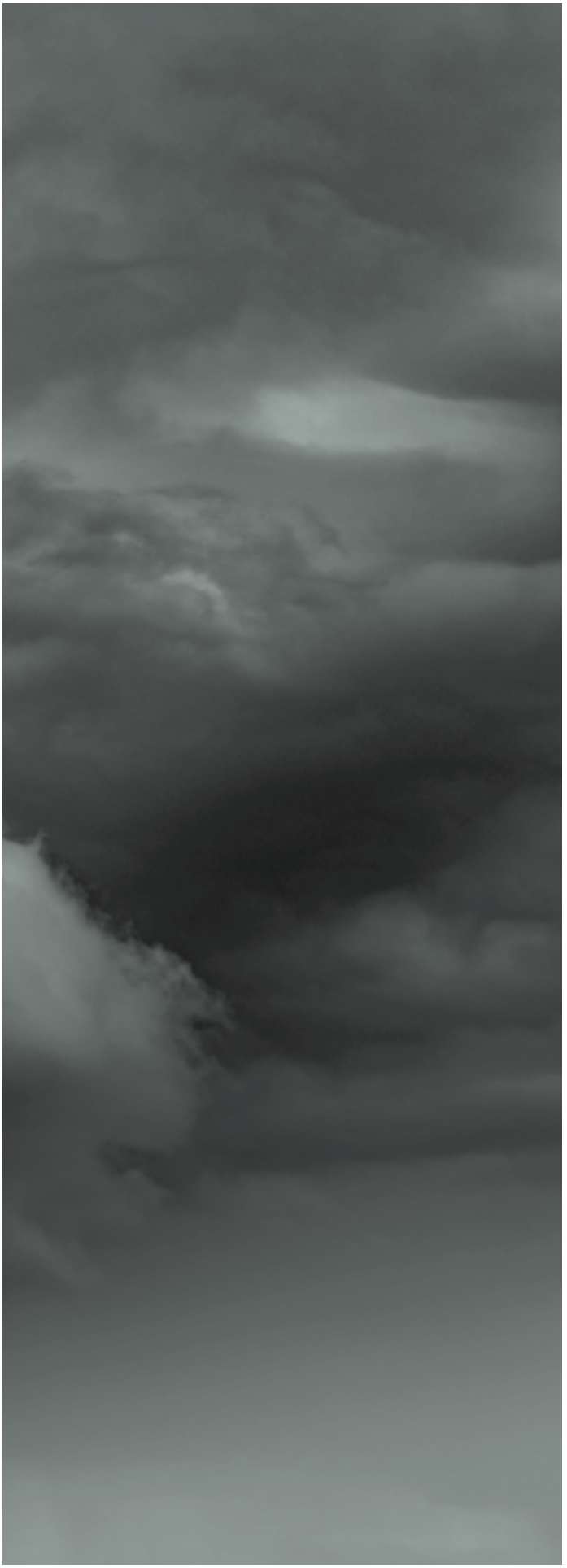
"You don't know, when you go to work, if you're going to be able to go home and see your family after your 12-hour shifts," she remarks. "We know there's a chance that something will change during the day and we'll have to work 24 hours. We're told that's just the way it is; there's no nurses to be had. So you just have to stay."

While Bellegarde believes hiring more full-time staff would vastly improve her working conditions, she knows the suggestion would be met with a common refrain: it's not in the budget.

"So instead, we work all the hours at double time, at the cost of our health, and patient-care mistakes go up," she says. "I can't imagine all of the nurses are as warm and cheerful with their patients at their 20th hour as they are in their first."

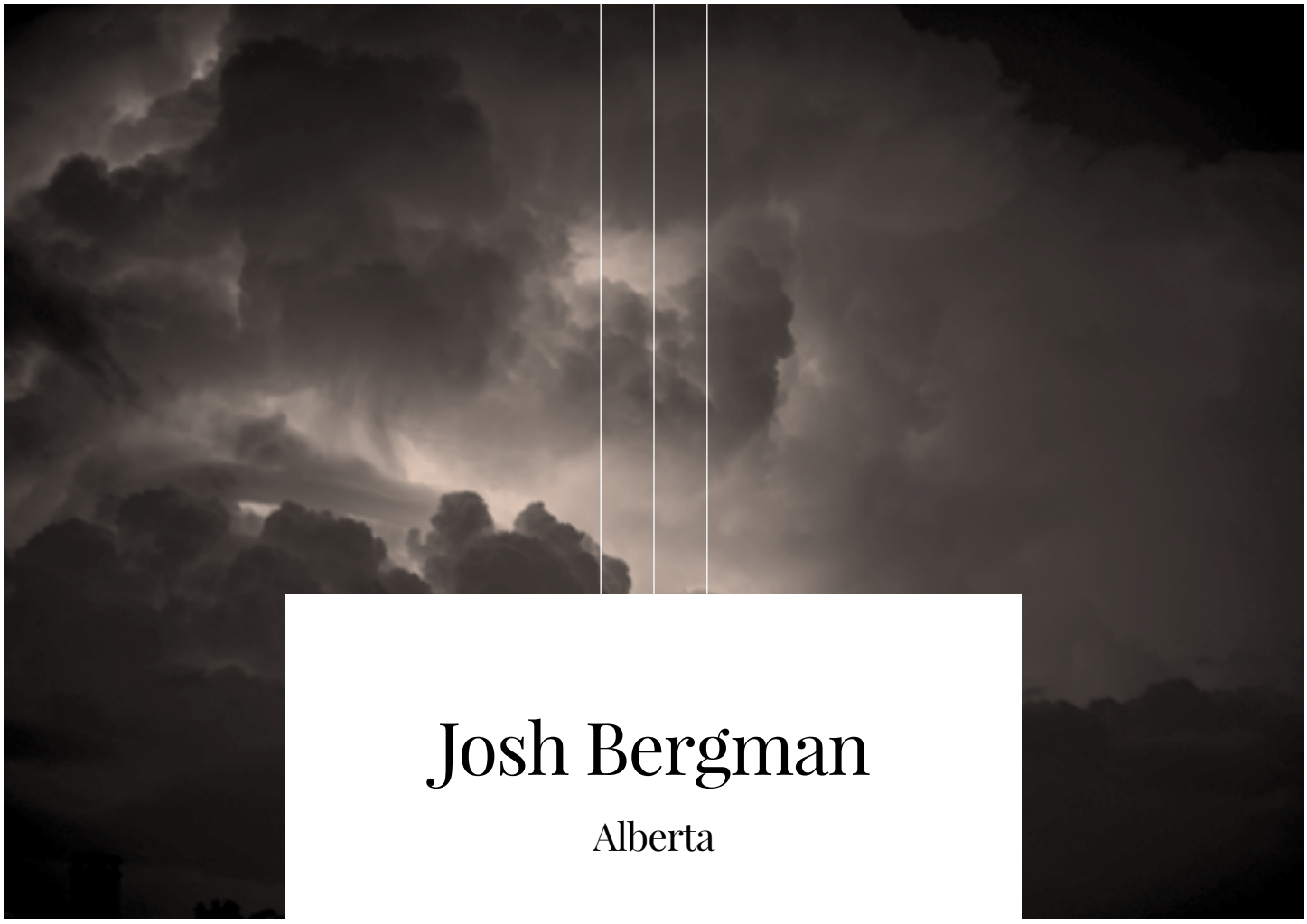
Most frustrating for Bellegarde is the systemic failure to understand that an ounce of prevention is worth a pound of cure. Every day she sees the human cost in people who flounder because they've "never been well enough to recover because they haven't had the treatment they need."

"They truly are at rock bottom because we didn't catch them early enough in their downfall to prevent it. And it's so preventable in so many cases." ■



Hi, my name is Josh

> [...the pandemic took off] at breakneck speed, and we couldn't keep up with the waterfall of information coming out.



Josh Bergman

Alberta

Although he's not been staffing an ICU or emergency room, Joshua Bergman is worn down by a heavy emotional cloud. His work days are spent addressing the fears, trauma and burnout of the thousands of nurses whose pandemic horror stories cross his desk every day. In nursing for 17 years, Bergman is a professional responsibility advisor with the United Nurses of Alberta.

"I'm hearing the moral distress of not having the resources or supports [nurses] need to provide the quality of care they feel they should be delivering," he says.

While his primary objective is to advocate for better working conditions, he often finds himself having to relay unfortunate news: "The staffing you have is the staffing you have, and there's not a lot that can be done immediately to support nurses that are working in the trenches."

The list of concerns is lengthy: understaffed and overcrowded emergency rooms, unsafe nurse-to-patient ratios, redeployment of nurses to areas outside their area of expertise, and sudden increases in workload when fellow nurses must isolate because of exposure or infection.

Just as the pandemic has revealed Canada's socioeconomic fault lines, it's also amplified long-standing concerns about a health care system whose frontline nurses are constantly under siege from cutbacks, privatization, patient violence and various workplace health and safety risks.

Those problems were exacerbated once the pandemic took off "at breakneck speed, and we couldn't keep up with the waterfall of information coming out," Bergman said.

"Things were changing very rapidly," Bergman recalls, from the "what *is* this" bewilderment when the first wave exploded to subsequent struggles for PPE, figuring out how to manage patients, determining who was eligible for vaccines, preserving health care system capacity, and

introducing fourth-wave triage protocols after Alberta Premier Jason Kenney's disastrous, restriction-free "open for summer" plan.

"It feels like with every wave our system is being slowly eroded and [becoming] less resilient to the pandemic."

Bergman appreciates the scale of the challenges but also relishes his role as an organizer for justice. While nursing and advocacy work may not seem intrinsically related, he sees a clear linkage between the two.

"In addition to being advocates for their patients, I see nurses as a last line of defence against a lot of potential things that can go wrong in the health care system – things that could cause harm to patients," he said.

"Nurses identify those risks and often prevent those hazards from arising. But it's not something that's often understood because a lot of this work happens behind the scenes, quietly. Nurses are working in units and programs, and speaking up to their managers or maybe writing letters or showing up to a rally."

A nursing veteran with a resume including stints in critical cardiac care and a master's degree in public health, Bergman's used to battling misperceptions. He recalls the five per cent male contingent in his nursing school cohort and people being "taken aback when you tell them you're going into nursing as a male."

As a professional responsibility advisor, Bergman works from a perch carved out by Alberta nurses whose landmark 1980 strike – which included defiance of a back-to-work order – won them a Professional Responsibility Concerns (PRC) process. It allowed them to raise issues that interfered with their capacity to provide the highest standard of care, and their reporting often leads to negotiations with CEOs and governing boards of health organizations.

"PRCs are the number one issue that our members raise through the union," Bergman explains.

"They far, far outnumber grievances. So with workplace health concerns, the number one issue nurses are raising is really about their patients. That speaks to how incredible this profession is – that the nurses' number one concern is not about their

In addition to being advocates for their patients, I see nurses as a last line of defence against a lot of potential things that can go wrong in the health care system – things that could cause harm to patients.

safety, it's about ensuring that there's the right resources in place to deliver safe care."

Almost two years into the COVID-19 pandemic, Bergman sees no change in that admirable pattern: despite being overworked and nearing burnout, nurses' top priority continues to be calling out practices that contribute to unsafe patient environments.

One of the frustrating things for Bergman is that it doesn't have to be this way, even with the unprecedented challenges posed by COVID and its multiple Greek-letter variants.

Indeed, lessons learned from past infectious disease outbreaks like 2009's H1N1 or 2003's SARS are readily found in the distinctive, weighty tomes produced by commissions of inquiry that often gather dust even as they impressively line the shelves of health care officials.

While working in a sexually transmitted disease clinic, Bergman was deployed to deliver H1N1 vaccines to vulnerable populations and even contracted the virus. He's since devoted considerable time to poring over the SARS commission findings, sadly cataloguing each recommendation that's been completely missed by health care authorities navigating COVID-19.

The employers, he says, "weren't practicing the precautionary principle. They were so slow getting to our position that all health care workers should have access to and be wearing N95s in Alberta, especially when they're caring for suspected or confirmed COVID patients. That took us two years."

Nonetheless, Bergman is hopeful there'll be some time devoted to post-pandemic reflection.

"We need to evaluate what happened, health care employees in tandem with union representatives and frontline workers. Hopefully there'll be a report that isn't ignored this time." ■

Hi, I'm Kathy

> It's not uncommon to shed a tear at the patient's bedside. It shows we're human.

Kathy Bouwmeester

Alberta

Now into her 42nd year of critical care nursing, registered nurse Kathy Bouwmeester was on a ski trip when her friends joked that a mysterious new virus could be sponsored by Corona beer.

But the laughs disappeared once they recognized how quickly the virus had spread. Stuck in quarantine for two weeks, Bouwmeester made sure her will was up to date.

"I wrote my kids and my sister a long email about my personal directives if I got sick and ended up in the ICU and couldn't speak for myself," she recalls. "I was terrified I was going to catch this horrible disease, that I'd end up in the ICU and I was going to die. Now, I'm not as scared. But those first couple of weeks, it was absolutely terrifying."

She's lived through a succession of public health crises, from HIV/AIDS and SARS to the Y2K scare (Bouwmeester remembers New Year's Eve in 1999 when everyone was prepared with flashlights and paper charting in the event of worldwide computer crashes). There was also H1N1, in 2009, which she thought was "going to be the big one." Then came COVID-19.

"I never thought I'd see a pandemic quite like this one."

Indeed, as news reports from New York and Italy featured body bags and mass graves, she thought "this is not going to happen in Canada, or in Calgary, Alberta." And while she saw about a half dozen first-wave patients – none survived – numbers started growing. By the second wave, half her unit was dedicated to COVID.

"In the beginning it was like waiting for the bomb to drop," she says. "I know that sounds completely crazy, but it felt like there's been all this hype and we're waiting for these patients to inundate the ICU."

Bouwmeester credits initial public health restrictions with keeping numbers relatively low – "we

> ...they don't understand why we're here in this place. All they see is glare on your face shield. They must think that they're in a horror movie.

were really proactive back then" – but once they were lifted, "individuals started flooding in."

With each subsequent wave, more ICU space was occupied by COVID patients, including workers infected in the massive Cargill meat packing plant outbreak in Alberta.

"It was heartbreaking. They were so sick, and there was nothing we could do for them," she sadly remembers. "Most of ours passed away."

Despite spending half her working life in an ICU, Bouwmeester found the physicality needed to prepare and care for COVID patients excruciating. "They took hours of work when they were admitted to the unit," she explains. "You line them, you intubate them, you prone them, and that took up to five hours just to get those basic things done. It's labour-intensive, and takes lots of staff to do it."

As the pandemic has dragged on, she says, "We've gotten really good at caring for these patients, we know exactly what to give them. The practice and the familiarity has helped."

But what still mystifies Bouwmeester and her colleagues is COVID's trickiness, often claiming young, healthy patients while sparing relatively older, frail ones.

"I'm a 60-year-old, and it terrifies me that I could get it," she says. "But I'm triple vaccinated, and I do take care." Bouwmeester says she's worked hard throughout the pandemic but, on reflection, the ICU has never been a walk in the park.

For Bouwmeester, a critical part of her work is personal connection with patients and families going through "some of the worst days of their lives." It's also recognizing, as a nursing supervisor once told her, when things have descended to the point "where we're not caring for the patient anymore – we're caring for the family at end of life."

But with visitor restrictions and the requirement to dress up in multiple layers of protection, making personal connections is difficult, especially with patients emerging from lengthy sedation, "who can't see the expression on your face, and they don't understand why we're here in this place. All they see is glare on your face shield. They must think that they're in a horror movie."

In some respects though, Bouwmeester says it's not necessarily different from pre-pandemic work in the

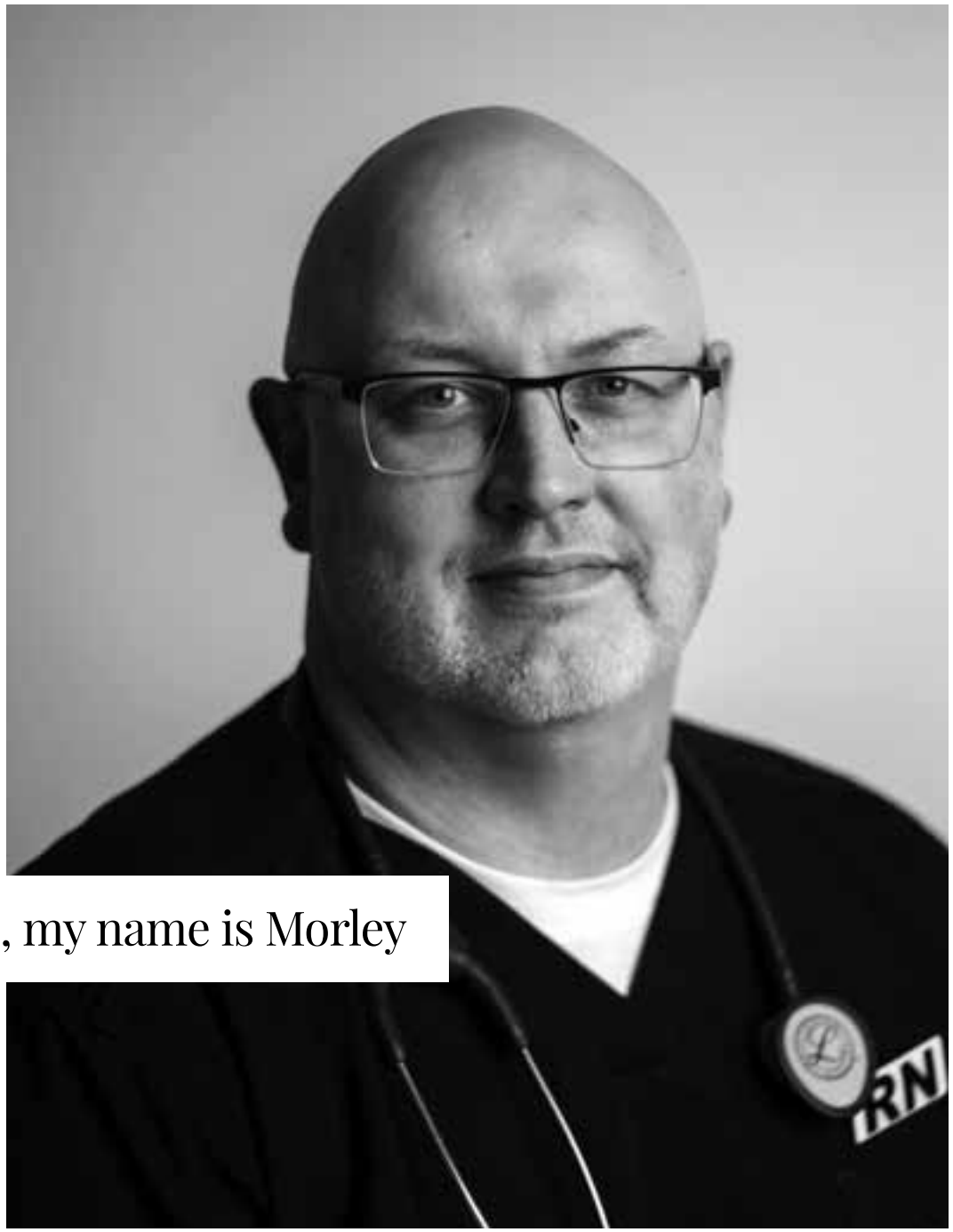
ICU, which “you could actually just say it’s a horror show – period, because it’s the stuff that we do to help patients survive.”

