

ONTARIO NURSES FOR THE ENVIRONMENT

Fall Newsletter



OFFICIAL NEWSLETTER OF ONEIG, AN RNAO INTEREST GROUP

NOVEMBER 2023

Courtesy of Hilda Swirsky:

During these very challenging and difficult times; it is a joy to share with you this positive news:

GOOD NEWS!

World-wide Earth Day Committee:

- Have chosen their 2024 theme and are already running with it: Planet vs Plastics
- On-going Canopy Project chosen years ago has resulted in millions of trees planted world-wide

Canadian Coalition for Green Health Care

- Starting project of planting trees around health care facilities

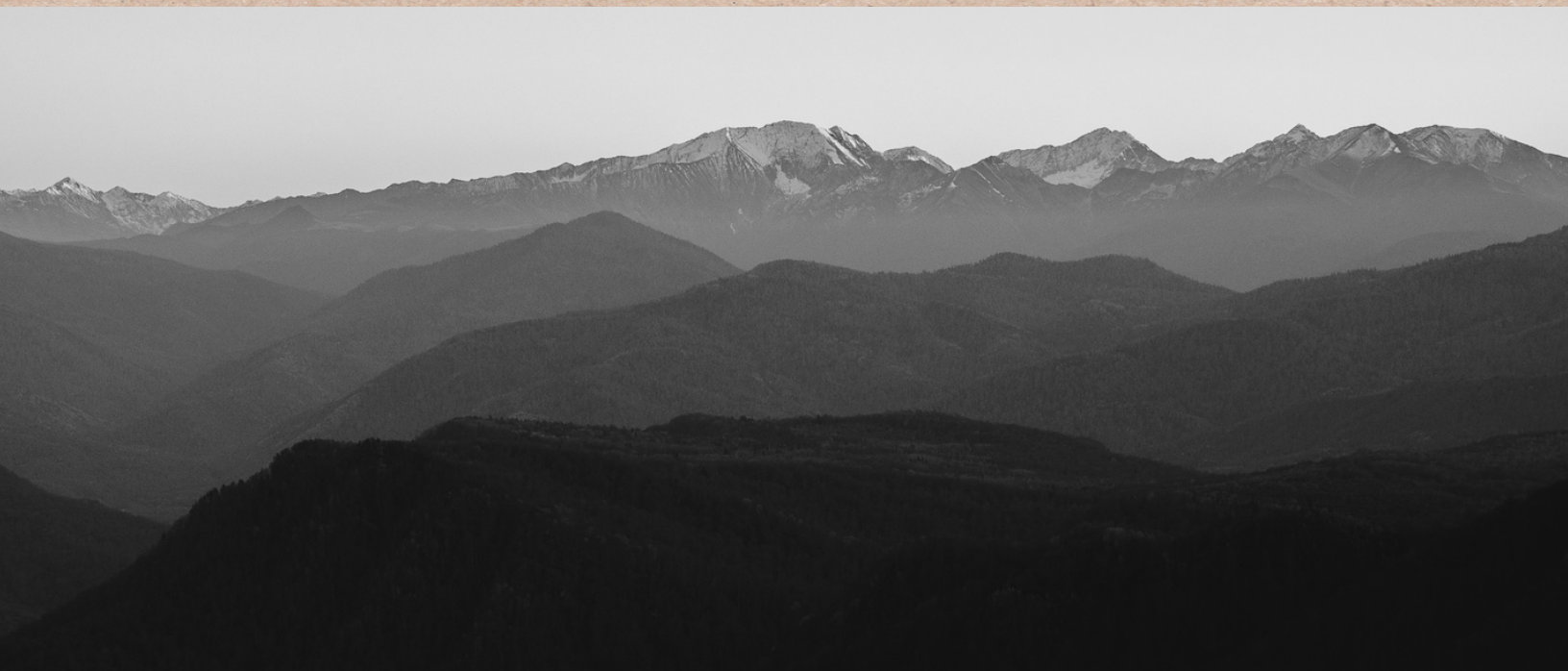


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MEETING WITH CNO DR. LEIGH CHAPMAN ON SUSTAINABLE / NET ZERO PROCUREMENT

BY ROB SAMULACK, RN



This morning I had the honour of meeting with the Chief Nursing Officer of Canada, Dr. Leigh Chapman as well as Jacqueline Avanthay Strus, President of the Canadian Association of Nurses of the Environment (CANE), Maya Kalogirou, President-elect of CANE and Dr. Myles Sergeant, Executive Director of the Canadian Coalition for Green Healthcare, President of Trees for Hamilton and Partnerships Lead for PEACH Ontario.



