CANADA'S NURSES

Speak Up

2017 BIENNIAL CONVENTION

2017 Biennial Convention

WORKBOOK

CFNU

CANADIAN FEDERATION OF NURSES UNIONS

WHERE KNOWLEDGE MEETS KNOW-HOW

Convention 2017
WORKBOOK | CAHIER DE TRAVAIL

United Nurses of Alberta

Saskatchewan Union of Nurses

Manitoba Nurses Union
A COMMITMENT TO CARING

Ontario Nurses' Association

New Brunswick Nurses Union
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Syndicat des infirmières et infirmiers du Nouveau-Brunswick

Nova Scotia Nurses' Union

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2841 RIVERSIDE DRIVE OTTAWA, ONTARIO K1V 8X7
TELEPHONE: 613-526-4661 | FAX: 613-526-1023
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CANADIAN FEDERATION OF NURSES UNIONS | WHERE KNOWLEDGE MEETS KNOW-HOW

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Enjoy the convention, and have fun exploring Calgary!

CANADIAN FEDERATION OF NURSES UNIONS

WWW.NURSESUNIONS.CA
INFO@NURSESUNIONS.CA

2841 RIVERSIDE DRIVE
OTTAWA, ONTARIO K1V 8X7
CANADA

T 613-526-4661
F 613-526-1023

1-800-321-9821

June 2017

Dear Colleagues:

Welcome to the 18th Biennial Convention of the Canadian Federation of Nurses Unions. I am excited to share with you this opportunity to come together, attend sessions, conduct union business and debate resolutions. Getting away from our daily routine gives us all a chance to recharge and reconnect. This is all about building relationships and strength within our labour movement.

United Nurses of Alberta (UNA) has been kind enough to host this year's Convention. They have worked tirelessly to create a positive convention experience for both delegates and guests. We could not ask for more from our nurses unions' host. Calgary is a city that will give you a bit of history and lots of fun, I hope that you enjoy your stay in this remarkable place.

The CFNU's National Executive Board (NEB) looks forward to welcoming you during the Annual Healthy Walk and at registration (June 5, 2017). While we are onsite, I hope that we personally get a chance to meet but also reach out to members of the National Executive Board; we are nurses like you and want to hear your stories. All delegates should take the opportunity to voice their opinions and contribute ideas. Your input is truly important to us.

I encourage you to reflect on the Convention's theme, Speak Up. I remind you that we do have the power! The power to advocate for ourselves, the power to defend quality patient care and the power to enhance our nation's health care system.

On behalf of the NEB, I hope that everyone has a productive and enjoyable week.

In solidarity always,

Linda Silas, President
Canadian Federation of Nurses Unions

National Executive Board

Linda Silas
President

Elected Officers

Pauline Worsfold
Secretary-Treasurer

National Officers

Heather Smith
President
United Nurses of Alberta (UNA)

Jane Sustrik
Vice-President
United Nurses of Alberta (UNA)

Tracy Zambory
President
Saskatchewan Union of Nurses (SUN)

Sandi Mowat
President
Manitoba Nurses Union (MNU)

Linda Haslam-Stroud
President
Ontario Nurses' Association (ONA)

Vicki McKenna
First Vice-President
Ontario Nurses' Association (ONA)

Paula Doucet
President
New Brunswick Nurses Union (NBNU)

Janet Hazelton
President
Nova Scotia Nurses' Union (NSNU)

Debbie Forward
President
Registered Nurses' Union
Newfoundland and Labrador (RNUNL)

Mona O'Shea
President
Prince Edward Island Nurses' Union (PEINU)

Acknowledgement

The Canadian Federation of Nurses Unions extends sincere thanks to members and staff of the **United Nurses of Alberta** Planning Committee for all their hard work and commitment in planning the CFNU 2017 18th Biennial Convention.