“It’s not easy,” she explains. “We put lines into people, we intubate them, we put tubes into places where there shouldn’t be tubes, we tie people down so they can’t get to their tubes or get out of bed. It’s horrible.”

While she sustains herself recalling remarkable moments when someone who seems on their deathbed makes a remarkable recovery, there’s also moments when “it’s not uncommon to shed a tear at the patient’s bedside. It shows we’re human.”

As she plans to make it to 45 years on the job, Bouwmeester says: “I’m just really proud to be a registered nurse. And I’m proud to be an advocate for my patients.”

“Regardless of who you are, whether you’re vaccinated or not, I’ll still care for you, because that’s my job. I’m not going to pass judgment on you.” ■



Hello, my name is Morley

Photo by: Samantha Kearley Photography

> You use the basement door ... you feel like burning your clothes, or at least washing them right away.

Morley Colbourne

Newfoundland & Labrador

Morley Colbourne is celebrating his 20-year milestone as a registered nurse, and the COVID-19 pandemic is the first time in his career that 'armchair experts' espousing anti-science rhetoric are delegitimizing the work of nurses to such an extreme.

Working in an intensive care unit in Newfoundland, one of his favourite breaks from work is talking about sports with co-workers.

Like many sports fans, Colbourne realized just how serious the situation was becoming as national leagues and teams announced hiatuses due to the threat of COVID-19. Colbourne remembers "one shutdown after another," noting his work was initially "turned upside down" after his workplace was selected as the COVID-19 hospital for the central region. That meant moving the ICU to the recovery room, cancelling any sort of non-urgent procedures, and putting the entire building under lockdown.

Fortunately for Colbourne and his colleagues, Newfoundland didn't see the same ICU admittance numbers as other provinces in the initial stage of the pandemic. It was months before they even admitted a patient with COVID-19 to the hospital, but in the meantime, it felt like a ticking time bomb.

It didn't take long to fill up the nine ICU beds at the health centre.

The hospital's entrance and exit were locked, with security checkpoints becoming the norm for movement around the building.

In order to accommodate regular ICU patients, who would not be allowed visitors, Colbourne helped teach clients how to use iPads provided by the hospital, to preserve some form of communication with loved ones.

Since Colbourne's wife is also a registered nurse assigned to the ICU, he says they haven't had much

time to escape from the front lines. With two kids under the age of 10, they've felt a great sense of apprehension about bringing COVID-19 home. When the country locked down, schools closed, and the reduced availability of child care made it extremely difficult to continue working.

While Colbourne was pleased with the provincial government's response to the pandemic, the decisions being made in the early stages were "made sometimes without much input from the front lines," something that's become a norm in health care. Not only is the government missing their input, but he says frontline workers "tended to be left out of the loop" about changes to protocols and guidelines.

Unlike many of his colleagues in COVID-19 hotspots across the country, Colbourne's team never had any serious shortages of PPE, conserving what they had until the proper supply was procured.

"You use the basement door … you feel like burning your clothes, or at least washing them right away. You're using hospital-issued scrubs at work, as opposed to bringing your own uniforms. We shower before and after leaving work," he explained.

Thinking about the anti-science rhetoric that's fed misinformation and polarization over the past two years, Colbourne calls that "the emotional peak" of the pandemic.

He struggles with the feelings he has towards the people who refuse vaccines but then expect the same level of care when they come to hospitals. The target of conspiracy theories has mutated much like the COVID-19 virus, from political leaders to health care workers and now the education system.

It's hard not to have resentment, Colbourne admitted, when nurses are sacrificing so much during the pandemic even as later waves were being driven primarily by unvaccinated people filling up hospitals.

"For 20 years, you care for somebody because they're sick. You can't help a heart attack, you can't help [if] you're diabetic … you've got all kinds of reasons to show up in hospital," he said. "But to show up for things that they had some control of is a different kind of feeling."

While Colbourne still has the same empathy for those who became extremely sick from COVID-19 after forgoing a vaccine, he has mixed feelings about the same people who villainized nurses and ignored the science suddenly begging for his help.

Colbourne has watched as conspiracy theorists have pushed their anti-science agendas, some even trying to pretend to be health care workers themselves to get their propaganda across. Demonstrations by health care workers had to be

… you've got all kinds of reasons to show up in hospital, but to show up for things that they had some control of is a different kind of feeling.

Photo by: Samantha Kearley Photography

postponed, moved or cancelled outright due to anti-vaccine protests.

"We were afraid to have a rally," he said, noting nurses were careful not to appear as though they were supporting anti-vaccine initiatives when in fact they were being coopted by them. Colbourne talked about the disruptions to patients and services by protesters who create both animosity and unsafe conditions for those seeking and providing care.

It's both disheartening and, as Colbourne believes, unprecedented how the delegitimization of expertise has impacted the health care sector over the last two years, by the uninformed turning their backs on those with experience in favour of those who spout conspiracy theories and lies for their own personal gain.

"I don't profess to be an expert on COVID or an expert in the medical field, per se," he said. "There's lots of things I don't know, but I would like to think that my knowledge and my experience for the last 20 years is worth something." ■

Hi, my name is Pam

> We all have to go onward.

Pam Friesen

Manitoba

Pam Friesen hadn't worked in the intensive care unit for 28 years. But when a fall 2020 wave of COVID-19 cases caused hospitalizations to spike in Manitoba, she stepped up to the plate.

Celebrating her 40th anniversary of graduating from nursing school, Friesen spent a decade working in ICUs before becoming a day surgery recovery room nurse at a sports injury clinic.

Friesen, whose positivity seems more contagious than COVID-19 itself, was redeployed in November 2020 to an ICU in Winnipeg.

In the intensive care unit, Friesen gives each of her patients her undivided attention. While her colleagues take care of more complex aspects of the ICU, Friesen carts in a fresh towel and shampoo to wash her patients' hair – something she's learned means a great deal to clients.

One of Friesen's greatest honours is holding the hand of a patient as they pass away. Due to pandemic restrictions, many people have died without loved ones by their side. Friesen wants to preserve as much of her clients' dignity as she can while keeping them safe from COVID-19.

While the ICU can be a high-stress environment, Friesen is grateful to be back, still keeping up with colleagues half her age after all these years.

Still, the status quo is not sustainable, she says. Governments must address the myriad of systemic factors stretching health systems so thin. Friesen called the mandatory overtime that nurses work in Manitoba "bordering on criminal", adding that it's a terrible labour practice.

"There was a strike in Winnipeg in 1919. It was about the kind of hours and working conditions that people were in," she said, reflecting on how little things have changed. "And here we are 100 years later, with primarily women working sometimes 16 hours at a time for five or six days in a row."

Since Friesen's husband works in the emergency department, they've both found themselves on the front lines of the pandemic. She is proud of her husband, who she says has always been "one step ahead" of the pandemic, advocating for proper PPE, masking and immunization. But her pride is coupled with fears of her husband contracting COVID-19 in the ER.

"There were times when I would wake up in the middle of the night, and I was writing his obituary," she said.

While the lockdowns associated with the pandemic have strained relationships, Friesen says her marriage has only grown stronger over the past two years.

Friesen remembers her final trip before the pandemic, when she went to Costa Rica. When she returned to Canada on February 1, 2020, she noticed some passengers were wearing masks in the Toronto airport.

"We thought, 'oh my goodness, isn't this silly?'" That was just the beginning.

Two weeks later, Friesen went for dinner and to the theatre with friends. That was when one of them, an epidemiologist, told the group it was only a matter of time before the virus arrived in Canada. Friesen laughed, feeling the warning was melodramatic. The next day, the federal government announced widespread lockdown measures in an effort to stop the spread of the virus.

Well into the pandemic, the repeated lockdowns took their toll on one family member. Fortunately he's bounced back, but Friesen says watching him suffer was the hardest part of the pandemic.

"In the ICU, you know exactly what's in front of you," Friesen explained. "But when someone in your family is struggling mentally with everything ripped away from them, you don't have a care plan for that."

Now on her third deployment, she has made many new friends and experienced countless touching moments.

"I got to wheel a lady out of ICU, who had beaten COVID on my very last day of my first redeployment," Friesen recalled. "I got to be the one to take her out of there with the staff standing and clapping for her as she wheeled out."

"As hard as 12-hour shifts are, as messy and dirty as all of that is, it fills my heart to be there helping," Friesen said.

The Friesens are big folk music fans and held concerts in their living room each winter until March 2020. They've been able to carry on the tradition during the pandemic, holding 14 concerts in their backyard in the summers of 2020 and 2021.

Friesen's takeaway from the pandemic is one word her mother always tells her: onward.

"Every phone conversation with her ends with the word 'onward'. In other words, onward to the next thing I'm going to do, which for her – today – is making marmalade with some precious Seville oranges.

"We all have to go onward." ■

There was a strike in Winnipeg in 1919. It was about the kind of hours and working conditions that people were in, and here we are 100 years later, with primarily women working sometimes 16 hours at a time for five or six days in a row.

Hi, I’m Donna

> When I was sick, I couldn’t stay awake for many hours. I couldn’t sleep lying down...

Donna Gillis

Nova Scotia

For the longest time, Donna Gillis thought she had avoided the worst of the pandemic. But as the Omicron variant forces cancellations of elective surgeries and cancer treatments, Gillis is finding herself entering 2022 with a health care system on the brink of collapse.

Gillis is a clinical nurse educator for Nova Scotia's northern health zone, training nurses between Amherst and New Glasgow on how to treat patients with COVID-19. In nursing since 1993, Gillis has spent the majority of her career working in the ER. She has also worked in occupational health, as well as performing endoscopies for a couple of years.

But when the pandemic hit, Gillis changed positions accordingly, joining the northern zone team in January 2021.

Gillis first heard about COVID-19 in February 2020, while she was in Chicago as a review panel member for the National Council Licensure Examination (NCLEX). Little did she know she would be one of the first Nova Scotians to be diagnosed with the virus.

As the world seemingly shut down all at once, Gillis found herself isolating at home after becoming symptomatic for COVID-19. Her only freedom was a walk around the block – one that caused increasingly painful aching in her legs. On April 1, her fears were confirmed: she tested positive for COVID-19.

Gillis thought the worst of her symptoms had dissipated before the test, but she was only in the eye of the hurricane, becoming extremely sick again a couple of days later. Stuck at home, her husband also tested positive. Luckily for him, he was asymptomatic.

"When I was sick, I couldn't stay awake for many hours. I couldn't sleep lying down," she recalls, noting that she experienced prolonged symptoms for roughly 20 months. "I had excruciating headaches, I lost my sense of smell and taste [until December 2021]. I had chronic fatigue, brain fog,

shortness of breath, and chest pain that I've had investigations for. Nothing shows up."

Gillis says there's still a stigma attached to contracting COVID-19, as though getting sick is some kind of moral failure.

Short-staffing issues existed in the province long before COVID-19, but the pandemic has magnified the crisis. Nurses in Nova Scotia are working over-time – some up to 24 hours at a time – and burnout is at unprecedented levels.

While many health care workers were lauded as heroes early on in the pandemic, Gillis says that sentiment didn't quite reach some patients showing up at the emergency department.

"We're seeing them on their worst day. They're scared. They don't want to sit and wait for four hours... we get a lot of volatile, angry people," Gillis said. That's what made the solidarity with nurses all that more meaningful.

Thinking back on the coffees, pizzas and other gestures of thanks from the public still brings tears to her eyes, noting that the recognition was very emotional for nurses.

In September 2021, Gillis took part in the Done Asking rally, organized by the CFNU and the Nova Scotia Nurses' Union, to protest the lack of political action when it comes to dealing with critical staff shortages.

While the education hospitals offer is top-notch, Gillis pointed out that the material isn't always relevant, since there's no curriculum to navigate health systems on the verge of collapse.

During a recent training session, Gillis showed new nurses how to properly use a buddy system for PPE, until one student pointed out there isn't enough staff to rely on the buddy system.

"Even the education that we're providing them isn't making sense to them, because they don't have the bodies to even do it correctly," Gillis explained. "It's not that we don't have the PPE. It's that they're overworked, and that's when mistakes happen."

While the World Health Organization dubbed 2021 the Year of the Nurse, Gillis pointed out nurses are entering 2022 in a deeper crisis than the year before, offering no opportunities to celebrate the heroism politicians are so quick to tout.

> You'll often hear our nurses talking about having to use medications to cope, either anti-anxiety or antidepressants, I'm all for mental health, but it's sad if the reason for them taking those medications is because of their workplace.

Not only are nurses dealing with burnout, but there are moral injuries that come along with seeing patients with health issues that could have been prevented if only they had a family doctor or nurse practitioner caring for them. Nurses are regularly suffering the trauma of having resources stretched so thin it compromises their ability to do good work. It's pushing them to call it quits – not even for greener pastures but out of the sector altogether.

"You'll often hear our nurses talking about having to use medications to cope, either anti-anxiety or anti-depressants," she said, adding, "I'm all for mental health, but it's sad if the reason for them taking those medications is because of their workplace." ■

Hello, my name is Jens

> You have to realize that I am one person, I can only do so much. And I can only give so much. And you have to take care of yourself that way...

Jens Gundermann

Alberta

Jens Gundermann may not be very superstitious, but one Friday the 13th proved to be the start of a series of unfortunate events.

That day was March 13, 2020. After a meeting in the hospital, where the team learned COVID-19 cases were being reported in the United States, Gundermann watched as the country began a national state of lockdown.

A registered nurse at a hospital in Edmonton, Gundermann has spent 30 years in nursing.

Working in endoscopy, he is used to performing 70 to 80 procedures each day. Now, they're doing just 12 to 15.

"We actually had only enough staff at that time to maintain the minimum number of procedures," he said.

Gundermann's family put a contingency plan in place, securing their basement in the event that he would be required to self-isolate.

For Gundermann, the pandemic was the first time in 13 years that he's been redeployed to the ICU. Over the course of two months, he worked alongside an ICU nurse while the hospital turned into a COVID unit.

"One of the reasons I went into nursing was that I thought it would be a lifetime work. Where there are always sick people, there will always be hospitals, and I will always be needed," he explained. "But when I graduated in the early 90s, that's when they started with massive cuts, so there was no job for me here."

Instead, Gundermann moved to the United States, where he spent nine years before returning to Alberta in 2001.

“Right from day one, it was a government [that] was always trying to defund the public services such as education and health care, which they claim are the two biggest spenders,” he said. “But I would argue they should be the two biggest things you spend money on because you want a healthy and educated population.”

The lack of public support for nurses frustrates Gundermann, who believes everyone should feel incentivized to ensure their communities have the best health care.

Equally frustrating is the lack of understanding of health care from the outside. “Almost every day, I have a patient tell me, ‘boy, you guys are busy here!’ I almost take that as an insult,” he said, pointing to the dozens of endoscopies his hospital typically performs on a daily basis.

“Where I work, in endoscopy, people are surprised that we do that many procedures because they’ve never needed that service before, and they’re surprised and shocked that there are many people walking around who use that kind of service,” Gundermann said, adding there’s been a shift toward a sense of individualism which espouses the belief ‘if it doesn’t affect me, it can’t be necessary.’

While he calls the Kenney government “obstructive,” Gundermann noted that the province stepped up when the pandemic started, before growing to be increasingly at odds with the health care sector.

“I think when they realized how long it was lasting, and that it [was going to] be a long thing, they were just trying to get through it but not realizing the long-term costs,” he explained, something he says is a major concern in health care that deserves more attention.

Gundermann believes provincial governments need to be more preemptive and proactive when it comes to providing health care, rather than focusing on the short term – a strategy that’s helped to drag the pandemic on even longer.

> It was very hard to hear people almost saying that it’s no big loss, they were going to die anyway. It’s very sad to hear those kinds of things.

Gundermann's wife is also a nurse, but because she teaches at the university, most of her work moved online.

Some of his colleagues who caught the virus early in the pandemic remain off work even a year later, due to what Gundermann described as "debilitating" long COVID symptoms.

While politicians focused their talking points on deaths and the associated comorbidities of victims, Gundermann says they missed the crucial focus that "we were doing all this to protect the vulnerable, which are the people with comorbidities," and failing them.

"It was very hard to hear people almost saying that it's no big loss, they were going to die anyway. It's very sad to hear those kinds of things," he said.