We discussed implementing Sustainable / Net Zero Procurement in Canada's Healthcare system. As nurses, we perform routine procedures such as dressing changes and often fill a garbage bin with single use waste. Broaden that to an OR setting and the scale of waste magnifies exponentially. Beyond needlessly filling our landfills, these products all produce greenhouse gas emissions in their raw material production, manufacturing, transportation, clinical use and waste disposal processes. Frontline nurses do not have a choice in what they use and we try our best to follow best practices, such as those laid out in RNAO's world class [BPG program](#), to ensure patient safety and the best possible outcomes. However, while we are caring for the person in front of us, we are causing harm to those downstream.

Furthermore, healthcare is responsible for 5.2% of global greenhouse gas emissions (GHGE). An article in the Lancet showed that medications, equipment and the supply chain are responsible for about two-thirds of the United Kingdom's National Health Service (NHS) GHGE. At today's meeting, Dr. Sergeant said that some regional health authorities in Canada are finding even higher numbers ranging from 75 to 90%! After a summer of deadly wildfires, flash flooding, heat waves and drought, as nurses, we must do everything we can to slow down climate change, which the World Health Organization says, "is the single biggest health threat facing humanity." We have to stop burning fossil fuels and reduce the emissions in every sector of our society, including healthcare, which has been largely overlooked.

That is where Sustainable / Net Zero Procurement comes in. When a hospital sources those products that we use, they go to large group purchasing organizations (GPO) such as Mohawk Medbuy or Health Pro, who do the vast majority of the medical purchasing in Canada. They go to the manufacturers and try to get what the hospitals want for the best price. That is why one hospital will have one type of IV needles while another hospital has a different brand, but largely there are only a couple of brands available. Sustainable / net zero procurement puts a 10-20% weighting on sustainability criteria, such as carbon footprint, and the remaining 80-90% weighting on price.

This is similar to going to the grocery store and comparing two types of peanut butter - the name brand is cheaper but full of sugar and the slightly more expensive brand that has no sugar added. You are choosing between your health and your finances. If sustainable / net zero procurement was required, the healthier peanut butter or greener IV needle becomes the better choice. Then, the manufacturers start to compete to make healthy peanut butter for the lowest price. Or, the IV needle that has the lowest carbon footprint and the lowest price.

That all may sound great, but how does this get implemented?

Advocacy and collaboration.

Dr. Leigh Chapman is Canada's Chief Nursing Officer and championing the voice of nurses within the federal government. Within the government, she is considered as Assistant Deputy Minister for Health Canada and is well situated to get the right people together to change Health Canada regulations and funding structures to implement the changes needed to make sustainable / net zero procurement a reality. This meeting came together because I attended the RNAO AGM representing ONEIG and Matthew Kellway, RNAO's Director of Nursing and Health Policy introduced us at a luncheon where Dr. Chapman was the keynote speaker. She sat down and spoke with me for twenty minutes while she ate. Today's meeting was a result of that.



In the UK, the NHS has committed to being Net Zero by 2040 and their supply chain Net Zero by 2045. They are doing this by implementing a sustainable / net zero procurement model. The NHS has the advantage of being centralized. In Canada, healthcare is a provincial jurisdiction, which is enshrined in our constitution. Therefore, Health Canada cannot move unilaterally, but other levers do exist - packaging requirements, accreditation and federal transfer payments and grants.

To implement sustainable / net zero procurement, something needs to be measured. Carbon footprint is already a common measurement. Additionally, there are several other potent greenhouse gases. The NHS uses the seven greenhouse gases outlined in the 1997 Kyoto Protocol. Just like opioid doses can be multiplied by a factor to find equianalgesics, so can greenhouse gases. That can be measured in kilograms of carbon dioxide equivalent or kg CO₂e. Health Canada has the ability to make reporting carbon footprint as packaging requirement on all medical products. Just like the sugar can be quantified in peanut butter, kg CO₂e can become part of the cost consideration when purchasing medical products.