Convention Coordinating Team:

Julien Le Guerrier
CFNU

Jane Sustrik
UNA

Kathy Stewart
CFNU

UNA Host Committee Members:

Jane Sustrik – Chair
Heather Smith
Karen Craik
Daphne Wallace
Shelley Hodgson
Teresa Caldwell
Jen Castro
Susan Coleman
John Terry
Nicole Van Dijk
Sharon Gurr

AGENDA

1. Agenda
2. Plenary Session Panels
3. Keynote Speakers

CANADA'S NURSES
Speak Up
2017 BIENNIAL CONVENTION

June 5 – Registration June 6 & 7 – Education June 8 & 9 – Business

Calgary TELUS Convention Centre

Monday, June 5, 2017 – Registration Day

2:30 pm – 4:30 pm	**Healthy Walk – Start from Calgary TELUS Convention Centre Lobby** Bring your walking shoes and tour downtown with President Linda Silas & the National Executive Board – guaranteed fun!
5:00 pm - 7:00 pm	**Registration, CTCC Exhibition Hall Pre-Function, North Building**
7:00 pm - 10:00 pm	**Opening Reception, CTCC MacLeod Hall, South Building** Cash Bar

Hosted by UNA

United Nurses of Alberta

Tuesday, June 6, 2017 – Education Day 1

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to Exhibition Hall CD for a plenary session.

8:30 am – 9:45 am Plenary Session – **Being a Nurse in a Conflict Zone** Exhibition Hall CD

- Moderator – Judith Kiejda, RN, New South Wales Nurses and Midwives' Association
- Laura Archer, RN, Canadian Red Cross
- Leonard Rubenstein, John Hopkins Bloomberg School of Public Health

9:45 am – 10:15 am Networking Break, Exhibition Hall E

10:15 am Workshops

11:45 am – 1:15 pm Free Time for Lunch

2:30 pm – 3:00 pm Networking Break, MacLeod Prefunction, South Building

4:30 pm Adjournment of Workshop Sessions

6:00 pm **Fun Night** – Western BBQ & Rodeo or Segway Experience by UNA (Pre-registration needed)

Workshops	CTCC Room
Workshop #1 : PTSD in the Nursing Profession	Glen 205, South Bldg.
Workshop #2: Looking Back and Moving Forward: Celebrating Nurses in the Labour Movement	Telus 104, North Bldg.
Workshop #3: Nursing and Technology Impact	Glen 201-203, South Bldg.
Workshop #4: The Social Determinants of Health Tour	Telus 105, North Bldg.
Workshop #5 Preserving Your Lifestyle: A Practical Guide for Nurses Planning to Retire as the Adventure Begins	Glen 206, South Bldg.
Workshop #6: Conversations at Work: Survival Strategies for Speaking Up!	Exhibition Hall CD
Workshop #7: Global Café on the Social Factors Impacting Health	MacLeod Hall E1, South Bldg.
Workshop #8: Collaborative Practice in Diverse Teams	Telus 106, North Bldg.
Workshop #9: Sexual Minorities – Providing Respectful Nursing Care	Telus 108/109 North Bldg.
Workshop #10: Medicare: Threats and Promise	Chinook 2/3, South Bldg.
Workshop #11: Addictions and Mental Health – Tough on the Problem, Easy on the People	Chinook 1, South Bldg.
Workshop #12: The Union Toolkit for Building Better Workplaces	MacLeod Hall D, South Bldg.
Workshop #13: Domestic Violence at Work: A Union Concern	Glen 208/209 South Bldg.

Wednesday, June 7, 2017 – Education Day 2

7:00 am – 8:30 am	**Registration** Note: If you are already registered, please proceed to Exhibition Hall CD for a plenary session.
8:30 am – 9:45 am	Plenary Session – **Next Steps Post TRC**, Exhibition Hall CD, North Building • Dr. Bernice Downey, CINA, McMaster University • Alice Blondin-Perrin, Elder/Author • Flora Simpson, RN
9:45 am – 10:15 am	Networking Break, Exhibit Hall E
10:15 am	Workshops
11:45 am – 1:15 pm	Free Time for Lunch
2:30 pm – 3:00 pm	Networking Break, MacLeod Prefunction, South Building
4:30 pm	Adjournment of Workshop Sessions
	Free Night

Workshops	CTCC Room
Workshop #1 : PTSD in the Nursing Profession	Glen 205, South Bldg.
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Thursday, June 8, 2017 – Business Day 1