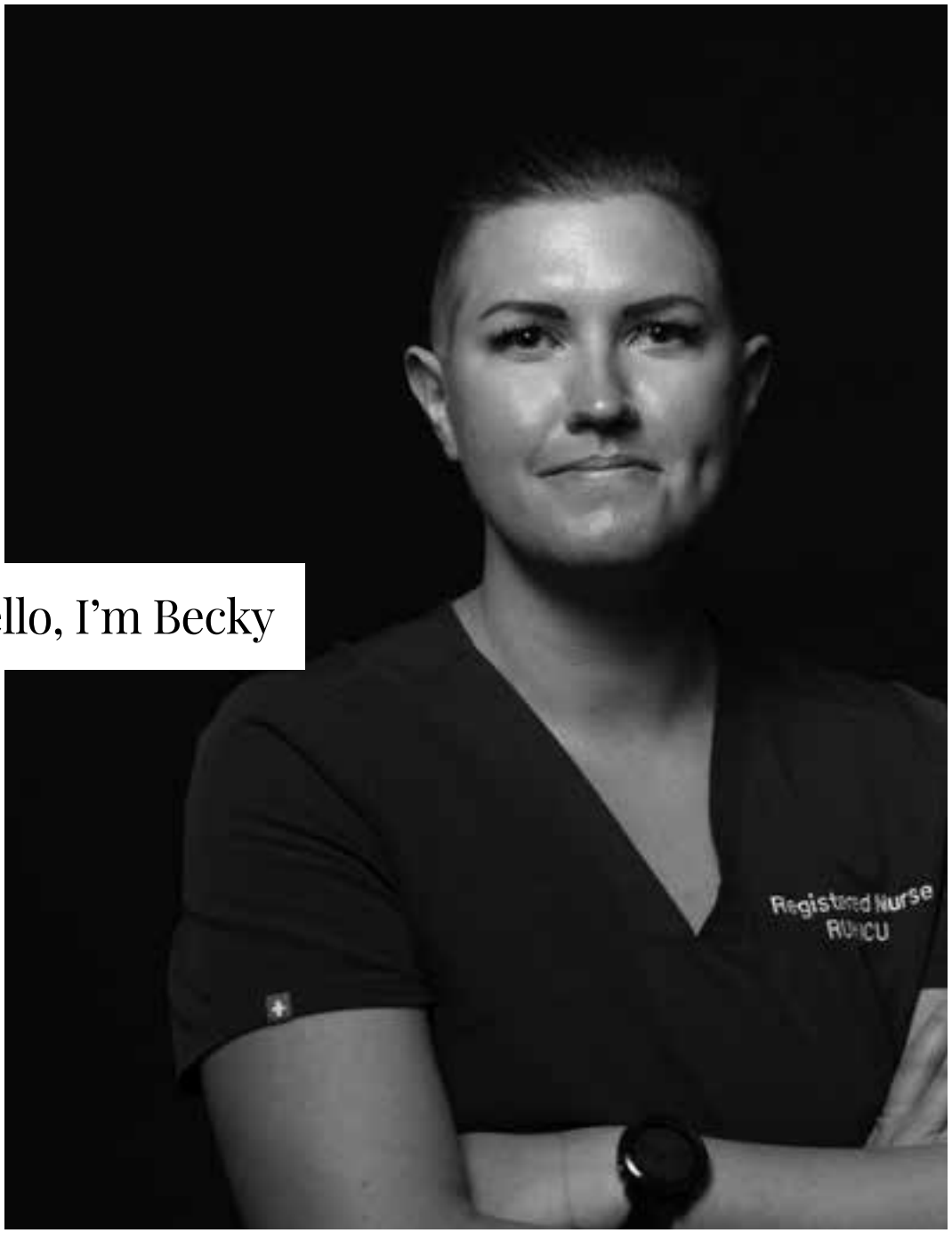
"You have to realize that I am one person, I can only do so much. And I can only give so much. And you have to take care of yourself that way," he explained.

Gundermann described an unsustainable work environment, where nurses are working overtime out of the guilt of knowing that if they leave, the team will be even more short-staffed than they already are. They think, "'if I'm not here, they're going to be drowning.' But yet, they work so much that you could see the exhaustion in their faces."

"At this point, nurses are so exhausted and demoralized," he said. "We do not feel respected at all by the government, by the employer, and lately, even by some of the public," pointing to the misinformation exacerbating political polarization.

Gundermann noted that, for over 15 years, nurses were ranked as the "most respected profession." He now wonders just how far down the list they've fallen. ■

Hello, I’m Becky



> It made me feel terrible actually, because I felt like I was very grateful to still have a job and not be laid off.

Becky Gunn

Saskatchewan

St. Patrick's Day 2020 was supposed to be one to remember for Becky Gunn and her nursing friends. With a trip booked for the holiday, she soon received warnings from colleagues in Alberta and Kansas about incoming restrictions. Gunn has been working feverishly ever since.

Gunn, who has spent nearly 10 years as a nurse, works in an ICU in Saskatoon, Saskatchewan.

For Gunn, the most anxiety-inducing part of the pandemic was the beginning, when things were most uncertain and vaccines seemed like a distant possibility.

Even before the pandemic, nurses were dealing with anxiety, burnout and sleep deprivation due to acute staffing shortages impacting Canada's health care sector. Those effects, along with PTSD from moral injury, have only magnified since March 2020.

While she felt supported by the community early on, she often found herself feeling undeserving of the recognition.

"We aren't used to this sort of attention," she said of receiving discounts on gasoline and groceries for being an ICU nurse.

"It made me feel terrible actually, because I felt like I was very grateful to still have a job and not be laid off," she explained. "And yet here I am, one of the very few people that still have their job, but I'm getting these discounts for various items, whether it's gasoline, groceries, you name it."

Despite struggling with some guilt, Gunn truly appreciated the kind gestures from the public that helped her get through her days in the ICU.

Like her colleagues across the country, Gunn had to request N95 masks from a higher-up, who kept

masks under lock and key due to supply chain issues.

Fortunately, PPE has since become abundant for the most part, but in the early days, the shortage gave Gunn and her colleagues serious cause for concern.

On social media, Gunn was seeing her counterparts across the world being told to reuse PPE that was only meant for single use – something she is grateful she never had to do.

"When you're having to request [PPE], and it's not [provided] in a timely fashion, and your patient's condition is rapidly changing, that really presents some challenges when you're trying to provide timely care to your patients," she explained.

Coming from a family of nurses who work in other Saskatchewan ICUs, Gunn's loved ones had a better understanding of what she was facing at work, but that didn't stop them from worrying about her well-being.

"There are family members I haven't seen even since pre-COVID," she admitted. "And it's just because I continually work right in the thick of it."

Initially, the ICUs at Gunn's hospital prepared negative-pressure rooms, where "the airflow goes from outside the patient room into the patient room." She recalled that in order to provide the negative pressure, the hospital needed to shut off all air conditioning to the ICU – unsafe working conditions in the summer and hazardous conditions for patients experiencing fevers or hooked up to machines.

Gunn got so fed up with the heat that she did the only thing she could to cool off: shave her head.

As the summer of 2021 ended, the extreme Prairie heat began to wane, but there was no relief in the ICU, as the Delta variant soon ravaged Gunn's unit.

Saskatoon has two designated COVID-19 units for positive patients, Gunn explained. The hospital beds quickly filled up with patients sick with the Delta variant, and staff were putting "patients wherever they would fit, it didn't matter which hospital."

Gunn noted that when the Delta wave hit at the end of the summer in 2021, many restrictions had been lifted in Saskatchewan. The Delta variant was spreading at a time when "we had lifted [masking for the summer] in our province and they encouraged outdoor visits," she said.

By the fall, kids were back in school, and those who had been working from home for months were finally returning to the office. It seemed like, despite the fact that the situation wasn't getting better in hospitals, politicians felt the need to move on from the pandemic.

She called those three months under the Delta wave "incredibly bad on morale" for staff in all areas of the health care sector, including physicians, respiratory therapists and nurses.

When there are life-threatening situations, infection control takes a backseat.

“We even had to evacuate some of our patients from Saskatchewan to Ontario because things were so incredibly bad,” she added, noting it was during that time that her mental health was “probably the worst.”

Gunn pointed out that the overwhelming workload on nurses isn’t exclusive to the pandemic, as nurses were also seeing outbreaks of vancomycin-resistant enterococci – antibiotic-resistant bacterial infections – in Saskatchewan hospitals in winter 2022.

“When there are life-threatening situations, infection control takes a backseat,” she said, adding that the situation is also dire when there are triple the number of patients in an ICU that staff are used to.

Another factor that negatively affected the mental health of many nurses like Gunn is the strain on personal relationships due to the anti-science rhetoric dominating a small, but loud, crowd of Canadians.

“It’s really unfortunate because they are lovely, nice people, but they’re victims of misinformation,” she said. “They believe what they read on social media without fact-checking and critiquing what they’re reading; they just take it at face value.”

The danger of that misinformation, Gunn emphasized, is that letting anti-science propaganda guide daily decision-making can jeopardize your health, and that will continue to strain an already overwhelmed health care system long past the pandemic’s end. ■

Hi, my name is Sophorn

> The big challenge was how to be safe and not spreading it to anybody else if we got it.

Sophorn Him

Ontario

After almost two years addressing the needs of some of Guelph's most vulnerable residents during the pandemic, Sophorn Him began 2022 with the unwelcome news that COVID-19 had her in its sights.

"Omicron got me," she said, exasperated since she'd recently received her booster shot. "The fatigue was the worst of it. I had very, very low energy going up my stairs, I was getting short of breath very easily, and a sore throat. But other people who I know have it a lot worse."

A registered nurse since 2007, Him became a nurse practitioner in 2013. She says her first inspiration for a medical career was her newcomer family's interaction with a community health centre. Born in a Thailand refugee camp after her parents fled Cambodia, Him treasures the memory of finding a place in Canada where those unfamiliar with the language could feel safe and be treated with dignity. Following a stint at the Cambridge, Ontario, hospital's ICU, Him found her true calling at the Guelph community health centre.

Pandemic media coverage often puts far less focus on those who, like Him, practice primary and preventative care at the grassroots. Community health centres like hers treat the often challenging health care needs of a higher-risk population dealing with mental health challenges, addictions and homelessness. Before the pandemic, fentanyl overdoses were fueling a crisis. While a safe consumption site was set up, those staffing it had to introduce new safety protocols to deal with potential aerosol spread of the virus.

Nothing could have prepared them for what was soon to envelope the globe, so rumours of a rampaging virus seemed distant in early 2020. But once the pandemic hit and Ontario mandated lockdowns, the Guelph community health centre pivoted to new modes of health care delivery. While they set up virtual and phone appointments, they

maintained in-person visits for patients without phones or computer access.

“Everyone adapted very well,” Him recalls. “Each provider was in one day a week. The big challenge was how to be safe and not spreading it to anybody else if we got it.”

While arranging logistics proved relatively easy, Him vividly remembers the first wave’s anxiety and stress as mixed messaging about things like masks created confusion.

“What are you wearing for protection?” was the most pressing question in Him’s workplace. “Can we swab our patients here for COVID? We needed to know how we can serve our clients but yet protect ourselves,” noted Him. While they could pre-screen at the clinic, at the consumption site, things were more fluid with a walk-in population.

The shortage of PPE was also a major issue. It was a problem made worse “because the government wanted everybody to conserve it, to use it only as needed,” Him explained. “And there are times where you’re like, ‘Well, how do we know for sure this is the only thing you need, because we don’t even have the evidence to say for sure yet?’”

“We know how medicine works. It’s based on the best evidence we have now, but sometimes that might not feel enough. You’re scared because, ultimately, is it enough?”

Him has heard a lot of these concerns as her workplace’s bargaining unit president. Her position has given her a front-row seat to the wider war of attrition waged by COVID-19 on her profession.

“I can definitely see the fatigue, the anxiety and burnout,” she says. “I can see it in their eyes; they’re

just holding on. People are leaving or they're retiring early, because why would you want to stay in a high-stress environment all the time? Who would want that?"

As Omicron raged through January 2022, Him's staff met every two weeks to provide updates on the latest developments. Sometimes the flood of information – memos, letters, emails, reports, studies – felt overwhelming, especially as messaging can often shift quickly.

"You ask yourself, 'Am I telling my patients the right thing?" Him said. "There's kind of a fear like, 'Oh, do I have the most updated information right now?'"

Meanwhile, new issues have arisen, from vaccine hesitancy and the Omicron era's legendary pandemic fatigue to the delay of necessary preventive tests like pap smears and mammograms. Sometimes, her patients are afraid to leave home, but Him fears this could result in some developing conditions being discovered too late post-pandemic. She's also concerned about her patients dealing with isolation-induced mental health struggles, and about those with no place to isolate.

Getting through the next period would be easier, Him says, if there were true respect from the provincial government. A one per cent cap on nurses' wages for the next three years (which did not apply to male-dominated police and firefighters) was incongruous with the Ontario premier's "we love nurses" rhetoric.

"I wish the government, when they say they value nurses, would actually do something about it," Him says. "If you really look at the numbers of nurses, we're quite a powerful group, but we just really need to join together as one voice. We *can* get through this." ■

We know how medicine works. It's based on the best evidence we have now, but sometimes that might not feel enough. You're scared because, ultimately, is it enough?

Hello, my name is Melanie

> I'm very grateful that despite the feelings of disrespect, of being so exhausted, there is still that passion for providing care to our residents in the community. That has not gone away.

Melanie Holjak

Ontario

Registered Nurse Melanie Holjak lovingly recalls the post-graduation epiphany that led to her quarter-century career in the same public health unit where she performed her first placement.

"[Holjak's clinical tutor] really brought nursing to life. It was the first time I'd seen the type of passion and love for the profession that I had hoped to one day have myself," she said, noting, "there was just so much joy with the nursing work they did."

Growing up in blue-collar Hamilton, Ontario, Holjak's bred-in-the-bone union member's passion for advocacy put her in good stead as a public health nurse and an Ontario Nurses' Association bargaining unit president.

While public health nurses often respond to infectious disease outbreaks in their catchment areas – from chlamydia and gonorrhea to HIV, hepatitis and measles – she noted, "we've never seen anything like this pandemic." Even as most of the world seemed taken by surprise when COVID-19 appeared, her infectious disease unit colleagues "always say it's not a matter of *if*, but *when*, there will be a pandemic."

A maternal and child health specialist – often called "the baby nurse – Holjak was among many public health nurses who had to completely reorient themselves in March 2020 to respond to the rapidly evolving social emergency. "There was a big learning curve for me," she remembers, "leaving healthy babies, healthy children and breastfeeding support to enter this world of directives and guidelines for infectious disease."

It was a far cry from the pace and approach she and her colleagues were accustomed to in less stressful times.

"Public health is usually a silent partner in the health care system, working towards health promotion and prevention of illness and disease," she said, citing education in schools, vaccine clinics, harm reduction and addictions work, and myriad other

beneath-the-radar activities that serve as the glue for community cohesion. “So really, if you don’t hear from public health, that means we’re doing our job well.”

But meeting the challenges of a largely rural population of 100,000 in southern Ontario had become a daily struggle after two decades of flat-lined funding.

“It still boggles my mind that in 2019, the provincial government announced they were not only restructuring public health but significantly decreasing the funding,” Holjak seethes, pointing to cuts implemented just as COVID-19 reared its ugly head.

“We entered the pandemic at a serious disadvantage. As we geared up to respond, we were saying goodbye and losing nursing positions. It was such a bizarre situation.”

When she started her career, Holjak’s bargaining unit employed 50 permanent nurses, but now at 33 and likely to decline even further with early retirements and burnout, they’re maintaining a difficult balance between handling successive waves of COVID variants and the screaming need for services that are no longer funded. Among those is the sexual health program terminated as rates of sexually transmitted infections increased, further straining emergency departments that are often the only source of care in a province where finding a family doctor seems less likely than winning the lottery.

Holjak laments that communities still struggling with COVID face future health deficits because

Photo taken prior to the COVID-19 pandemic

regular public health work was waylaid for two years. Post-pandemic, they'll be playing catch-up in a losing game, "because research is very clear that treating the disease once it's here is not the efficient way of managing health."

In addition, fractures blown open over anti-vaccine protests, refusals to abide by restrictions, and mixed messaging from different medical officers of health led to public mistrust and anger toward health care workers wrongly pegged as enemies.

Most people forget, Holjak said, that "health care workers are also parents and providers for their senior parents. So you've got your kids at home doing online learning, and you're expected to work a 12-hour shift that likely will be extended to a 16-hour shift, and it's your tenth shift in a row."

Equally frustrating is how some employers interpreted the provincial emergency declaration as open season on rights guaranteed by collective agreements. Morale has suffered, Holjak said, as employers failed to respect minimum notice requirements for changing schedules and payment of overtime premiums, all the while hiding the keys to locked cupboards full of inaccessible N95 respirator masks.

"It was a free-for-all, and the message from employers was: we're not going to follow any rules; we're going to do what we want, however we want."

In addition to her regular duties, Holjak was swamped by a tsunami of labour relations work that she'll spend years sorting out in grievance hearings.

While many are leaving the profession with permanent pandemic scars seared on their spirits, Holjak feels that the support of her colleagues and her union have kept her a step ahead of the burnout and dispirited exhaustion that has spread almost as fast as the virus they've so valiantly fought.