Provinces or individual institutions can implement sustainable / net zero procurement, which would all be great successes, but the goal is to get all of Canada's Healthcare to do this. This would force manufacturers to make meaningful changes to their practices, which would affect the entire North American supply chain. If the United States were to follow Canada's lead, the global healthcare supply chain would be forced to change. That would then lead to similar changes in other industries.

Health Canada does have a role in the accreditation process. Most hospital and institution executives strive to get Exemplary Accreditation as it brings pride to their community and their work. Getting sustainable / net zero procurement embedded within this accreditation process would get the whole country on board.

A significant portion of the funding for healthcare comes by health transfer payments from the federal government to the provincial government. Those payments come with strings attached and measurable results need to be shown. Sustainable / net zero procurement measurements can be included in those requirements.

Dr. Chapman seemed very enthusiastic about this initiative and wants to help. The federal government already has a Treasury Board directive for Green Procurement and this has a lot of similarities. CANE has been having similar discussions with a couple of provincial health authorities, while Dr. Sergeant has been having growing success with various Ontario healthcare institutions.

Additionally, ONEIG will be precepting a group of four 4th year Algonquin College students who will be working on a awareness campaign to engage nurses in highlighting the waste in healthcare.

I left this meeting with a lot of hope that change is coming in the near future. When we work together we can make big things happen.



ENVIRONMENTAL HEALTH AND PERSONAL IMPACT ON MY COMMUNITY

BY TOBY BOWERS

2023 RNFOO SCHOLARSHIP WINNER



ONE Disclaimer: The views, opinions, and ideas expressed in this article are solely that of Toby Bowers and do not represent ONE or RNAO.

I turn off the water when I brush my teeth, the lights when I leave a room empty. These are small parts of an environmental ethic that I was raised with. I know these small actions make a scalable impact in environmental conservation, but I also know that it's neoliberal messaging that obfuscates culpability of impactful actors in environmental degradation. My most optimistic self thinks that maybe if Musk and Bezos turn off their lights too, it'll trickle down into their corporate empires.

More than reducing my own ecological footprint further, I have begun to focus on how to help my community be resilient, both socially and environmentally. Rightly so, I've lost faith that the major actors will avert climate change and that we should move to mitigation strategies; time to have our communities plan for the worse so that we can avoid it. Our ounce of prevention, though it's a little too late. I don't want to sound pessimistic, though the message intones that way.

Community health, for me, is about balance: am I taking care of those around me, and could they take care of me? Are we co-creating systems that are robust, have redundancy, and interconnect us with each other and our environment? I try not to get bogged down in the material aspects of community health, though of course ensuring pollinators have flowers needs to be done as much as ensuring underhoused people have shelter. I have to direct my energy and efforts in a way that ensures the longevity of those efforts. Burnout, prevalent amongst nursing as a caring profession, is also a danger that environmental activism flirts with readily. My contribution to my community needs to be tempered by contributions to my own self, renewing myself so that I am capable of continuing to give of myself.

My work helps me to satisfy my needs, and in turn, my abilities can be focused outward on my community: teaching people to fix their own bicycles for free, tending to native trees and plants, removing garbage from parks and waterways. My world needs these things to be the better place I want, and so I take my time and energy and invest it in my community's health and environment.

. Give what efforts you are able to the world around you, to help & to heal, but balance this by also giving to yourself what you need, to refresh & to revive, so that you can feel ready to continue to care for those around you.



Nursing is a second career for Toby Bowers; previous non-profit work showed him the importance of social justice and the determinants of health. He currently works as an RPN at Toronto General Hospital in the Multi-Organ Transplant unit and studies for his BScN at Nipissing University. Nursing is a place where he builds on his past work while it also opens new avenues to fight for better health outcomes for all people. When he is not at work, he can be found enjoying local parks with his family and friends.

NEXT AWARD SEASON IS INCHING CLOSER!

IT COULD BE YOU!

ONEIG GIVES \$1000 TO THE SUCCESSFUL RECIPIENT TO HELP IN THEIR EDUCATIONAL NEEDS.