"If it wasn't for the folks I work with on a daily basis, I don't know if I'd still be working in public health," she declared. "I'm very grateful that despite the feelings of disrespect, of being so exhausted, there is still that passion for providing care to our residents in the community. That has not gone away." ■

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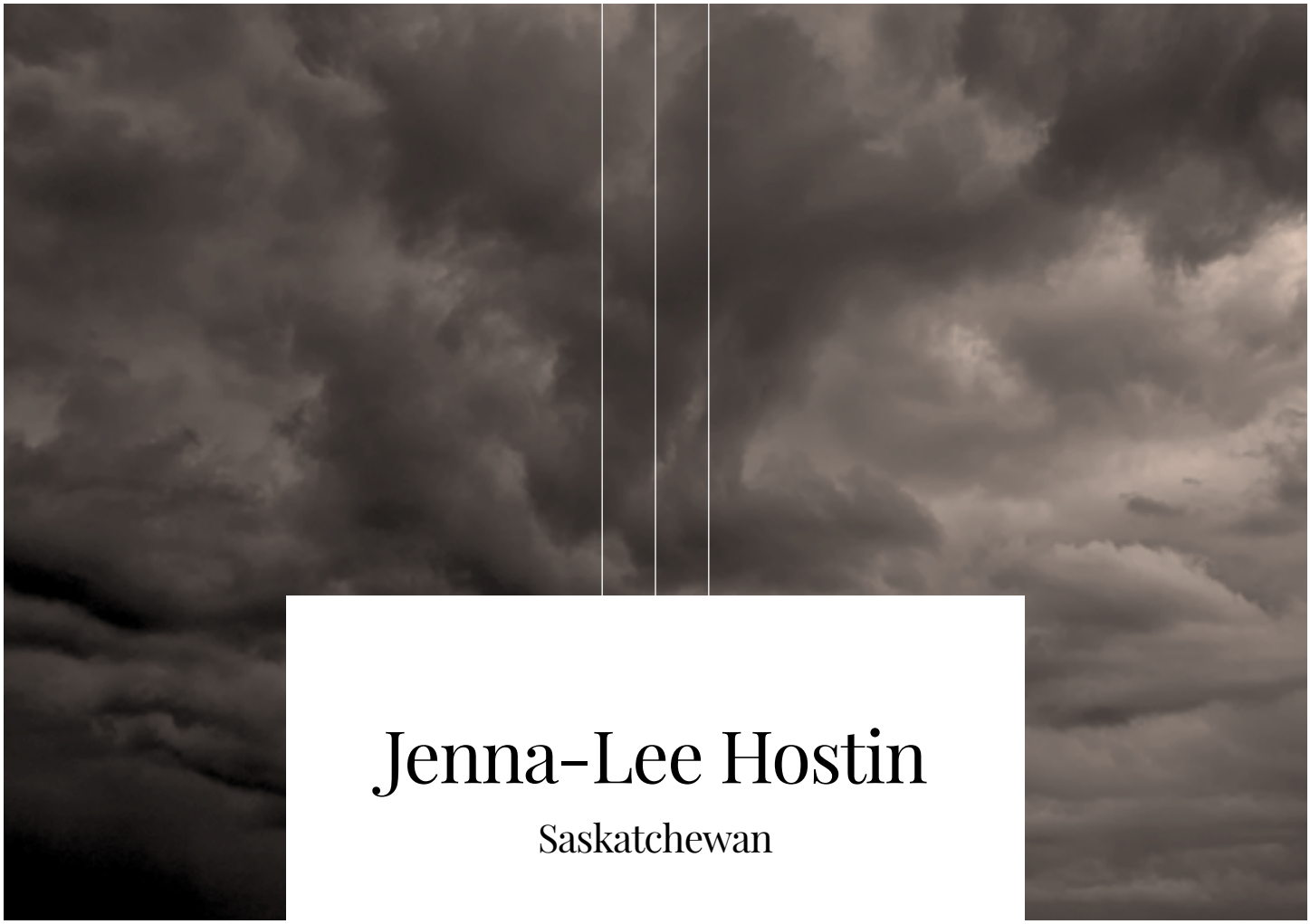
There was a big learning curve for me, leaving healthy babies, healthy children and breastfeeding support to enter this world of directives and guidelines for infectious disease.

Hi, I'm Jenna-Lee

> I felt at times that people didn't want to see me because I'm a nurse, and you do have that risk of spreading COVID-19.



Jenna-Lee Hostin

Saskatchewan

When Jenna-Lee Hostin became a registered nurse eight years ago, she never would have dreamed she'd be working through a pandemic.

"Lots of people always said that they have this calling, or they had experience with nurses, and that was never me," Hostin said. "I always said that I wanted to make a difference. I really see myself doing that through advocacy work."

Hostin, now a nurse practitioner, just started her new job caring for hematology patients. She previously worked at a supported living shelter in downtown Saskatoon. This is where Hostin spent most of her time working through the pandemic.

Early on, Hostin remembers thinking that the novel coronavirus was likely just another form of influenza. In just three weeks, the situation escalated rapidly. One of her colleagues even took refuge in Hostin's basement to protect her fiancé, who is immunocompromised, from being exposed to COVID-19.

Just as lockdowns were shutting down the country, Hostin had to go back to work; she had been working two weeks on and two weeks off, at a clinic in a remote area in northern remote Saskatchewan.

"There was no one at the airport. All the other flights had been shut down other than these flights into the North," Hostin said. "I remember I had a panic attack in the bathroom before getting on the flight, because I didn't know when I was going to be coming home."

In-person visits at her clinic were immediately suspended. That's when parts of health care like chronic disease management and other normal follow-up plans within primary care "just kind of ceased to exist," as resources were moved to prevent the spread of COVID-19 in a remote area not equipped to deal with a pandemic.

There are just no words for what those nurses were feeling at that moment. When you're finally getting relief, and then it's being turned away just for political gain. Our jobs are hard enough without being the pawns of these politicians.

Hostin felt the solitude of the lockdowns, as the only people she saw were other nurses working in northern Saskatchewan. With all of her family outside of Saskatoon, she would be forced to go months without seeing her loved ones.

"I felt at times that people didn't want to see me because I'm a nurse, and you do have that risk of spreading COVID-19," she said.

Because Hostin's clinic existed outside the provincial health authority, her staff had trouble acquiring proper PPE. While Hostin says they received resources, it amounted to "random boxes of stuff, regardless of what we needed or didn't need."

Higher-ups told Hostin to reuse N95 masks, wrapping them around a Ziploc container to save them for additional use. She remembers emailing her manager, writing "it will be a sad day for nurses if this becomes the standard."

And it did.

Hostin soon transferred from the clinic to the supported living and emergency shelter, where before long, there was an outbreak of COVID-19. Suddenly, Hostin found herself isolating clients in their rooms for 14 days with little to no support, while "asking relentlessly for more help to try to prevent the outbreak from spreading."

The horrifying response: "You're going to have to wait for a rabbit to be pulled out of a hat because there's no one for us to send you."

Working with such a vulnerable population at the emergency shelter, Hostin was disappointed when

clients were not prioritized for COVID-19 vaccines, the best bet to prevent further outbreaks in shelter spaces.

"We were told that if our patients got sick, and things kept getting bad, we were going to have to take care of them in their rooms because emergency rooms were already at capacity," Hostin said.

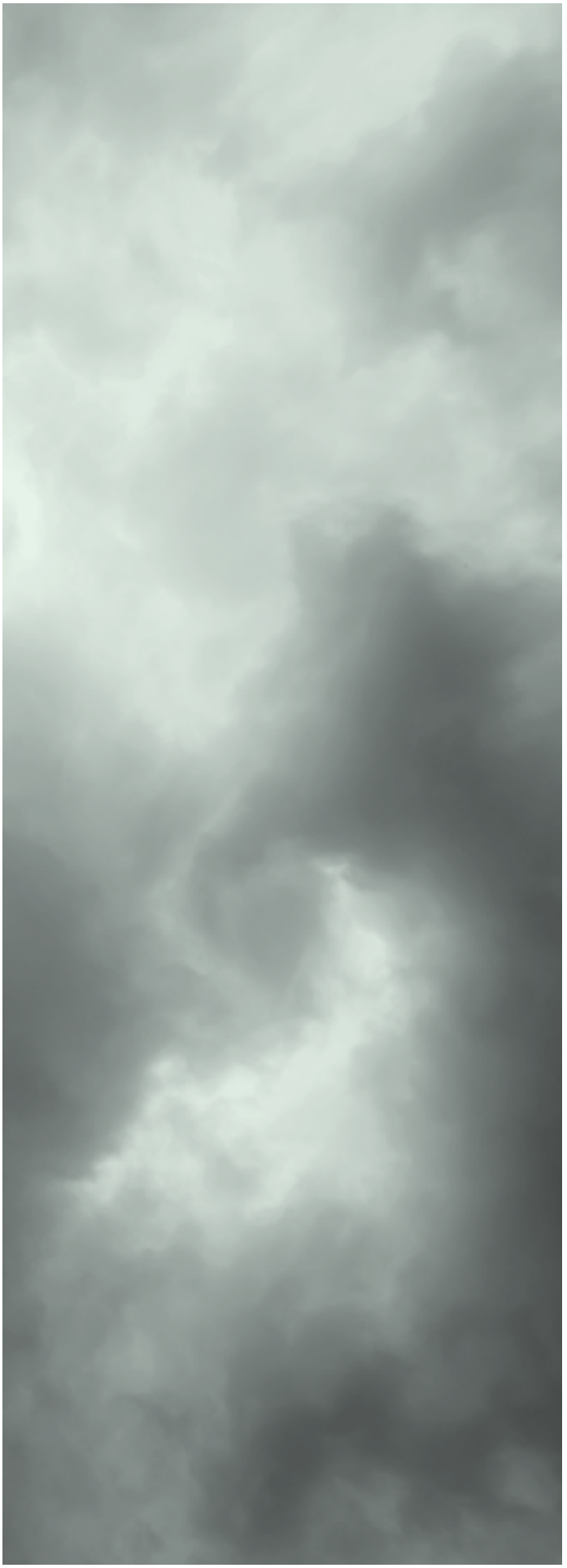
While she doesn't feel like the polarizing climate of misinformation and anti-science rhetoric gets in the way of her being able to do good work during the pandemic, the government is another story.

Even as the majority of the country began prioritizing health care workers for vaccines, the Saskatchewan provincial government decided against it, a move Hostin disagreed with.

"They're making choices so that we don't have a choice but to leave," she explained, noting at one point, her former colleagues who were currently staffing ICUs were relieved by the government's announcement that patients would be transferred out of provinces to alleviate the pressures on the ICUs.

The government then suddenly cancelled that plan, only to backtrack just three days later. The resulting chaos and confusion did little to lessen the stress felt by health care workers.

"There are just no words for what those nurses were feeling at that moment," Hostin said. "When you're finally getting relief, and then it's being turned away just for political gain. Our jobs are hard enough without being the pawns of these politicians." ■



Hi, I'm Abigail

> I couldn't be happier. I look at myself in the mirror and I am at peace.

Abigail Jarrett

Ontario

Abigail Jarrett is starting her RN career with determination and hope, even as she sees many a veteran nurse considering early retirement due to an overload of pandemic-era pressures.

"[Nurses] are morally tired, because it's always very affirming to be in the ICU and put in all that effort to save someone's life, and the patient recovers, and they go to a step-down unit, then down to the floor, and eventually discharged," Jarrett says. "It's always very fulfilling. But with COVID, there's just been a lot of death. And it's felt like a lot of futile care."

Jarrett was taking an infectious diseases course when COVID-19 first appeared on her radar. She and her classmates tracked the virus in real time, and she vividly remembers when an academic exercise about a mysterious illness in Wuhan, China, suddenly morphed into a threat knocking on their collective front door.

At the time, Jarrett was a personal support worker in the dementia unit of a long-term care home, where there was "a big fear of the virus getting in, because if it gets into a home like that, the only place it has to go is to everybody else." Major changes followed, from having to wear a mask to being informed she should isolate from family.

The combined effects of months-long self-isolation, keeping up with studies and working in the sector bearing the brunt of the first wave led to burnout for Jarrett, and she needed some time off before getting back on her feet.

Thankfully, she was able to draw on her inner "weird kid" that, from the earliest of ages, led her to analyzing anatomy and physiology textbooks, poking around the innards of a turkey, and wanting to be a doctor.

Jarrett later made good on her childhood dreams by enrolling in Western University's medical

sciences program, but she found the culture and intensity overwhelming, since "what was asked of you as a doctor in our system was more than what I could realistically give."

She found the compressed nursing program at Trent University better aligned with her values. "In medicine, the patient is largely viewed as a complex problem to be solved," she explains. "Whereas in nursing, it's human-first, it's person-centred, it's family-centred."

One of Jarrett's biggest challenges during the pandemic was accessing support resources while navigating her placements. She didn't know who to call if she was not feeling well, and so "I just kept showing up. No one told me, 'you don't have to be here if it doesn't feel good.'" Added to that was a sense of shame she felt when she learned there was a number she could call.

"If I was at 50 hours that week, they would be calling me three times a day. 'Can you come in to help?' And having to constantly say 'no' is traumatizing enough. Plus, your coworker will remember if you say 'no' too often. It's not a good system right now."

Having recognized structural challenges to providing quality health care, Jarrett is energized by her advocacy work with the Ontario Nurses' Association and as the Ontario regional director of the Canadian Nursing Students' Association.

It's quite enraging for politicians, who have never seen what it's like to be coding a patient, to do this, I also think it's not so much the money but the message it sends: a total lack of appreciation. People don't know how close our system is to being on the verge of a major collapse.

From participating in interviews and meetings to monitoring legislative debates, she's seen how issues raised through campaigning are now being discussed in the public forum.

"From the last two years, I've seen the efforts that I've put in lead to change," she says. "I know it's not a hopeless situation. There are people who are listening, and they understand what we're trying to say, even if they can't be there on the front lines to see it in real life. So that's been keeping me going."

One focus of her lobbying work has been the notorious Bill 124 in Ontario, a piece of wage suppression legislation that capped nurses' wages at one per cent over three years. "It's quite enraging for politicians, who have never seen what it's like to be coding a patient, to do this," Jarrett fumes. "I also think it's not so much the money but the message it sends: a total lack of appreciation. People don't know how close our system is to being on the verge of a major collapse."

"It's hanging on by a thread."

In addition to blaming such policies on systemic gender inequity, Jarrett also laughs that the "public has no idea what nurses do, straight up! Even my own boyfriend for the longest time [was] like, 'wait, what? I didn't know nurses do that.'"

She thinks much of the misperception arises from shows like Grey's Anatomy, where doctors are portrayed doing much of the work that nurses normally handle, from coding a patient to doing compressions, from transporting patients to imaging or teaching students.

As she begins her career in a cardiac unit, Jarrett celebrates a journey in which she's learned to negotiate her own boundaries – "there's no point in giving everything every single day if you're going to burn out in three months" – while taking pride in knowing "how significant your work is in somebody's life in a time that's so vulnerable to them."

"I couldn't be happier. I look at myself in the mirror and I am at peace." ■

Hello, my name is Sandi

> Speak out, speak your support for us, speak it loudly. Tell everybody you know that nurses are the backbone.

Sandi Johnson

Alberta

As Alberta considers transitioning to alternative power sources, it could take lessons from the bottomless reserve of energy drawn by a frontline dynamo whose clarity of purpose and persistent fights for nurses' rights are as contagious as they are effective.

Sandi Johnson is powered by love and rage as she enters her third year and fifth wave of eloquently advocating for N95 masks, an assault-free workplace, recognition that sending sick nurses back to work is dangerous, and mental health supports for traumatized colleagues.

"Before the pandemic, nurses used to get a lot of thanks for the work we do, but these days, it feels like we have to be half dead before we get that," Johnson sighs.

A 1981 University of Calgary nursing program graduate – the first class to receive training rooted in a significant humanities curriculum – she began her career as a pediatric oncology nurse, but found caring for kids with cancer at the still tender age of 23 understandably difficult. Following a 37-year career in public health, most recently focused on diabetes education and chronic disease management, she foresaw a gentle transition into casual shifts and eventual retirement.

But a refreshing week in Mexico ended with a sobering thud when Johnson returned to Edmonton on March 2, 2020. Her inbox bulged with more than 500 emails. Her local union president informed her that COVID-19 had hit and, as the occupational health and safety representative for United Nurses of Alberta's Edmonton Community Local 196, "this is your baby."

Johnson was gang-pressed by the mysterious virus into a war zone where battles were waged both by intubated patients and the frontline nurses pulling off daily miracles. Health care workers found themselves fighting a two-front conflict: first COVID-19, then an employer serving as a subversive fifth column, dragging them down and interfering

with their ability to provide proper patient care and self-protection.

Johnson witnessed the province and employers openly defy the airborne transmissibility science while ignoring touchstone recommendations made by Justice Archie Campbell's 2006 SARS Commission. That report identified significant structural problems that, absent a governmental fix and focus on planning and preparedness, meant "we will pay a terrible price in the next pandemic."

Campbell's prescient conclusions also pinpointed a "systemic failure to recognize the precautionary principle in health worker safety, and in the identification and diagnosis of a respiratory illness that mimicked the symptoms of other, better-known, diseases." His diagnosis of SARS failures called on health care officials to "err on the side of caution" and, most importantly, declared: "Frontline health care workers should be listened to by their employers."

Johnson was bewildered that, even though nurses knew the virus was airborne long before federal health officials grudgingly and belatedly conceded that critical reality 20 months later, they had to wage extensive campaigns for N95 masks. Clearly, she said, officials wanted to "cheap out on what they would have to give us for protection."

In those early fearful days of 2020, terms like PPE entered daily discourse, and in mid-March 2020, Alberta Health Services went apoplectic when one unit of nurses refused to work.

"God love them," Johnson recalled fondly. "They're young, they're fearless, and they turned the place upside down. They were not accepting that what the manager was saying was okay. So they walked. That was a monumental occasion."

As nurses demanded N95 masks, they were chastised by management for exercising their rights under Alberta workplace health and safety legislation. Their persistence paid off, though it took six months to hammer out an official agreement.

That work refusal action was repeated in early 2022, but this time, nurses relied on the agreement they won with their precedent-setting action, and

matters were resolved in six hours. Johnson savours such victories, but they're few and far between as management still refuses to respect the precautionary principle and listen to frontline workers.

Alberta's January 2022 provincial announcement of 100 new beds was absurd, she notes, asking: "Who the hell's going to staff it? The minister? Your cronies? [Our staff] are down by almost half now. The other half that's working is half dead, and they're dropping off now too. What are you going to use, hamsters? A 3D printer for nurses? It's a gong show, and our medical officer of health says they're not going to consult with staff anymore."

As a fifth wave gripped Alberta, Johnson found herself "still in the fires," often dealing with the growing list of mental health concerns raised by members enduring a barrage of "abuse, harassment, physical and verbal assaults from patients and management."

"I just wonder if they'll ever recover. We have massive PTSD. And all we seem to be getting for help that I can see is a bunch of online links. Are you kidding me?"

Johnson notes that automatic workplace compensation for health care workers with PTSD was legislated by the former NDP government but subsequently "ripped out" by the Conservatives. It's one more battle for her future agenda.

In the meantime, Johnson encourages community members to reach out and support nurses.

"Just believe in us," she pleaded. "Speak out, speak your support for us, speak it loudly. Tell everybody you know that nurses are the backbone. Their care is beyond what you can see in the hospital or the community. They're everywhere, and despite all this, they never stopped caring." ■

They're young, they're fearless, and they turned the place upside down. They were not accepting that what the manager was saying was okay. So they walked. That was a monumental occasion.

Hi, I’m Miranda

> So maximum, you have about three hours of sleep, and then you go back for another shift.

Miranda Liu

Ontario

When pandemic historians reflect on the COVID era's memorable memes and surrealistic images, registered nurse Miranda Liu's self-perception as a 1940s film character may become a defining symbol.

"When I come home, I say to myself, 'I don't think I can continue tomorrow, I've got to call in sick,'" she recalls of many exhausting double shifts.

"But another side of me says, 'No, you cannot call in sick, there's nobody there. You have to go to work.' And then it comes to me like a movie about the Second World War, where you know you're going to get shot. Bullets keep coming, but you still have to get out there and fight."

After 30 years in nursing that began in Hong Kong and continued upon her immigration to Canada, Liu cannot recall a time when she's felt as tired and stressed. As the only RN in a long-term care home with 192 residents, she also supervises six registered practical nurses and almost two dozen personal support workers, while acting as a stand-in site manager when maintenance staff and other employees are out of the office or have left after 5 p.m.

In addition to staff shortages, Liu says work in long-term care has been hampered by lack of PPE and equipment. During a typical round of distributing medicine to residents, she'd have to put on a set of PPE, ensure she was able to attend to charting and checking vital signs without leaving the room, then take off PPE to prevent self-contamination, and disinfect all equipment before it was brought into the next room.

What used to be a two-hour process more than doubled in time, and with only one blood pressure unit for 32 residents on each unit, she was constantly disinfecting with boxes of wipes that management told her should suffice for 30 days when, in reality, they were gone in three.

Liu also says a 16-hour double shift should factor in an additional 90 minutes to shower, get dressed, eat and travel prior to arrival, and the cooking, dishes and laundry that awaits her return home.

“So maximum, you have about three hours of sleep, and then you go back for another shift,” she sighs.

Like many of her colleagues, Liu sat her family down at the start of the pandemic, when reliable information was as scarce as PPE, to have the talk: a serious discussion that included drafting a will in response to the enhanced lethal risks her job now entailed.

While managing her own personal safety fears, she also had to deal with family members of residents who had difficulty accepting visitation restrictions once the virus ran rampant through many seniors’ homes.

Liu has always enjoyed working with seniors and welcomes the wisdom these elders share. That made her work especially draining because many of those long-term relationships ended suddenly as resident after resident quickly succumbed to the virus. She says the dramatic decline of newly infected residents, who deteriorated in the space of a few hours, was particularly painful.

Liu particularly takes issue with how the deaths of the elderly were often discussed as an inevitability during the pandemic.

“I hate when people don’t respect the elderly,” she says. “They have done their part in contributing to society. You have to respect that, you know?”

Despite the frequent losses and endless challenges, Liu says the first two years of the pandemic have resulted in stronger rapport with her colleagues. Having worked through these difficult times has brought them closer together and reinforced the trust they have in each other.

I wish I had more time to spend with the residents instead of paperwork. Sometimes when I go in the resident’s room to do a treatment or to give medication, I know that person wants me to stay. But I have to tell him, ‘I have to go, I’m so sorry,’ because there’s 20 more of them waiting. And right now I don’t have a choice.

Liu also enjoys being a resource person for younger staff. Despite her own exhaustion, she welcomes interactions where knowledge and experience are shared and built upon, knowing they will ultimately result in better experiences for her residents.

Liu feels some relief to see her management finally understanding that more staff are required, along with better PPE and more equipment. She celebrates as well the provision of new blood pressure units that have cut down reading times from two or three minutes to 30 seconds.

But management and government have yet to come to grips with what daily life is like on the floor, where Liu's limited interactions with her patients bring her great joy.

"The residents are fun to work with, they have these whole lives that tell you so much," she says.

"I wish I had more time to spend with the residents instead of paperwork. Sometimes when I go in the resident's room to do a treatment or to give medication, I know that person wants me to stay. But I have to tell him, 'I have to go, I'm so sorry,' because there's 20 more of them waiting. And right now I don't have a choice." ■

Hello, my name is Vicki

> Unless they were going to treat them like heroes, don't call them heroes.

Vicki McKenna

Ontario

After spending more than 40 years as a frontline nurse, Vicki McKenna retired at the end of 2021, her career culminating amidst a once-in-a-century pandemic.

McKenna spent four years as president of the Ontario Nurses' Association after serving 12 years as provincial vice-president. She also spent 16 years on the union's board.

Prior to her work on the ONA board, McKenna had spent the majority of her career working as a bedside nurse in a day surgery medicine unit.

Ontario saw some of the very first COVID-19 cases in the country. As a union president representing nearly 70,000 registered nurses and other health professionals, McKenna began meeting with the government in late January 2020 to determine how best to protect hospitals and health care workers.

This wasn't McKenna's first rodeo navigating pandemics, having worked through SARS in 2003 and H1N1 in 2009. Relying on her experience to help craft a response strategy, she knew the biggest struggle would be the fight for PPE.

As union president, McKenna found herself using similar strategies as past campaigns to sound the alarm on the deteriorating conditions health professionals were facing. The Ontario Nurses' Association filed grievances, and called on the Ministry of Labour to observe work sites for employee health and standards violations. But it wasn't enough to get the government's attention.

Not only were droves of hospital patients and long-term care residents getting sick and dying, so were the staff. As health care workers were being lauded as heroes by the government, they were struggling to keep the system afloat.

"Unless they were going to treat them like heroes, don't call them heroes," McKenna described telling Ontario Premier Doug Ford, calling for the

> The wages aren't everything, but it's a recognition of respect for the work that they do," she said. "I'm for the value of care work, and that's what has left a very bad taste in their mouth and still continues today

government's policies to reflect the value of health care staff's work.

National Nurses Week in May 2020 was the hardest time of the pandemic for McKenna. In the weekend leading up to the week of appreciation, she received news that one of the most vocal advocates for proper PPE – a nurse in a long-term care facility that didn't have access to PPE – passed away from COVID-19, alone at home.

Still, the provincial government refused to take proper action, forcing union leaders to go first to the media, and later, to the courtroom to file injunctions against the health care facilities themselves.

"We took a number of nursing homes to court to force them to provide the PPE," McKenna said, arguing the providers were either locking up or rationing PPE, or simply not providing it at all. That action helped prevent other members of her union and the people they care for from needlessly succumbing to COVID-19 and employer carelessness.

McKenna also had to deal with governments passing legislation that affected union leaders' ability to represent their members. As union president, she took Ontario's chief medical officer of health to court as evidence was becoming clearer that the virus was airborne. The judge dismissed the case, arguing the science still wasn't clear.

"They passed legislation which did circumvent some portions of our collective agreements. For instance, things around scheduling and redeployment of staff," she said.

McKenna called the early waves of the pandemic a "tumultuous time," noting some employers did whatever they wanted when it came to moving staff around, regardless of their training or experience.

"It was like they had a blank cheque," she pointed out.

Creating further difficulties for McKenna was that the positivity rate in the community was "being replicated in the workforce," resulting in even more short-staffing within the sector.

"Once we had these directives, then we had employers that refused to implement them," she said. "We had employers trying to force people back to work before they were well and before they tested negative, trying to bring them back into the workforce when they were actually sick."

While some employers were desperate for staff to return to work, others rented hotel rooms for their employees after recognizing how reluctant and afraid staff were about bringing the virus home to their families.

Representing more than 500 worksites across Ontario is no easy feat for a union president, and McKenna found herself constantly putting out small fires all over the place. The bigger fires – the ones out of her control – are pushing nurses to leave the province, retire early or leave the sector altogether.

The problem doesn't solely lie with retaining nurses but also recruiting the next generation. The government's last round of bargaining left nurses with a raise limit of one per cent per year – a paltry raise that doesn't keep up with the rising cost of living.

"The wages aren't everything, but it's a recognition of respect for the work that they do," she said. "I'm for the value of care work, and that's what has left a very bad taste in their mouth and still continues today." ■

Vicki McKenna (left) and Cathryn Hoy (right).

Hi, my name is Courtney

> One thing I really remember was having to make that plan with my husband. What if COVID does go crazy? What are we going to do? Where am I going to go?

Courtney Myers-Taylor

Prince Edward Island

Courtney Myers-Taylor hasn't experienced the spikes of COVID-19 cases in her hospital the same way as her colleagues in other provinces, but she wants to set the record straight: it's been anything but easy.

Myers-Taylor is a registered nurse working in infectious disease control in Charlottetown, Prince Edward Island. She's been a registered nurse for more than a decade and has spent three years working in infection prevention and control, a job she had no idea would be so crucial to navigating the pandemic provincially.

Myers-Taylor says even with her training on coronaviruses, she was a bit naive at first, believing COVID-19 could be contained before spreading across the globe.

That naiveté dissipated quickly when everything changed on Friday the 13th of March 2020.

Lockdowns were being implemented on a global scale, along with travel restrictions and stay-at-home orders.

"As uncertain as it felt, the camaraderie of the people around us was really supportive and positive," Myers-Taylor said of her colleagues, who she calls "second to none."

Myers-Taylor says "the proof is in the pudding" when it comes to the benefits of public health measures to prevent the spread of COVID-19, crediting Dr. Heather Morrison, P.E.I.'s chief public health officer, with swiftly implementing COVID-19 guidelines across the province.

The initial lockdown was difficult for nurses and patients alike. Myers-Taylor described stories of babies being born without loved ones able to meet them, people who succumbed to injuries sustained in car accidents who died with no one by their side.

An “Atlantic bubble” began in July 2020, allowing inter-provincial travel for residents of the four East Coast provinces after nearly four months of lock-down conditions.

“People were able to have small funerals again,” Myers-Taylor said. “We saw babies meeting their grandparents for the first time.”

As nurses from other provinces including Newfoundland flock to P.E.I. to work, Myers-Taylor hears a lot of “you’ve had it so easy.” She says that’s not the full story.

“It doesn’t mean that we haven’t had scares,” she said, adding, “there still has been pandemic-related stress around here.”

For the first few months of the pandemic, Myers-Taylor stayed away from her mom, dad and step-mom, who don’t know how to FaceTime or Zoom, to ensure nobody contracted the virus. She also stopped visiting her in-laws, which was particularly difficult since they live next door.

Myers-Taylor barricaded herself at home with her children, aged 11 and 8, who were doing at-home learning after losing daycare arrangements.

“One thing I really remember was having to make that plan with my husband. What if COVID does go crazy? What are we going to do? Where am I going to go?” she remembers.

Myers-Taylor made a plan B, asking a friend if she could self-isolate at their cottage should she become exposed to COVID-19.

“Another thing I remember is having been away from the kids for long periods of time, and having them run to me as I walk in the door,” Myers-Taylor said. “Mind you, I have already changed my clothes and kept good handwashing and masking, but I’m saying: ‘Don’t touch me; I’m gonna go shower.’”

“That was hard for them to understand.”

Armed with knowledge, Myers-Taylor took an honest approach when relaying information to her children about the pandemic, especially because of

how much their at-home learning centred around the virus.

Myers-Taylor attributes the lack of cases in P.E.I. throughout the pandemic to both the high level of compliance from residents of the province, but also a proactive approach to combat the spread of COVID-19 in their health care delivery.

While COVID-19 cases have been limited in P.E.I., hospitals are backlogged with delays as more and more people who need care are too afraid of contracting the virus to go to emergency rooms. Medical conditions like diabetes and high blood pressure are going uncontrolled because patients aren't seeking the care they need.

For Myers-Taylor, one of the most challenging parts of the pandemic hasn't been the workload, but the delegitimization of expertise in our current political climate. With a Google search only fingertips away, anyone can find information that reinforces their previously held beliefs.

In her personal life, she also struggles with having conversations with people who hold anti-vaccine views; she doesn't want to harm her friendships. It's a difficult calculus; she recognizes the need to educate others, but she also just wants to keep the peace.

"I look for reasons to appreciate what's around me," she said. "Even though it's been a lot of work, having the support of the ones you're with, the positivity and doing what's best for our patients has outshone so much for me." ■

I look for reasons to appreciate what's around me, even though it's been a lot of work, having the support of the ones you're with, the positivity and doing what's best for our patients has outshone so much for me.

Hi, I’m Stephanie

> Oh God, what if I gave that to my child?

Stephanie Noel

New Brunswick

For Stephanie Noel, the hardest part of working through the pandemic has been keeping dying patients from being surrounded by their loved ones. In some cases, only loved ones can accompany the patient, forcing families to make the impossible decision between spouses, children, siblings and other kindred.

Noel was told by hospital doctors that, due to the risk of exposure, nurses could only try intubating COVID-19 patients once before letting them go.

"I remember that meeting," Noel said. "I think there were five of us that were crying because we thought, 'how are we going to let these people go?'"

The risk of infection also meant nurses couldn't jump into action like they were used to.

"You can't go into a room unless absolutely necessary. If the patient is coding, you must not go in until you're in PPE," Noel explained. "This just goes against everything that I've ever done."

While working in the intensive care unit, she had been especially careful. When she got her COVID-19 test results back one day in December of 2020, she couldn't believe her eyes: she had tested positive.

"I still remember unpacking my suitcase and getting my result while I was in my bedroom. I slammed the door. I was screaming: 'Don't come in! I have COVID.'"

Noel got the results 20 minutes after arriving home; she had been isolating in a local hotel, as a precautionary measure, while working.

She panicked.

To keep her family safe, Noel was one of the many health care workers who had been isolating themselves while working with COVID patients, staying in a local hotel room.

“Oh my God, I’m gonna die,” Noel recalls saying to herself. “I went to work for these patients. We didn’t get a bonus. We got our salary, which is what we were paid for. I didn’t make a million going to work.”

Her children were outside playing. Talking to her husband through their bedroom door, Noel urged him to bring the kids inside, throw away all the clothes they were wearing, and shower.

Noel immediately found herself bombarded by her husband with questions of *how* she contracted COVID. She didn’t know what to say.

Noel has asthma and had previously spent time in the hospital for influenza. She called her mom thinking she’d never see her again.

A full-time nurse with the New Brunswick extra-mural program, Noel has been on staff for the past year. She’s been in nursing for ten years, working in pediatrics and general medicine, and spent five years working in intensive care units.

Noel was working in intensive care at a hospital in Bathurst when the pandemic began. While she hadn’t yet cared for COVID-19 patients in her ICU, Noel had been practicing every day how to treat COVID patients, just in case.

When Noel texted her boss about her diagnosis, they initially didn’t believe her. When it became clear that it wasn’t a drill, Noel says her colleagues stepped up to ensure she was looked after.

Still in her bedroom, Noel began putting her clothes, medications and toiletries back in her suitcase.

Her husband, who owns a construction business, created an isolated space for her in their basement.

At times, her pulse would spike to 170 beats per minute. “I vomited for 15 days. I had diarrhea. I couldn’t breathe. My oxygen was dropping to 90 per cent by just sitting down.”

Noel's grandmother called each day to make sure she was okay. One day, her grandmother called when Noel was in the shower. Because she didn't answer, her grandmother thought the worst.

Noel would read books to her children from behind the plastic, watching them play while desperately hoping she hadn't exposed them to COVID the day she came home.

Noel said she felt completely supported by her colleagues throughout the ordeal, but wishes that had been the case in her personal life. She has loved ones who no longer talk to her or her family because of misinformation and anti-science rhetoric.

Her isolation period ended on Christmas Eve 2020. Suddenly, Noel found herself rushing to complete her holiday shopping and gift wrapping all in one day.

Noel's husband, who had recently picked up a bus driving job, used a chlorine spray from work to sanitize the basement where she had been isolating.

"When I came out, [my kids] didn't want to touch me because they knew I had COVID," Noel remembers, tearing up as she speaks. "My family was scared to be around me. It was just devastating."

One day during isolation, Noel heard her daughter cough. It sent her into a panic. She grew fearful of her daughter having to experience the same isolation that she saw countless patients go through – that she herself experienced.

"Oh God, what if I gave that to my child?" Noel asked herself. "And if she goes to the hospital, I can't go because I have COVID. She'd be stuck there by herself, and she's eight years old."

"It was scary."

Having lived through an especially trying period, Noel can now see a silver lining. She isn't grateful that she contracted the virus, but her first-hand experience with the virus gave her some valuable insight into what her COVID patients were going through.

While Noel couldn't properly celebrate Christmas last year, her kids are getting vaccinated before they go on winter break, providing the family with some peace of mind while the Omicron variant continues to spread in Canada. For Noel, that's the greatest gift she could ever ask for. ■

My family was scared to be around me.
It was just devastating.

Hello, I’m Kim

> For the most part, nurses know what an important job and role they fill, but we don’t always see that the public sees that.

Kim Reid

Prince Edward Island

Kim Reid considered herself lucky for much of the pandemic on Canada's East Coast, until the Omicron variant changed everything.

Reid is a registered nurse, working full time in an endoscopy department in Charlottetown, Prince Edward Island. She also spent seven years working in the ICU.

When COVID-19 hit Canada in 2020, Reid suddenly found herself headed back to the ICU. Alongside the ICU that she was used to was a second ICU space meant to care for approximately 20 COVID patients on ventilators. Fortunately, this newly created space was never required and closed about a month later.

For Reid, the new ICU was surreal. It felt "kind of like a *M*A*S*H* unit," she said in disbelief.

A single parent with a Monday-to-Friday job, Reid couldn't be at home to facilitate her 13-year-old's remote learning. She worried what might happen if schools didn't resume after March Break. Sure enough, many students across the country saw their March Break turn into an early summer vacation.

Reid shared in the feelings of mothers she saw around her, who were struggling with the guilt of working 12-hour days, while leaving their children to lock down at home in isolation.

At the outset of the pandemic, there was conflicting evidence about whether COVID-19 was airborne, creating a rift in health care when it came to figuring out what kind of PPE would be needed to keep staff safe. Some nurses, Reid included, believed N95 masks should be used as a precautionary measure, but the reality was that there just wasn't enough PPE to go around.

"At one point, they were being locked up, and we had to sign them out," she said of N95s.

While the solidarity the public showed frontline health care workers diminished after the first wave of COVID-19, having that support at the outset of the pandemic meant a lot to Reid.

"For the most part, nurses know what an important job and role they fill," she said. "But we don't always see that the public sees that."

While provinces like Ontario and Quebec dealt with devastating second and third waves of COVID-19, P.E.I. was seemingly spared. But that didn't mean it was smooth sailing for Reid and her colleagues.

While living on an island meant that it was easier to test those coming and going for COVID-19, it also resulted in a unique sense of isolation.