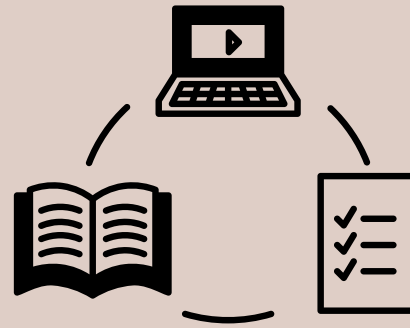
CURRENTLY SUPPORTING UNDERGRADUATES IN AN APPROVED BSCN PROGRAM WITH AT LEAST 1 YEAR REMAINING AND WHO HAVE A PASSION FOR ENVIRONMENTAL HEALTH AND THE HEALTH OF OUR COMMUNITIES.

PREFERENCE IS GIVEN TO ONEIG MEMBERS
APPLICANTS' ONLINE PORTION IS REQUIRED BY MID JANUARY 2024
WITH SUPPORTING DOCUMENTS SUBMITTED BY THE FIRST WEEK OF FEBRUARY 2024.

LOOK FOR THE ONTARIO NURSES FOR THE ENVIRONMENT INTEREST GROUP SCHOLARSHIP ON WWW.RNFOG.ORG IN THE COMING MONTH TO APPLY!

Presenting at Algonquin College

By Rob Samulack, RN



On November 1st, I got to present in Joanna Binch's 4th year BScN Community Health class. This was thanks to an invitation from Algonquin College Nursing Chair, Carmen Hust. Both Joanna and Carmen, as all nurses should, understand the tight link between the health of our planet and the human health, which is what made this opportunity possible.

I presented "The Climate Crisis is a Health Crisis". We started by discussing the root of all environmental problems (except radon gas in basements) - wealth and power imbalances. Whoever controls energy and critical resources as wealth and power. They want to increase, or at least protect their wealth and power, which is usually to the detriment of the environment and other people. Past civilizations and global economic systems have become powerful. Some self-destructed, like Rome - possibly due to rampant lead poisoning or deforestation and unsustainable agricultural practices.

Others, like the trans-Atlantic slave trade, used people as a resource - stealing/kidnapping them, displacing indigenous peoples on a different continent. Then ruthlessly used those people to extract resources or work in agriculture, bringing raw materials back to Europe and where goods were manufacturing manufactured. These goods were then upsold around the world creating dependencies. This colonizing, slave-based economy led the European superpowers of the 18th and 19th centuries.

Despite the powerful doing everything possible to resist change, this global economy was put to an end. However, was this the result of a century of abolition advocacy or did another energy resource take its place?. Abolition happened at the same time as the industrial revolution in Europe harnessed coal's energy. In the United States, these changes were in the same era as oil discoveries and the rise of oil barons such as Rockefeller.



Regardless, massive economic system change is possible. Our system no longer runs on slaves (textile and sex trade notwithstanding). Instead, our economy - raw energy, materials, transportation and finances - is run on fossil fuels.

Back in 1896, Swedish Nobel prize chemist, Svante Arrhenius hypothesized that the increase of carbon dioxide in the atmosphere caused by the burning of coal may cause an increase in global temperatures and possibly result in climatic changes.

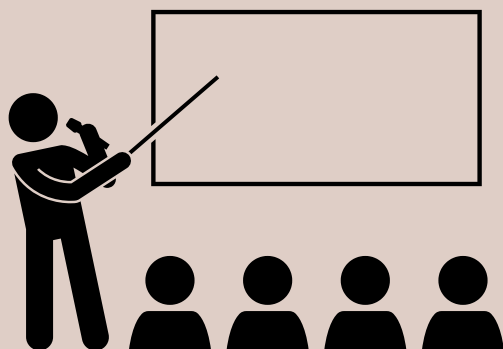
In 1965, White House advisory scientists warned president Lyndon B. Johnson that the burning of fossil fuels may cause global temperatures to rise. Internal science reports by ExxonMobil showed that burning fossil fuels was and would continue to cause increases in global temperatures.

Prior to the 1990's, there was bipartisan support to address issues like acid rain and the hole in the ozone layer. These issues have since been or are almost resolved.

On January 2, 1989, global warming came to the public's attention on the cover of Time Magazine. In 1992, the Rio Earth Summit was making global headlines. These were direct threats to the fossil fuel companies. They had been watching the public health driven campaign in the tobacco industry and learned from it.

They started massive misinformation campaigns. While no longer debatable, three decades were wasted simply debating the science of climate change rather than addressing it while the changes were still in their infancy. Now we are witnessing one record after the other being broken and significant extreme weather events. Rather than incremental economic system changes, which would have been possible in 1992, we are now locked in to a certain degree of global warming and climate disruption. Now we need to make significant, rapid changes to avoid catastrophic results.