Not only did Reid need to be prepared for a spike in cases at any time, she recognized that residents of long-term care facilities in the province were struggling with isolation, just like their counterparts in COVID hotspots.

With a loved one in a nursing home, it was excruciatingly painful for Reid's family to be stuck on one side of the Confederation Bridge during the early days of the pandemic. Even when the Atlantic bubble opened the door to travel among Atlantic provinces, that didn't include visits to long-term care facilities.

Reid credits the province's success in keeping caseloads of COVID-19 low for so long to the residents of P.E.I. who listened to their chief public health officer, as opposed to letting politics drive decision-making.

Since the Omicron variant hit – changing everything for P.E.I. – Reid is now on her second redeployment.

"It's been a shock," she admitted, after the province went more than 18 months without a single death from COVID-19.

Reid described the anti-science rhetoric that's grown louder throughout the course of the pandemic as "mind-boggling."

"You can't argue [with] it, because you're not going to change it," she conceded, calling it both sad and frustrating.

Reid hopes provincial governments will learn from their pandemic missteps and try to help a sector that's in dire need of reform.

> I want to see more retention and recruitment efforts aimed at health care workers, it's just not sustainable to have a system where you can barely cope.

"I want to see more retention and recruitment efforts aimed at health care workers," she said, adding that "it's just not sustainable to have a system where you can barely cope."

"I feel like we need to focus as a country on the importance of adequate amounts of health care workers," she said, noting that adding more seats in nursing schools would be a good place to start.

Reid is now back in her regular position in the endoscopy unit. She hopes that by the time she marks her 30th anniversary as a nurse in December 2022, the pandemic is in her rear-view mirror.

"Public health experts are saying this is the beginning of learning to live with it," she said, adding, "it sure doesn't feel that way when you're getting redeployed or reassigned to a critical care environment. It sure doesn't feel like this is the beginning of the end."

Through it all, Reid tries to remain full of gratitude – for having a job, for not having lost a loved one to COVID-19, and most importantly, being grateful that she can "hopefully make someone's life a little better every day." ■

Hi, I’m Maria

> I don’t know how I could live with myself being retired and seeing the type of mess [my colleagues] are in.

Maria Richard

New Brunswick

Maria Richard is on track to retire in three years – but the pandemic will have the final say.

Richard is a registered nurse who works in public health. Her nursing career has spanned 34 years, with 28 of those in public health. She's also the first vice president of the New Brunswick Nurses Union.

"I say that I'm going to retire in three years. But if we continue to be in this mode, I don't think I will," Richard admitted. "I don't know how I could live with myself being retired and seeing the type of mess [my colleagues] are in."

Overtime for nurses was already through the roof before the pandemic. Now, Richard often finds herself still hard at work at 1:30 a.m., despite starting at 8 a.m. the prior morning.

"I cannot continue to work those hours," she said. "Something's got to give."

One of Richard's colleagues recently submitted their resignation because "she can't take the pace anymore," while other nurses are afraid of bringing COVID-19 home. One nurse Richard works with was told by her husband that she couldn't come home out of fear of infecting their children; she had to find a new home away from her family while working seven days a week.

"As public health nurses, we've never been so insulted," Richard said, noting that clients are directing the anger toward their government's choices onto the nurses in charge of protecting them.

Richard believes the public health sector wouldn't have been able to keep up if it hadn't been for the retired nurses who returned to the front lines to administer vaccines and help with contact tracing.

"There's no light at the end of the tunnel, and that's why I think we're seeing burnout and nurses going

off on sick leave, or they're changing jobs," Richard explained.

Richard has experience navigating public health in a pandemic, as she was on the front lines during the Ebola outbreak that ravaged West Africa and threatened to spread across the globe.

"We were in shell shock," Richard said when the pandemic spread to New Brunswick, "but people were co-operating."

When lockdowns began across the country, Richard got goosebumps from how empty – almost apocalyptic – the streets were.

"I never imagined that I would finish my career in a pandemic. I think we will be lucky if, by the time I retire, we're no longer in this pandemic," Richard said, though she remains cautiously optimistic.

Richard described a state of "flight-or-fight mode" that's endured in health care throughout the pandemic.

"The best-laid plans are usually [ones] you will hope you never have to open," Richard said of pandemic preparations.

Richard described how the public sentiment around nurses and other health care officials shifted drastically over the summer of 2021. More than one year into the pandemic, New Brunswick's premier Blaine Higgs assured residents that when 75 per cent of the province's population became fully immunized, the province would begin re-opening efforts.

But with summer on the horizon, Higgs couldn't wait. Richard attributed the premier's change of heart to pressure from the tourism industry, allowing the province to re-open before reaching the recommended threshold of 75 per cent vaccinations.

"On that same day he announced it, we got 17 positive cases, and it's been hell ever since," Richard said, adding that's when vaccination rates slowed down across the province.

The move to re-open the province to travellers across Canada defied the Atlantic bubble that allowed intra-provincial travel between the four East Coast provinces.

Anti-vaccine protesters took to the New Brunswick and Nova Scotia border, blocking people from accessing care and truck drivers from delivering blood.

> There's no light at the end of the tunnel, and that's why I think we're seeing burnout and nurses going off on sick leave, or they're changing jobs.

It was a move that Richard's colleague, infectious disease expert Dr. Gordon Dow, publicly denounced that fall. Dr. Dow noted the reopening was against public health recommendations and that government officials may have underestimated the threat of the Delta variant.

While Richard doesn't believe government officials are ready to admit COVID-19 is here to stay, she believes it's time to change the approach of trying to get rid of the virus completely.

"We cannot continue to do this because we're going to miss people," Richard explained, speaking of contact tracing and notifying positive patients by phone. "We need to find another way for people to know they're positive and know what to do that doesn't involve talking to a physical person because it could [take] five days."

In 2022, Richard hopes innovations are made to get information to COVID-positive patients quickly and effectively. Given how stretched thin health care workers are, this is especially critical. The long reach of the COVID-19 pandemic is a reminder that we need healthy and robust contact tracing now and into the future – not just for COVID-19 but for other viruses too. ■

Hello, my name is Glenda

> We had to be their caregivers. We had to be their mothers. We had to be their support person.

Glenda Sabine

Nova Scotia

Glenda Sabine saw firsthand the devastating effect COVID-19 had on long-term care facilities during the onset of the pandemic. Not only has she been working on the front lines, she's also a designated support person for a family member in another nursing home.

Sabine, a registered nurse, works in Nova Scotia's long-term care sector. She recently celebrated her 20th year of working with the same employer.

As the novel coronavirus began spreading across the globe, Sabine was planning a trip to the Dominican Republic in April 2020. At the time, it wasn't clear whether Canada would be impacted by COVID-19. That uncertainty didn't last long. Within weeks, Sabine was watching in horror the escalating crisis in New York City, where temporary hospitals were being set up in Central Park along with makeshift morgues.

Needless to say, she didn't make it to the tropics.

For Sabine, bringing home the virus remains among her biggest fears. Both her parents live with her, as well as her husband, who had a heart attack eight years ago.

Sabine struggled knowing that residents in her long-term care facility would face major disruptions to their routines under pandemic protocols. Suddenly, visits were limited to one person – forcing many sick parents to choose just one child to hold their hand – while residents lost many of their remaining social and psychological supports.

Sabine saw people visiting residents through windows, neither side able to wipe away the other's tears. Residents struggled to get exercise essential to their well-being since they could no longer go for walks outside – even for a breath of fresh air around the parking lot.

“We had to be all things to these residents,” Sabine explained. “We had to be their caregivers. We had to be their mothers. We had to be their support person.”

Sabine emphasizes that staff at long-term care facilities aren’t just working to help residents escape the virus but offer them the dignified quality of life they deserve. Unfortunately, she says, the sector had been running in “pandemic mode” long before COVID-19.

Sabine participated in the Done Asking rally, a day of action in September 2021 initiated by the CFNU to sound the alarm on the gaps plaguing health systems, like staffing shortages and limited access to PPE.

“Long-term care is such a rewarding place to work,” Sabine said. A common misconception about long-term care is that residents have short-term life expectancies. She says many residents live in her facility for several years, developing relationships with their caregivers that make people like Sabine want to work that much harder.

“I really feel that if [continuing care assistants] were paid a higher wage, [...] we could attract more people to this sector,” she noted.

“This fear was, and still is, very real,” she said, noting the Omicron variant has brought back the sense of uncertainty felt at the onset of the pandemic.

She noted that as of January 2022, a wide variety of long-term care facilities in Nova Scotia were dealing with outbreaks of COVID-19, affecting both residents and staff.

Still, Sabine remains hopeful, finding solace in the fact that most frontline workers and residents are now fully vaccinated and have received a booster.

With no end in sight to the crisis affecting the province's health care system, pandemic or not, Sabine believes long-term care workers need to keep lobbying governments to advocate for Nova Scotia's seniors, who often aren't able to advocate for themselves.

"Our seniors deserve dignity. Our seniors deserve respect. Our seniors deserve to live in a place where they feel safe, where they're well cared for, where their psychological and social needs are met," Sabine said.

According to the Canadian Institute for Health Information, long-term care facilities contributed to 81 per cent of COVID-19 deaths in Canada during the first two months of the pandemic alone. In Nova Scotia, one long-term care home saw 53 residents die during a devastating outbreak. For Sabine, one of those deaths turned out to be her neighbour's mom; she tested positive before succumbing to the virus just one week later.

"To die that way … It's devastating," Sabine reflected. "People died, and they couldn't have all of their loved ones around them when they were dying. It's so sad."

Sabine also worries about the colleagues with whom she's developed friendships throughout her decades in nursing. During a recent call with a friend from nursing school – an ICU nurse in Edmonton – her friend confided about the number of deaths she was seeing at work on a daily basis.

Nurses are left with posttraumatic stress disorder, Sabine says. But with a health care system on the verge of collapse, there's no time to address their mental health.

"I have never seen it this bad in 25 years," she said. "You can see why people are leaving." ■

Our seniors deserve dignity. Our seniors deserve respect. Our seniors deserve to live in a place where they feel safe, where they're well cared for, where their psychological and social needs are met.

Hello, I’m Suzette

> I don’t know if I’ll ever be the same.

Suzette Spurrell

Newfoundland & Labrador

Suzette Spurrell thought she and her husband had won the lottery. While Newfoundlanders were clearing themselves out of a historic snowfall – which came to be known as Snowmageddon 2020 – the couple was vacationing in Aruba.

But while they were clear of the 90 centimetres of snow back home, a CNN segment about a novel coronavirus caught Spurrell's attention. After all, she's a communicable disease control nurse coordinator for a health authority in Newfoundland and Labrador.

Just one week after returning, it was still January, and Spurrell's director suggested the team should "dust off their pandemic plans," warning about the ongoing health emergency in China. She began reviewing policies to prevent and control communicable diseases through resources like contact tracing, case management and, after vaccine development, immunization. Little did Spurrell know these practices would soon become part of her daily work routine.

In March, the health authority reported its first case of COVID-19. Spurrell will never forget it. Part of her job required calling that person to let them know they were positive for COVID-19.

Located 30 minutes outside the province's capital, St. John's, in 2022 Spurrell is marking her 26th anniversary of working in the nursing sector.

While she wasn't in ERs and ICUs, Spurrell struggled with the seclusion of working from home in makeshift offices, never seeing clients or colleagues in person. That resulted in Spurrell missing out on the solidarity shown to nursing staff early in the pandemic, making her and other public health workers "hidden heroes."

"No one was bringing us pizza and honking their horns because they didn't know where we were," she said, adding, "They didn't know what we look like – didn't know we existed."

> I think if I knew what we would have had to go through, I wouldn't have thought we would have been able to do it, but we did, and I'm very proud of the work our team accomplished.

That didn't stop her from working with "the utmost compassion and dedication."

For Spurrell, her small team of seven became "almost like sisters to each other." Between the seven of them, they collectively have over 100 years of experience in public health. She credits her team as part of the reason the province kept such low hospitalization and death rates, noting their contact tracing efforts "left no stone unturned."

"We were responsible for this monumental task of contacting all these clients and their contacts, and basically taking the journey of COVID with them," she said. "We would all celebrate when they recovered. We would all cry with them when their family members died. It was really an emotional roller coaster ride."

On the flip side, Spurrell was also responsible for calling COVID-positive patients who would be in "complete and utter denial that they have COVID," refusing to self-isolate because they thought the pandemic was a conspiracy.

"We have an ability to stay calm even though it feels like the sky is falling," she said.

Not only is Spurrell responsible for making COVID calls, she's also trained around 100 nurses in contact tracing and case control. From March 2020 to Christmas Day of 2021, Spurrell's team contacted every single positive patient and compiled their close contacts.

But when the Omicron variant hit, everything changed. Spurrell could no longer feasibly trace close contacts – let alone ensuring anyone who tests positive receives their results.

While she describes herself as calm and process-oriented, the gruelling hours and moral injury have resulted in Spurrell not feeling like "who she used to be."

Before the pandemic, Spurrell slept essentially every night of her life. But when the workload spiked, she found herself going weeks without a proper night's sleep.

"All I know is COVID. My whole world revolves around COVID," she said, adding that while she's become an expert on the virus, it's overwhelming to be constantly consumed by the pandemic. "I don't know if I'll ever be the same."

She says public health is the best job in the world of nursing, explaining that the role's objectives are to keep the public healthy and prevent disease. In the future, Spurrell hopes to see funding for public health prioritized, noting "we're always the last to get those resources, and the reason is because we do such a good job with what we have."

If the provincial government has learned anything from the pandemic, Spurrell says it should be that public health workers should be given the proper resources to do their work.

"We're always on the backburner," she explained. "And you have a pandemic the size of this, and we still didn't get any permanent resources. If we're not going to get resources now, when will we ever get them?"

Looking back at the last two years, Spurrell compared her experience to a university student who just received their degree, feeling as though they wouldn't be able to go through that again.

"I think if I knew what we would have had to go through, I wouldn't have thought we would have been able to do it, but we did, and I'm very proud of the work our team accomplished." ■

Hi, my name is Alan

> We're not out of this until we're all out of this.

Alan Warrington

Ontario

Alan Warrington never experienced mental illness – until he was diagnosed with posttraumatic stress disorder after working through the COVID-19 pandemic.

Between working overtime, adapting to evolving science and navigating the increasingly violent anti-health rhetoric building across the country, the toll became too much for Warrington to shoulder.

At the end of May 2021, he was working a shift in a London ICU when the jarring juxtaposition of a young man passing away from COVID-19 and another patient who didn't believe in the virus caused Warrington to break down.

Now, he's recovering from PTSD. He calls himself one of the lucky ones because he had direct access to treatment – something many Canadians don't have.

That said, he also points out the need for nurses to be able to get the help they need before they wear themselves too thin.

"You have to break before you get access to those tools, and something has to change there," he said.

Looking back at his diagnosis, Warrington says he couldn't anticipate how seriously the pandemic would affect him because he'd never encountered mental unwellness before.

As a union leader, he knows how imperative his voice is while his colleagues suffer in silence in the workplace.

Warrington believes more light needs to be shed on mental illness in health care, adding that nobody thinks twice about the psychologically damaging work firefighters, paramedics and police officers do.

Warrington has spent 22 years in nursing. Currently, he works as a registered nurse in intensive care.

Following in the footsteps of his mother, Warrington wanted to become a travel nurse but found the most travel nursing he did was moving from Alberta to Ontario.

"I obviously saw the gratitude that the patients had for my mom," Warrington said, "and I just thought it was right up my alley."

Despite being elected to a new role with his union, Warrington was called back to work in the ICU to prepare for a surge in COVID patients.

Warrington's first big wake-up call during the pandemic was when the NBA's Rudy Gobert tested positive for COVID-19 back in March 2020. That diagnosis kicked off a chain of events that saw the sports world shut down. As a big sports fan, Warrington knew the move was serious.

Now, like the rest of Canadians, he looks ahead to the uncertainty of the Omicron variant – a word that wasn't in our mainstream vocabulary as recently as November 2021.

"If this has the kind of impact on health care that we were having through the second wave that contributed to me going off with PTSD and a lot of my colleagues being subjected to mental anguish and psychological trauma, it's a really scary thought," Warrington said.

When news broke about a new, more infectious and severe, mutation of COVID-19 in March 2021, Warrington referred to the news of the Delta variant as "Groundhog Day."

"We saw oxygen supply issues in India, where this variant had initiated, and the images, they're just harrowing," Warrington said. "We knew it was on our doorstep."

When Warrington returned to his role in the ICU, he was shocked by just how sick people were.

"Obviously, this pandemic did show there's a socio-economic and a racialized proportion of our population that was greatly affected by this pandemic – that weren't able to work from home," Warrington said. "That just speaks to the disparity within our society."

Even though nurses at Warrington's hospital were feeling cautiously optimistic about the start

Obviously, this pandemic did show there's a socio-economic and a racialized proportion of our population that was greatly affected by this pandemic – that weren't able to work from home, that just speaks to the disparity within our society.

of widespread vaccine distribution, it took four months for him to get a second dose, four times longer than the recommended interval.

Warrington pointed to our limited capacity to manufacture personal protective equipment domestically as a key factor that led to Canada's PPE shortage.

"Nurses in particular shouldn't go to work with the possibility of sacrificing your life to deliver the care and services that we do," he said, dismayed.

The first wave of the pandemic hit places like Italy and New York City hard. Warrington recalled seeing graphic images from ICUs and cooler trucks being turned into makeshift morgues to deal with the rising death count.

"It was really psychologically detrimental to come into work to plenty of COVID patients and then basically have to isolate from your family when you were at home," Warrington explained.

While the public initially lauded nurses and other health care workers as frontline heroes, Warrington said the sentiment seemed to take a quick turn.

"No longer was the public banging pots and pans and celebrating nurses," Warrington said, adding the public "absolutely vilified" the nurses at his facility.

"There's this dismissiveness in the public," Warrington said. "They don't appreciate the workloads, the severity, the dangerousness of the work that we do, and it has taken a cumulative toll."

Warrington remembers before the pandemic, when nursing was highlighted as one of the most trustworthy professions, and is shocked at how quickly public sentiment can turn.

He noted that one in five new nursing graduates end up leaving the profession in five years, further straining staffing levels.

"We have a newer generation of nurses that are coming into a very psychologically violent [workplace]," Warrington said, adding that more mental health resources for nursing staff are essential for reforming the industry in the future.

"We're not out of this until we're all out of this." ■

Hi, I'm Jessica

> I'm a big nurturer; I feel a lot of empathy.

Jessica Wingfield

British Columbia

Trigger warning: suicide

This story briefly touches on the topic of suicide and suicidal feelings. If this topic is triggering for you, please skip this story.

Since she was in Grade 8, Jessica Wingfield wanted to be a nurse.

"I'm a big nurturer; I feel a lot of empathy," says the recently graduated registered nurse who staffs an acute surgical ward in a Victoria hospital. After someone suggested she explore the field, she performed enough research to find herself miles ahead of her teen peers in answering the inevitable career path question.

Wingfield recalls enjoying her intensive four-year nursing program, especially placements in settings as varied as long-term care homes, mental health, medical surgery, pediatrics and maternity, and complex care. The workload was heavy, but "in the long run, we're going to be taking care of people in their worst, most vulnerable moments where they need life-saving measures. And we have to be well prepared to be able to do that."

When the pandemic hit, her hospital practicum was cancelled to minimize student exposure to the virus. Although placements resumed following the first wave, Wingfield recalls feeling both excited and worried that she and fellow trainees might be in the way.

Her transition from student to full-time RN in May 2021 was marked by heavy workloads, impossible nurse-to-patient ratios (nurses who normally cared for one or two patients were now expected to meet the needs of up to nine), and higher acuity in those she was treating.

She's also been busy fulfilling multiple roles as a student representative on the CFNU national executive board and a director at the Canadian Nursing Students' Association, where she handles concerns from future nurses about everything – from vaccine

hesitancy to fears that the shift from hands-on, in-person lab training to online learning will leave them at a disadvantage when they enter the workforce.

"It's a very exhausting time in health care right now," she says, adding that as a relative newcomer, she is upset to see so many veteran nurses leaving the field.

"They don't necessarily want to leave," she sighs. "It's just that they're so burned out from these last two years of the pandemic, mentally and physically. They can't take any more of it, which is sad to see."

"It's sad for the profession to be losing these amazing nurses too."

Wingfield says 12-hour shifts often grow to 13 or 14 hours, and breaks only seem to occur out of absolute necessity "so that we can pee or drink water for the first time that day or get a little bit of a snack to keep our energy up for the rest of the shift."

Because of the challenging pace and amount of work she undertakes, Wingfield says she and her new-to-nursing colleagues rarely have the mental space to consider where they will be a year or more down the road themselves.

"Right now, it's – what do you have to do to just go shift by shift?" she says.

Thinking about future areas of specialization or even whether she can take another year of working in such an environment is just "too much" right now.

"Honestly, we don't really feel like heroes in there. We're just doing our job and getting by."

In what could not have been foreseen as a student, Wingfield points to the additional stressors of her hospital being picketed by anti-vaccine protesters and the very real possibility of being assaulted by people targeting anyone wearing scrubs. She also felt bombarded by ramped-up rhetoric accompanying the infamous 2022 convoy occupations, and made the conscious choice to turn off the news and social media.

While she counts herself blessed to gather with fellow graduates to decompress – from get-togethers to discuss anything but work to taking hikes – Wingfield is frustrated that the general public doesn't seem to understand just

> I just had an experience with a patient... they got some things off their chest, they thanked me for listening. We never get those opportunities. I realized, that's what I wanted to be in health care for – those rewarding moments – and unfortunately, we're not getting a lot of that right now.

how difficult things really are on the nation's hospital floors. She sometimes wishes the uninformed could shadow her on a shift to see just how challenging things have become not only for health care workers but for patients as well.

At times, Wingfield says, the hospital has acknowledged "a really bad, big staffing crisis," and they've essentially told staff to ensure the bare minimum is done "to just keep the patient alive, which is so disheartening as a nurse, because you don't want to just scrape by with the bare minimum. [...] You want to do more for them. But on certain days, there's no capacity, there's no staff, there's no time to do it."

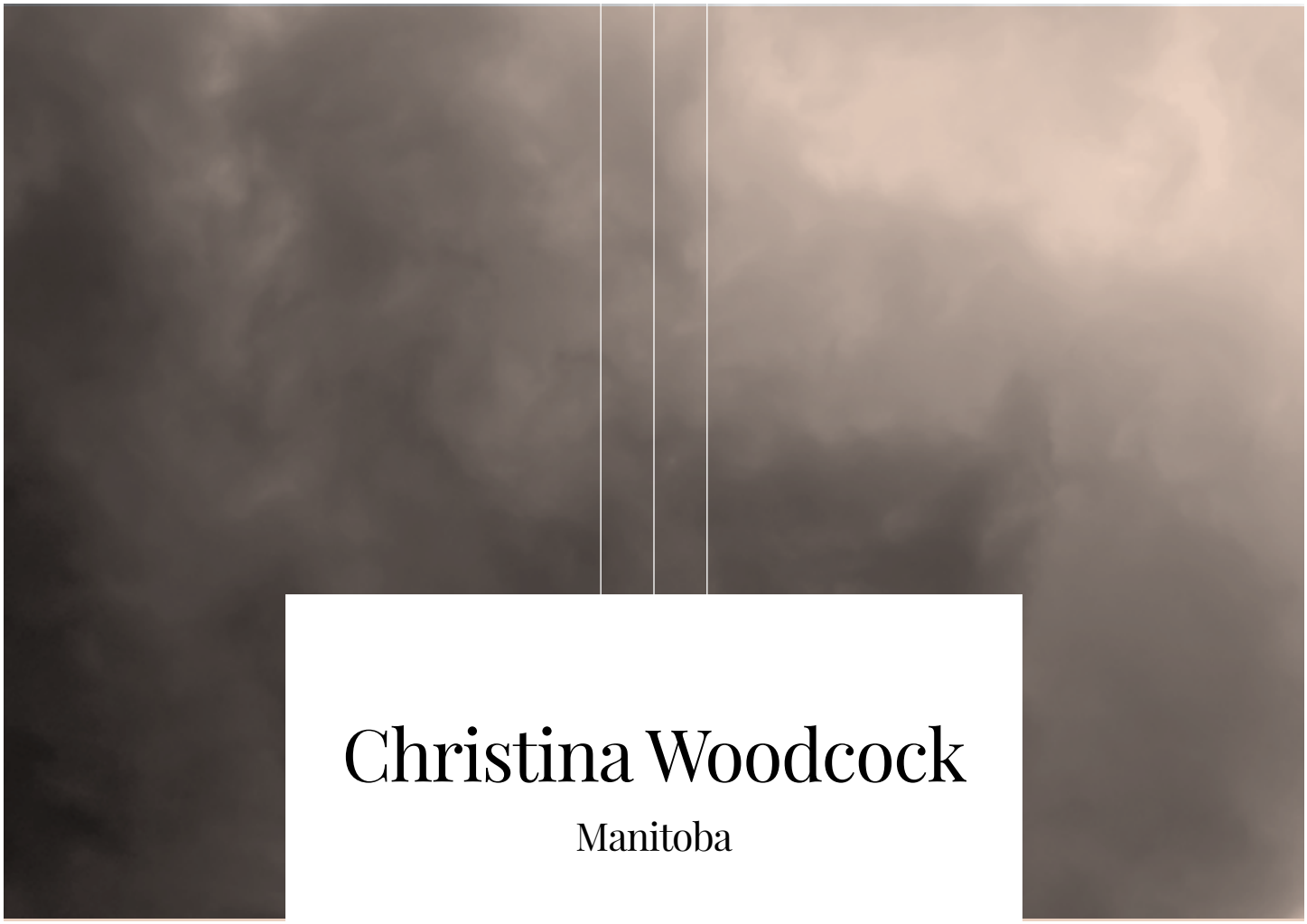
Despite her rapid-fire introduction to nursing in a global pandemic, Wingfield expresses no regrets, clinging instead to those precious moments that remind her why she got into nursing in the first place.

"It is such a humbling and honouring experience to be able to work with my patients," she says.

"I just had an experience with a patient when it wasn't quite as busy of a night as it usually is. I had a moment to sit down for 15 minutes, and they were sharing some personal experiences with me about an attempted suicide. They started crying, they got some things off their chest, they thanked me for listening. We never get those opportunities. I realized, that's what I wanted to be in health care for – those rewarding moments – and unfortunately, we're not getting a lot of that right now." ■

Hi, my name is Christina

> I'm inspired by the team of people that I work with.



Christina Woodcock

Manitoba

For nurse Christina Woodcock, living over 200 kilometres west of Winnipeg, in Minnedosa, Manitoba, meant it was easier to keep the virus away – until it wasn't.

Woodcock has been a nurse for 19 years, spending the last three working in critical care in Brandon, Manitoba, where she splits her workload between the ER and the ICU.

The pandemic brought new policies to nursing that extended beyond COVID-19 patients. In the ER, nurses had to change the way they responded to a code blue – a cardiac arrest patient – with an unknown COVID status.

While Manitoba didn't get hit hard in the early days of the pandemic, the data coming into the hospital in Brandon from jurisdictions like Wuhan and Italy were reason for apprehension.

Woodcock pointed out that workplace stress has been reported among nurses for years, noting posttraumatic stress disorder is becoming more prevalent during the pandemic.

She says she felt fortunate to be able to rely on her husband to keep up his full-time job remotely while providing care to the kids, who were "treated to an extended summer vacation" in 2020.

Fortunately, because Woodcock spent much of her time working in critical care, she was prioritized for greater access to PPE. But that didn't mean they weren't affected by what Woodcock called "the PPE crisis."

"[Our employers] were asking us to take our masks, place them in paper bags, and wear them over and over again," she said, noting she feels "that was a bit of a blemish in the handling of the pandemic early on."

That blemish was soon rectified by the persistent and relentless calls from union leaders fighting for their members.

While the onset of the pandemic saw local communities lauding the work of nurses, Woodcock felt guilty about the praise, considering Manitoba wasn't seeing high hospitalization rates early on. Woodcock appreciated the praise but felt it dissipated almost as quickly as it started.

"It was remarkable to see how the communities are coming together to support health care workers," she said. "But also, I feel it's remarkable how quickly that support had waned as people became sort of fatigued with the COVID responses and the isolation over the course of the pandemic."

For Woodcock and her colleagues, the beginning of the second wave represented what she called their "wake-up call" when it came to COVID-19. A spike in cases took place just as vaccinations were in the early stages of being distributed widely to eligible age groups and immunocompromised individuals, putting further pressure on health care workers to get as many shots administered as possible – even while dealing with delivery delays and shortages.

Suddenly, COVID-19 was reaching secluded and under-resourced populations. This was particularly concerning for northern First Nations communities, Woodcock explained, where community spread was spiking alongside poor outcomes.

Meanwhile, patients were flooding the ICU. Increasingly, it was impossible to maintain safe staffing; Woodcock noted that a one-to-one ratio of one nurse for each ICU patient had always been the standard prior to the pandemic.

"An intensive care patient is different from a ward patient, particularly one [who] has COVID-19," she explained. "We as a medical team take control of every aspect of that patient's being. We take control of their neurological status, we sedate them appropriately, we often paralyze them, we have

them on ventilators, we control how much oxygen they breathe, the volume of air they're taking into their lungs, what rate they're taking in, we control their blood pressure and their hemodynamics. We control everything down to elimination."

With all of the responsibilities that go into just keeping patients stable, Woodcock explained that asking ICU nurses to take on another patient is asking them to take on an extra 100 per cent of their workload. It's become a "new normal" that nurses can't keep up with.

"It became a situation that none of us ever thought we would see in our careers, and we're still living in that right now," she explained.

While the narrative around nurses has long focused on the theme of coping, Woodcock says that's not a word she would use to describe the "damage control mode" nurses continue to find themselves in.

"I don't think that people coped," she said. "It was survival."

Woodcock noted that moral injury wasn't so prominent in the early waves, but as misinformation began to spread like wildfire, divisiveness took its toll. She had complicated feelings about caring for unvaccinated people who in many cases believed their diagnosis – and the virus itself – wasn't real.

"It's been really hard to see all of the science and all the data that's been compiled ignored until people are in need, and then they show up on our doorstep and criticize the way that we're caring for them," she said.

Ultimately, Woodcock credits her colleagues for getting her through the lowest points of the pandemic.

"I look around at the teams that I work with, and I think that their resiliency, their compassion and their ability to keep showing up day after day could very well be the greatest example of love and support that I've ever seen."

"Honestly, I'm inspired by the team of people that I work with." ■

> It was remarkable to see how the communities are coming together to support health care workers, but also, I feel it's remarkable how quickly that support had waned as people became sort of fatigued with the COVID responses and the isolation over the course of the pandemic.

Hello, I’m Pauline

> Every day is a new day where I work.
> And every day, I learn something new.

Pauline Worsfold

Alberta

Pauline Worsfold only became a nurse to placate her mother, who practically strong-armed her into applying to nursing school. Worsfold remembers secretly hoping she'd get turned away.

"I guess they were desperate for warm bodies," she quipped.

Yet, after four decades of working in a post-op recovery unit and booking vacation time to perform orthopedic medical missions in Ecuador, she has no regrets, save one.

Her profound sense of dissatisfaction arises not from her job but rather from the longstanding systemic failures that she struggles to address as chairperson of the Canadian Health Coalition and secretary-treasurer of the CFNU.

"After all these years of cutbacks and program cancellations, the nurses have been this thread that has woven the health care system together," Worsfold shared as the Alberta premier announced he was lifting all restrictions, despite the province's highest-ever level of COVID patients in the ICU.

"And now we're hanging by a thread, and the politicians don't care," she continued. "I wish I lived in New Zealand, where their leader is empathetic and sympathetic and did all the right things. And I don't let it go unnoticed that it's a woman."

Growing up in a union family, Worsfold has always brought a lens combining equity, fairness and social justice to her work. Hence, it was no accident that in March 2020, she was wrapping up an Ecuador mission – repairing hips and club feet – and looking forward to attending the UN Committee on the Status of Women in New York, only to learn it was cancelled.

On her return home to Alberta, she began to get a sense of how the world had rapidly changed, when she was forced into quarantine one week before the WHO named the COVID-19 outbreak a pandemic.

"Even before I went back to work, I was so afraid," she recalls. "I actually updated my will. I said to the lawyer, 'I bet you're pretty quiet at your office.' And he said, 'No, actually, we're so busy. It's all health care workers updating their wills.'"

While the return to work was fraught with worry, she eventually felt better being back on her unit. "I think if you sit and worry about something, but then actually go and do it, it's never as bad as you think it might be," she concluded.

While the hospital continued to do trauma and emergency surgeries, the number of functional operating rooms was reduced from 17 to five. Worsfold felt blessed that she rarely felt the pressures of nurses working the COVID ICUs.

But there were other stressors, including the growing backlog of delayed and cancelled surgeries. And as Omicron became the latest named variant, "more of our own staff were becoming ill, or it was their family, spouse, children, parents," she observed. "We have ten nurses on a day shift; it's not unusual these days to have four sick calls, so 40 per cent of our staff. It's not over."

Like many of her colleagues, Worsfold has lobbed a significant number of epithets in the direction of TV and radio newscasts over the past two years. She decries how a public health emergency became politicized, citing how "frustrating and exhausting" it was to see "decisions not based on evidence."

"Rather than politicians stepping back and letting experts with knowledge and evidence make the

decisions, they've been attempting to control the narrative, listening to the very loud minority, and making decisions based on what's best for them and their political career, instead of what is best for the citizens of the province or the country," she says.

Even at the level of public health messaging, Worsfold feels there's been a missed opportunity in simple language choices that could have calmed nerves and disarmed anti-vaccine picketers.

"They weren't *restrictions* that people had, they're *protections*," she says. "Doesn't everybody want to protect themselves and their family and their community? From something that might kill any one of us?"

"I mean, come on. It's just mind-blowing for me that something as simple as wearing a mask to get your groceries is such a political hot potato."

Worsfold also connects the dots between what she feels will be a never-ending pandemic due to the failure to ensure vaccine equity – "nobody is safe until we're all safe" – and the very real danger that governments will blithely allow public health systems to collapse as a backdoor strategy to privatize the sector.

She pinpoints a pre-pandemic phenomenon that will likely only worsen as the system catches up with tens of thousands of backlogged surgeries. "Patients are being discharged sicker and quicker, which is frightening to frontline nurses," she says. "The units are saying that the push to get patients discharged from the hospital results in a lot of re-admissions."

While she looks forward to a safer time when she and her colleagues in the Canadian Association of Medical Teams Abroad can collect surgical instruments, IV tubes, rolls of tape, casting materials, crutches, wheelchairs and other supplies for a return trip to Ecuador, Worsfold remains unwavering and enthusiastic in her daily commitment to show up for work.

"I really do love my job," she says. "I enjoy my co-workers. Otherwise I'd not be in the same unit for the past 35 years."

"Every day is a new day where I work. And every day, I learn something new." ■

> And now we're hanging by a thread, and the politicians don't care, I wish I lived in New Zealand, where their leader is empathetic and sympathetic and did all the right things. And I don't let it go unnoticed that it's a woman.

Hi, my name is Tracy

> No human being can take that for long without something breaking inside of them.

Tracy Zambory

Saskatchewan

When Tracy Zambory first heard about the novel coronavirus more than two years ago, she couldn't have imagined the many crises that would follow and the deep emotional toll it would take on the health care workforce.

As president of the Saskatchewan Union of Nurses, Zambory is the voice of more than 10,000 health care employees. Throughout the pandemic, she has been focused on keeping nurses safe and encouraging the broader public to follow public health guidance to lessen the strain on an already overburdened system.

"As an organization, we became the voice of COVID," explained Zambory. "I was being interviewed 567 times a day, seven days a week, for months." As a spokesperson for nurses on the front line, Zambory used her media appearances to provide sound advice to the public and hold government officials accountable when they put politics ahead of public health.

"Do I get tired? Absolutely. But, I know that my long days are nothing compared to those who work in the intensive care units, COVID wards, emergency rooms, contact tracing and testing."

Zambory calls the small town of Stoughton home, a community with a population of just under 700 in the southeastern part of Saskatchewan. Her small dog Danga jumps up on her lap as she chats.