Then, we discussed how climate affects human health in great detail using the World Health Organization's climate change and health infographic as our guide. We discussed how human suffering is already occurring - heat illnesses, Lyme disease, trauma-induced fatalities from extreme weather, drought, food security, famine, war, displacements and refugee crises. How Ottawa's air quality was "hazardous" during the fire season, formerly known as early summer.



We discussed how the climate crisis has an impact on the health system such as the evacuation of Yellowknife's 100 bed Stanton Territorial Hospital and having to medevac critically ill patients to other cities, putting a strain on their systems. How dialysis patients need continued access or diabetics require access to insulin to live. We need to be prepared with better infrastructure and policies. We need a larger, healthier nursing workforce. Our Healthcare system needs to be robust and capable of surging while not letting vulnerable people fall through the cracks.

We discussed how displaced people may have PTSD. One student shared that most of her family's community in Nova Scotia burned down this spring. How her family are all firefighters and had to fight to save their own house. Her emotion was palpable. You can't 'other' these traumas and ignore them when it is your friend, your colleague or your family member being affected. I have patients that cannot afford air conditioning and are house-bound during heat waves. Another had a flooded basement and another had a tornado damage their roof. These are people I know and care for; that live in my community.

No one is safe from the climate crisis, however wealth can protect you to a certain degree - air conditioning, reinforcing your home, moving somewhere less vulnerable, paying for a generator, paying more for groceries (much of our fresh produce comes from California which has been experiencing years of drought and fires). The richest ten percent have caused about half of all greenhouse gas emissions. The poorest fifty percent of the world has only caused about ten percent of emissions. Climate is a justice issue.

First Nations communities are often collateral damage to industry. Cancer rates down river of the Alberta tar sands in Fort Chipewyan are through the roof. It is the same in Louisiana where predominantly black communities are beside or downriver of major multi-national petrochemical plants. Grassy Narrows has been poisoned by industry with mercury for decades. This is where the term environmental racism is applied.

So there is a problem. We can either deny it, be paralyzed by it and ignore it or we can ACT!

Nurses are one of the most, if not THE most trusted profession. We need to find our voice and use it.



Individual actions are great - reducing consumption, driving or flying less, eating a more plant-based diet, gardening - however we need rapid economic system changes. That requires large collective voices. That is where ONE-IIOE and RNAO come in.

We are working collectively to say "no" to new gas plants, ban fossil fuel ads, create sustainable / net zero procurement in healthcare and enable nurses to green their workplaces. Together we have a strong voice that will create the change necessary. For we understand that the climate crisis is a health crisis.

Hopefully most of the nursing students present on November 1st will become RNAO and ONE-IIOE members to add volume to our voice.

Meeting with Ontario Green Party Leader Mike Schreiner

by Rob Samulack

On September 21st, Josalyn Radcliffe (past-chair) and I met with Ontario Green Party Leader, Mike Schreiner, and his executive assistant, Candice Lepage. I had met Candice at the RNAO AGM back in June and she was really excited to set-up this meeting, as were we. We had a lot of common goals - climate action, protecting the Greenbelt and access to quality public healthcare with adequately compensated nurses who are treated with respect. He also talked about a fantastic initiative that we have heard of in the Guelph family health teams trying to reduce waste and green their practice. We discussed sustainable / net zero procurement in healthcare as well as carbon labelling on medical packaging. We offered to be a planetary health voice in the legislative work that he does in the future. We look forward to working with him more in the future!





Presentation to Rob's Algonquin College Students

By Member at Large Hilda Swirsky

Oct 17, 2023

It is always a joy to share with nursing students examples of my environmental and experiences as a pioneering advocate. It almost seems hard to believe that 15 years ago, we did not have nursing groups interested in environmental work nor environmental topics linking health and our environment. In fact, 15 years ago, even within the University of Toronto's Environmental Studies program, there was absolutely nothing linking health to our environment. Very little research and curriculum topics were available. RNAO and CNA did advocate on environmental topics but there were very few members who were interested at that time.

In fact, it was in 2008 that CNA did a survey and found that although Florence Nightingale was nursing's first environmentalist, nurses had little knowledge about the health-environmental connection. CNA received funding and hired a Project Manager and invited members to join in the Environmental Health Reference Group. A year later, we became a CNA Interest group.