She remembers quite plainly when what was then referred to as the novel coronavirus started to become a global concern.

Midway through January 2020, Zambory attended a regular monthly meeting with the province's health authority. When she spoke up to ask about the province's preparations for the virus, she was shocked to discover the labour relations supervisor had no idea what she was talking about.

Before long, Zambory realized the government was making plans to combat the virus but wasn't

sharing the information with those actually working on the front lines. Meanwhile, it quickly became evident that frontline workers didn't have the personal protective equipment needed to stay safe.

"Right off the get-go, we had to fight for our own protection," Zambory said. "People weren't allowed to have more than one N95 per shift."

In other cases, nurses were told they only needed a surgical mask. Zambory fought for an approach informed by the precautionary principle – a key lesson from Canada's experience with SARS – which holds that, until there is scientific consensus around how a virus transmits, the highest level of protection must be used. In the case of COVID-19, the call for airborne precautions would turn out to be the right one.

To stay in touch with her members, Zambory began hosting virtual meetings on Zoom. The meetings were necessary, she explained, because workers weren't hearing anything from their employers about best practices or updated epidemiology.

"Nurses were frightened," Zambory recalled. "When we talked to nurses, they were in tears. They didn't know what to do."

COVID-19 didn't just affect nurses at work, it affected their home life too. To keep their families safe, some nurses isolated themselves in hotel rooms while others sent their children to live with their grandparents. Some nurses even set up decontamination stations in their garages, where they could strip, shower and sanitize before even entering their homes.

Looking back, Zambory believes the country's response was strongest at its onset, with major lockdowns taking place early on. Conversely, at the time of writing, most public health measures have been lifted – this despite Saskatchewan's fourth wave causing a vastly higher number of hospitalizations than its predecessors.

One of the pandemic's greatest surprises was the extent to which disinformation and misinformation would hamper public health efforts in

Saskatchewan. From the onset, it was clear to Zambory that there was "a complete disregard of the professional opinion of health care professionals, registered nurses, physicians, public health officers, epidemiologists – the people who actually understood what was going on."

Zambory knows health care is politicized, but before the pandemic, this mostly affected the "higher echelons" of the industry, she said. When COVID-19 hit, that polarization trickled down and fueled a divide between some patients and their health care providers.

"It was so disappointing and demoralizing," Zambory says. "It was a really difficult period that continues right to today."

The additional stress and psychological load of battling the pandemic has taken a deep toll on nurses. Before COVID-19, a decades-long nursing shortage meant that nurses were increasingly doing more with less, often at the expense of their own mental health.

COVID-19 just added fuel to the fire.

"The effect has been profound, the moral injury has run deep," Zambory said. "I think it's going to be felt for years, if not decades to come... It's led to people questioning their choice of career."

Zambory gets frustrated when she hears people posit that nurses are calling it quits because they want more time off or a raise; she knows many nurses are simply burnt out and lacking a basic quality of life. Nurses have also experienced deep traumas with few opportunities to regroup and decompress.

"No human being can take that for long without something breaking inside of them," Zambory explained.

The pandemic has brought into sharp focus the need for urgent mental health supports and evidence-based strategies to tackle the nursing shortage. Retention efforts are desperately needed to stem the exodus of nurses from the health care system.

"We need them," Zambory emphasized. "The health care system needs them. The public needs them."

"We cannot let our foot off the gas." ■

The effect has been profound, the moral injury has run deep, I think it's going to be felt for years, if not decades to come... It's led to people questioning their choice of career.

Chapter 3

A glimmer of light

By Carol Reichert

Vaccines – hope and resistance

When Dr. Anthony Fauci, the head of the National Institute of Allergy and Infectious Diseases, announced in spring 2020 that it might be possible to develop a vaccine for COVID-19 within 12 to 18 months, many experts were skeptical. Typically, vaccines take eight to ten years to develop. Even working flat out, experts warned that clinical trials almost never succeed the first time around.

Remarkably, Fauci was proved right. On December 9, 2020, less than ten months after the start of the pandemic, Health Canada authorized the first COVID-19 vaccine, Pfizer-BioNTech. Two weeks later, Moderna was also approved for use.

That same month, nurses in Canada began receiving the approved vaccines.

Vaccines added a critical layer of protection, as did greater access to supplies of PPE, alleviating nurses' fears of becoming infected and spreading the virus.

Many Canadians, including nurses, felt that Canada had turned a corner.

The Delta variant

Just as the vaccine rollout began in earnest in the spring of 2021, a new variant of COVID-19 arrived in Canada. The Delta variant spread twice as fast as the original strain of COVID-19 and caused more severe illness. With only a minuscule percentage of the population fully vaccinated, the number of hospitalizations and deaths rose once again.

Eager to support the vaccination drive in any way it could, the CFNU and its member organizations launched a nationwide campaign to get needles into arms. Together, they encouraged all Canadians to "get vaccinated when it's your turn", while emphasizing the safety of vaccines and their efficacy in preventing community spread.

By Canada Day 2021, vaccination campaigns were starting to show results. More than three quarters of the eligible population had received the first dose, and just over a third were fully vaccinated. The Prime Minister predicted that all Canadians could be fully vaccinated by the end of the summer.

For most health care workers, summer 2021 also offered a brief reprieve from the unremitting stress of the pandemic. Some nurses were able to take a bit of time off. Others, reassured by the protection afforded by vaccines, socialized with colleagues and friends. As the general population received vaccines, the fear of infecting loved ones began to lift.

By summer's end, with vaccine supplies assured, herd immunity was finally within reach for Canada if vaccinations continued apace.

Seemingly out of nowhere, a small but vocal resistance to vaccines emerged in the fall, fueled by misinformation, conspiracy theories and the perceived threat of vaccine mandates. Despite regularly ranking among the top trusted professions, nurses quickly found themselves the targets of recrimination and vitriol.

Online, behind a veil of anonymity, misinformed Canadians lobbed threats and insults at nurses and health care workers. Outside their workplaces, nurses were verbally abused; some were physically assaulted. Groups of "anti-vaxxers" began picketing outside heath care facilities, blocking the entry of staff and impeding patients' access to care.

To protect health care workers from the threats, violence and harassment they were experiencing, Linda Silas, President of the CFNU, joined federal Ministers to introduce Bill C-3, which amended the *Criminal Code* to consider these offences against health workers as an aggravating factor at sentencing. The CFNU had been calling for this amendment for years amid escalating violence.

By early December 2021, three quarters of the eligible population was fully vaccinated; in theory, this winter was on track to be better than the last.

But COVID-19 had other plans.

The Omicron variant

The first case of Omicron, a new COVID-19 variant of concern, was detected in Canada at the end of November 2021. While it would prove to cause less severe illness than its predecessors, it was far more transmissible. Omicron was as much as four times more transmissible than Delta, which itself spread faster than the original strain.

Even as Omicron gained traction, vaccine efficacy waned for those vaccinated with two doses more than six months ago. Public health officials began urging health care workers and all vulnerable Canadians to arm themselves with a booster shot. They warned that, although two doses still offered protection from severe illness, they offered little prevention against infection from Omicron.

Untold millions of Canadians, including countless health care workers, were infected with COVID-19 between December 2021 and March 2022. Throughout this wave, hospitalizations and deaths from COVID-19 remained high, with most provinces experiencing more deaths than at any other time during the pandemic.

As we write this, in March 2022, vaccine and mask mandates have been lifted across Canada, alongside capacity limits. However, the prospect of a new, more virulent variant remains ever present, especially given global vaccine inequity. Public complacency and political expediency may jeopardize a careful recovery.

The crisis in health care – nursing shortage crisis takes hold

As the vaccines began to stem the spread of COVID-19, nurses were once again hopeful but damaged. Increasingly, the acute shortage of nurses posed an occupational health and safety risk, alongside COVID, impacting both their mental and physical health.

Canadian Health Workforce Network call to action – April 2021

Alarmed by these untenable working conditions, the CFNU reached out to Dr. Ivy Bourgeault, director of the Canadian Health Workforce Network, based at the University of Ottawa. Ahead of the release of the federal budget in April 2021, the CFNU and the CHWN launched a campaign calling for federal leadership in health workforce planning. Alongside 60 other health care organizations, the CFNU signed onto a CHWN petition calling for the federal government to facilitate better health workforce planning by funding a federal body tasked with collecting and providing data. Without this data, the signatories contended, provinces regularly resort to short-sighted tactics to attract nurses, which often amount to no more than an expensive shell game, drawing nurses from one region of Canada to another. Amid the current crisis, the signatories also asked the federal government to provide immediate and targeted funding to the provinces and territories to implement proven retention and recruitment programs aimed at reversing shortages.

Nurses are fed up with politicians who publicly call them heroes, only to cut health care budgets and undermine their working conditions behind closed doors.

In an online meeting held during Nurses' Week, the provincial nurses' union presidents, who make up the CFNU's board, described what they were hearing from frontline nurses to Minister of Health Patty Hajdu. The union leaders said that many nurses were considering leaving their current jobs, or the nursing profession altogether because working conditions were so abysmal. The situation on the ground constituted an emergency.

Sadly, by summer's end, the nursing shortage had worsened. Statistics Canada reported that in the third quarter of 2021, there were almost 34,000 vacant positions for nurses, with many positions going unfilled for more than 90 days.

Done Asking day of action – September 17, 2021

In September 2021, the CFNU led a National Day of Action focused on the nursing shortage and its impacts. Together, nurses gathered online, took to the streets and rallied in front of provincial legislatures. Meanwhile, nurses' unions penned op-eds urging provinces to work with the federal government towards a solution.

According to Statistics Canada, the number of vacancies in the health care and social assistance sector reached an all-time high of 126,000 at the end of 2021. Nationally, Statistics Canada reported a 133 per cent increase in nurse vacancies over the two-year period from the fourth quarter of 2019 to the fourth quarter of 2021.

Hanging by a Thread – spring 2022

March 2022 finds nurses angry and mobilized. More and more nurses on the front lines are speaking out about their gruelling workloads and staffing shortfalls. From day one, the CFNU had urged governments to follow the precautionary principle – to consider the evidence of airborne transmission of COVID-19 – to protect nurses. Now, it is once again urging the government to follow the evidence on safe patient care, which shows that having enough nurses, with the appropriate experience and education, has a direct impact on patient health outcomes.

Nurses are fed up with politicians who publicly call them heroes, only to cut health care budgets and undermine their working conditions behind closed doors.

'From heroes to zeros' is a common refrain among nurses.

Late-career nurses are burnt out and revising their retirement plans. Meanwhile, new nurses' idealism quickly turns to shock as they come to grips with the tenuousness of our health care system. Under such arduous working conditions, their dreams of making a difference in patients' lives – of being staunch patient advocates – seem less attainable.

The damaging psychological effects of this situation cannot be understated. Nurses urgently need mental health supports to cope with the trauma they have endured over the past two years.

A national Viewpoints Research poll commissioned by the CFNU at the end of 2021, just prior to Omicron taking hold, confirms anecdotal reports. The poll revealed that two thirds of nurses were experiencing high or very high stress levels. Alarmingly, the percentage of nurses experiencing severe burnout symptoms requiring treatment has increased from 29 per cent pre-pandemic to 45 per cent.

Nurses are equally concerned about the nursing shortage's impact on patient care; they know that when there aren't enough nurses, patient care inevitably suffers. Two thirds of nurses in the CFNU's poll say patient care deteriorated over the past year; a quarter of nurses gave their workplace a poor or failing grade on patient safety.

Many nurses have stayed in their jobs during the past two years, not wanting to abandon their colleagues or their patients in the midst of a crisis. But the CFNU's polling in late 2021 suggests they are likely to leave soon. About one in two are considering leaving their jobs over the next year. This figure includes 19 per cent who are thinking of leaving the nursing profession altogether and seven per cent who are ready to retire. Only 47 per cent say they will stay in their current job.

Even if nurses don't leave immediately, the Conference Board of Canada reports about 20 per cent of health care workers will be eligible to retire over the next five years. More nurse departures are likely imminent given the depleted state of the health care workforce.

Faced with nurse shortages, many provincial governments have offered Band-Aid solutions, for example, short-term pay increases, one-time bonuses and temporary deployment pay.

'From heroes to zeros' is a common refrain among nurses.

Other proposals have been more substantive. Some provinces have provided funding to universities to expand the number of nursing seats and are providing tuition for bridging programs. Some provinces are launching recruitment programs aimed specifically at areas where shortages are at their worst, such as long-term care and in rural and remote locations. Nova Scotia is guaranteeing permanent jobs to all new nurse graduates for five years. Provinces are experimenting with various incentives in exchange for return of service commitments. The Newfoundland and Labrador government is hosting a forum made up of unions, employers, government representatives and others to proactively address the shortage.

Some provinces have also proposed measures to help expedite and integrate internationally educated nurses into provincial health care systems.

The CFNU has stressed that retention and recruitment are two sides of the same coin; provinces need to focus on attracting new nurses while working to keep the nurses they have. The health care system can't function without experienced nurses because so much mentorship, training and support takes place on the job.

Provincial efforts, while potentially useful over the short term, will not solve the profound problems impeding health workforce planning. These issues are bigger than any one jurisdiction can handle alone.

So, what needs to happen now?

The CFNU is actively meeting with all levels of government to call for lasting and concrete solutions that would ensure patients get the care they deserve while nurses and health professionals get the support they need.

As we write this, both the Commons health committee and the Commons human resources committee are hearing from experts on retention and recruitment. Health Canada has begun a consultation process, holding a series of roundtables with a wide range of health care stakeholders, experts and others to solicit information and recommendations.

In these forums, the CFNU continues to call for bold action and evidence-based decision-making by both federal and provincial governments.

On March 23, 2022, the CFNU welcomed the announcement that Prime Minister Justin Trudeau and the NDP leader Jagmeet Singh had reached an agreement with health care at its heart. Nurses are now hinging their hopes on the agreement's promise of immediate additional ongoing investments in Canada's health system, including hiring more nurses and improving data on the health workforce.

The federal government has a critical role to play in health workforce planning. Only through federal leadership can a systemic approach be applied, allowing for the coordination, collection and analysis of better and more complete data to support provinces, territories and regions with enhanced and inclusive data and decision-making tools.

Canadians deserve a truly responsive health care system – one that accounts for population needs and geographic health disparities. Our health care system should be able to predict the potential effects of cataclysmic events like pandemics and withstand them. At the same time, health care workers deserve a workplace organized around evidence-based decision-making, where the potential impacts of different interventions can be better understood and evaluated.

Provinces and territories cannot manage the scale and complexity of this crisis on their own. They can only hope to plaster over the profound problems that have emerged in health care during this pandemic.

The failure to implement more strategic health human resources planning, informed by valuable workforce data, has direct consequences on Canada's economy. Health workers account for more than ten per cent of all employed Canadians and two thirds of health care spending, or nearly eight per cent of GDP. Shockingly, we have very little data about this significant expenditure. The failure to act also has a direct impact on patients and the workers who care for them. The continued exodus of health care workers is the inevitable result of nurses' increasingly difficult working conditions. Meanwhile, patients are left to grapple with longer wait times and delayed care.

To address the immediate crisis, the CFNU is recommending several short-term solutions to mitigate the impacts of the pandemic:

- Funding for proven retention and recruitment programs, with real accountability, to keep experienced nurses in their jobs and to recruit nurses where they are needed most.
- As experienced nurses are the foundation of the health system, retention must be a priority, but increased funding is also needed to expand nursing seats, facilitate bridging programs, and support internationally educated nurses. Full-time nurse positions must also be created to reduce workloads, improve staffing ratios and ensure better patient care.
- Because the trauma that nurses experienced during the pandemic has worsened their mental health, governments must provide immediate and ongoing mental health supports to any nurse who needs them.

Over the mid to long term, to address the planning issues that have plagued our health system for decades:

- A national health workforce body must be established to provide better data, coordination and decision-making tools for Canada's provinces, territories and regions.

Furthermore, the pandemic has disproportionately impacted Canada's diverse communities, deepening longstanding health inequities, therefore:

- Governments must commit to improving access and health outcomes in underserved and equity-seeking communities.

The CFNU has knocked on doors for decades, urging decision-makers to take action on safe patient care (e.g., safe staffing models, nurse-to-patient ratios). Given the current crisis in the health workforce, it may be time to revisit the case for patient safety legislation to ensure the safety of both patients and health workers.

The CFNU's advocacy dates back over two decades to the early 2000s when we contributed to both the Canadian Nursing Advisory Committee and the Nursing Sector Study. The CFNU was also funded by Health Canada to implement ten pilot projects in nine provinces and Nunavut to improve nurse retention and recruitment.

These successful projects provide a blueprint for the challenge that lies ahead. When the federal government works in conjunction with unions, employers, governments, universities and professional associations, much can be accomplished.

The CFNU is banking on those at the highest echelons of power to listen and act on the evidence.

The challenges we face are persistent and complex, but they are surmountable. As the voice for Canada's working nurses, the National Executive Board of the CFNU remains firmly committed to creating transformative change that improves nurses' working conditions and safeguards our universal health care system for generations to come. ■

Linda Silas, President,
Canadian Federation of Nurses Unions

Pauline Worsfold, Secretary-Treasurer,
Canadian Federation of Nurses Unions

Lora Sliman, President,
Canadian Nursing Students' Association

Darlene Jackson, President,
Manitoba Nurses Union

Paula Doucet, President,
New Brunswick Nurses Union

Janet Hazelton, President,
Nova Scotia Nurses' Union

Cathryn Hoy, President,
Ontario Nurses' Association

Angela Preocanin, First Vice-President,
Ontario Nurses' Association

Barbara Brookins, President,
Prince Edward Island Nurses' Union

Yvette Coffey, President,
Registered Nurses' Union Newfoundland and Labrador

Tracy Zambory, President,
Saskatchewan Union of Nurses

Heather Smith, President,
United Nurses of Alberta

Danielle Larivee, Vice-President,
United Nurses of Alberta

The continued exodus of health care workers is the inevitable result of nurses' increasingly difficult working conditions. Meanwhile, patients are left to grapple with longer wait times and delayed care.

These are our voices

CFNU

CANADIAN FEDERATION
OF NURSES UNIONS

LA FÉDÉRATION CANADIENNE
DES SYNDICATS D'INFIRMIÈRES
ET INFIRMIERS