A few years later, ONEIG became an RNAO Interest Group. It is very rewarding to be a founding and executive member of both groups and to participate as they both are thriving.



I also spoke to them about my pioneering work developing AQHI (Air Quality Health Index) which is now utilized in some form all over the world.

Ten years ago, Health Canada approached CNA to reach out to nurses across Canada, who would be a component of the interdisciplinary team that designed and rolled out AQHI.

Through our collaborative work, along with the input from focus groups, we created the current colours and messaging of AQHI and then reached out teaching the public how to benefit from using AQHI.

Ten years later, when the air quality worsened due to the horrible wildfire smoke, I received many requests about AQHI and updated messaging to take into consideration actions when coping with wildfire smoke incorporating the messages that Dr. Melissa Lem, President of the Canadian Association of Physicians for the Environment provides when giving out her Nature Prescriptions.



NOTES FROM THE CANADIAN ASSOCIATION OF PHYSICIANS FOR THE ENVIRONMENT (CAPE) SEMINAR



PART 1

BY BRENDA HUTTON
ONEIG MEMBER AT LARGE, RNAO



Climate Emergency: Building a Healthy Planetary Future

Education Session
delivered by CAPE and UBC,
October 28, 2023

I attended this seminar and the fees were paid by ONEIG.

It was a very informative and interesting seminar and I learned a great deal about the climate emergency especially as it relates to human health and health care system. I took notes from each presentation and am sharing highlights. I have shared some resource documents where you can learn more.

BILL MCKIBBON, WRITER AND CLIMATE ACTIVIST

Since 1989 scientists have been warning us of the problems with emitting greenhouse gases (GHG) into our atmosphere. We have not heeded the warnings and we have produced more GHG since 1989 than in all history previous. This has led to decreasing ice, changes in the Gulf and Jet streams warming the oceans. With less snow cover, there is increasing heat and dryness leading to burning forests. The forest fires in Canada in 2023 emitted twice as much carbon than all other emissions combined in Canada, a dangerous feedback loop.

Changes in the hydrological cycle causing more heat in oceans and accelerated evaporation have caused more floods, rain and landslides. In Libya a few months ago, two dams burst with heavy rains and 10,000 people were washed out to sea. In Acapulco recently, Hurricane Otis went quickly from hurricane classified as category 1 to category 5 just hours before it hit. People did not have time to evacuate. It was the strongest hurricane to hit Mexico's Pacific coast. It damaged more than 200,000 homes and killed at least 45 people. After the floods in Bangladesh, thousands of people were ill with Dengue fever. A quarter of the GHG are produced by the United States. The less you do to cause the climate problems, the worse you are hit with climate effects.

Nephrologists are seeing increasing kidney disease because of increasing heat and stress caused to outdoor workers. There may be limits to survivability in some parts of the world. There are an estimated 9,000,000 deaths per year due to lung damage caused by breathing particulates caused by GHG. Now the costs of combustion outweigh the benefits. Canada exports large amounts of fossil fuel around the earth. Large sectors such as the oil industry are acting in bad faith – deceit, denial and misinformation. The endless growth of economy is not sustainable.

What can we do? We must cut emissions in half by 2030 and we must phase out fossil fuel use. We can make use of solar and wind energy. The cost of renewable energy is dropping. The vehicle of the future is the electric bicycle. People are not willing to change their lifestyle but governments can provide incentives.



NOTES FROM THE CAPE SEMINAR (CONT...)

DR DIARMID CAMPBELL LENDRUM, HEAD OF CLIMATE CHANGE AND HEALTH, WHO, UN

There is understanding at WHO and populations that climate change is our biggest threat to health in the 21st century. Forty five percent of young people believe that their health will be negatively affected by climate change. We need to decarbonize fast. The core work for the health care sector is to decrease our carbon footprint. Seventy six percent of countries have pledged to decrease emissions in health care sector which now is responsible for 5% of emissions. We know the solution but we are still subsidizing and promoting the fossil fuel industry. [There is a place on WHO website to sign up to help climate action: WHO: Call for Climate Action.](#) There are many interesting informative articles on WHO website and you can sign up for newsletters from WHO. 76% of countries have pledged to decrease greenhouse gas emissions in health care sector.

[Learn more!](#)



Stay tuned for next issue where
Brenda's CAPE report continues...

DR COURTNEY HOWARD ER PHYSICIAN IN NWT FORMER PRESIDENT OF CAPE

"The Earth is a complex self-regulating system that we walk on daily", just as our body is a complex self-regulating system. Courtney is collecting data and doing research to describe the health effects of wildfires in NWT. The drought and heat related to climate change causes more forest fires. The fires produce smoke, and ultrafine particles that can enter our bloodstream and cause inflammatory cascades. The particles are measured and we can check air quality on Air Quality Health Index. The people most affected by poor air quality are outside workers, children, homeless, the poor and the elderly. Before wildfire season clinicians should preventatively prescribe puffers and advise patients to check AQHI before leaving home.

In 2014 was SOS, the Summer of Smoke. Courtney pulled health records and there were twice the ER visits. People experienced breathing problems, cardiovascular problems, more tumors and mental health problems such as lethargy and decreased ability to concentrate. The people who coped the best were those who prepared the most for the fires – for example those having an evacuation plan. Canada needs a national Adaptation Strategy. Courtney urged us as individuals to sign on The Academic Health Institutions Declaration on Planetary Health. I just did and hopefully RNRD has signed on.

Courtney spoke briefly about ecological anxiety and grief, especially in younger people and that the Arctic in Canada has the highest increase in temperature. Already temperatures in the Arctic are elevated 3 degrees centigrade.

RNAO FALL ASSEMBLY

Nov 17/18, 2023

● by Rob Samulack, RN ●

I'm coming back from the RNAO Fall Assembly. The focus was on membership.

My highlights were seeing people and catching-up. I got to see ONEIG executive team and former executive team members Brenda Hutton, Sarah Thornley and Jess Burford - Sarah and Jess for the first time. It was great to put faces to names and bobbing Zoom heads. I also got to speak with some student members Stephanie and Adam plus talk with the chairs of other interest groups and chapters.

I shared all of the work that we are up to during Member's Voices, which got a very enthusiastic response from the assembly.

The board of directors met this week where our name change was decided on. Unfortunately we will not get the results of their decision until their report is published.

NEW YOUTUBE CHANNEL!



Also, I started a YouTube channel and Instagram account so people can keep track of what I will be doing at COP28. I practiced making videos this weekend. Not only were Brenda, Sarah and Una my Guinea pigs, but they also gave great interviews.

Check them out on the following page!

CHATS WITH ROB




BRENDA HUTTON

Brenda spoke about the climate crisis being a health crisis

[Click here to watch](#) 

SARAH THORNLEY

Sarah spoke about why she joined our exec team

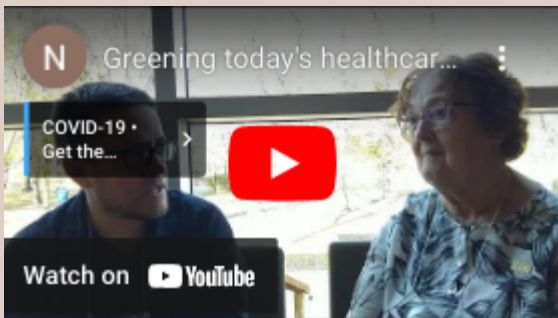
[Click here to watch](#) 



UNA FERGUSON

Una Ferguson, the chair of the Retirement Nurses Interest Group, spoke about how nursing practice did not involve single-use plastics when she graduated back in 1968 while still delivering quality patient care. We will not be going back to old practices, but there is wisdom to be gained by learning about them

[Click here to watch](#) 



We have a lot of knowledge and wisdom collectively. It is good to share it and learn from each other. Personally, I have learned a lot from my ONEIG (soon to be ONE or ONE-IIOE!) colleagues.

-Rob Samulack



Stay Connected!



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**GREEN TIPS
THIS HOLIDAY SEASON**
Courtesy of Dominique Baillargeon

- Send e-cards instead of physical cards
 - Check out David Suzuki's Greeting Cards online!
- Reuse or make your own holiday decor
- Gift items in reusable holiday bags instead of using wrapping paper
- Opt for reusable cutlery and dinnerware instead of single-use items
- Gift items that give back, such as seedling packets and plants
- Support local and opt for organic food/drinks when possible
- Compost food waste (if able to do so)

Reference: <https://wwf.ca/stories/10-ways-to-green-your-holidays/>