7:00 am – 8:30 am	**Registration** Note to all voting delegates: Please register with your National Officer. Non-voting delegates are not required to register.
8:30 am – 9:30 am	**Call to Order**, Exhibition Hall CD, North Building • Aboriginal Welcome • O Canada • Announcements • Welcome from Host Province – Heather Smith, President, United Nurses of Alberta • Welcome from Alberta Premier, Rachel Notley **Business Items:** • Roll Call • Adoption of Agenda • Approval of Rules and Privileges • Credentials Report • Appointment of Scrutineers • Introductions: CFNU National Executive Board, Staff and Guests
9:30 am – 10:15 am	**President's Address – Linda Silas, President, CFNU**
10:15 am – 10:45 am	Networking Break, Exhibition Hall E
10:45 am – 12:00 pm	**President's Report/The Game Changers: CFNU's NEB**
12:00 pm – 1:30 pm	Free Time for Lunch
12:00 pm	Deadline for Emergency Resolutions
1:30 pm – 2:00 pm	Greetings from CLC
2:00 pm – 2:30 pm	Putting an End to Violence in Health Care Settings – Discussion Paper
2:30 pm – 3:00 pm	Constitution Committee Report • Debbie Forward, Chair of Constitution Committee
3:00 pm – 3:20 pm	Networking Break, Exhibition Hall E
3:20 pm – 4:00 pm	Presentation of the 2016 & 2017 Bread & Roses Awards
4:00 pm	Adjournment
6:00 pm – 7:00 pm	Cash Bar Reception, MacLeod Hall Prefunction, South Building
7:00 pm – 1:00 am	CFNU Banquet, MacLeod Hall, South Building

Friday June 9, 2017 - Business Day 2

8:00 am – 8:30 am	**Registration** Note to all voting delegates: Please register with your National Officer. Non-voting delegates are not required to register.
8:30 am – 8:45 am	**Call to Order**, Exhibition Hall CD, North Building • Announcements
8:45 am – 9:30 am	**Secretary-Treasurer's Report – Pauline Worsfold, Secretary-Treasurer, CFNU**
9:30 am – 10:30 am	**Speaker – Sir Robert Francis** (Open to the public)
10:30 am – 11:00 am	Resolutions Committee Report • Sandi Mowat, Chair of Resolutions Committee • Resolutions
11:00 am – 11:30 am	Networking Break and Prep for Rally, Exhibition Hall E
11:30 am – 1:00 pm	Rally with Lunch Provided (Quality Health Care Services in our Communities; What a Perfect Way to Celebrate our 150th!)
1:00 pm – 2:00 pm	**Speaker – Big Daddy Tazz**
2:00 pm – 3:00 pm	Resolutions (continuation)
3:00 pm – 3:30 pm	Networking Break, Exhibition Hall E
3:30 pm – 4:30 pm	New Business • Nominations Committee Report – Janet Hazelton, Chair • President's Closing Remarks
4:30 pm	Adjournment

Thank You

Plenary Session: Being a Nurse in a Conflict Zone

June 6, 2017

Judith Kiejda is a Registered Nurse and Midwife and she holds a Bachelor of Nursing and a Graduate Certificate in Health Science Education.

Judith joined the NSWNMA as an organiser in 1994 and has held a number of positions within the Association before being elected to the position of Assistant General Secretary in June 2003 and was re-elected unopposed in 2007, 2011 and 2015. The NSWNMA is the Union that represents over 62,000 nurses both industrially and professionally in the state of NSW.

Judith is also a Junior Vice-President of the Australian Council of Trade Unions (ACTU) and Vice President of Unions NSW and is a member of the Executive Committees of both organisations. Judith is also the Asia Pacific Health Co-ordinator for Public Services International which is the global union federation for public sector trade unions as well as an Executive Committee member of Global Nurses United.

Laura Archer graduated from the University of Prince Edward Island with a BScN (honors) in 2001. She immediately moved to California where she worked for four years in various nursing positions, specializing in telemetry, transplant and emergency nursing. She then went on to complete several emergency medical humanitarian missions with Médecins Sans Frontières (MSF). She has worked in Haiti (emergency health assessment), Tanzania (clinical health assessment), eastern Chad (emergency medical team leader), Niger (country deputy medical coordinator), Sudan (flying nutrition coordinator and nurse), Democratic Republic of Congo (medical team lead during a measles outbreak), Central African Republic (mobile clinic nurse) and in southern Chad (outreach nurse and coordinator, community-based refugee health program).

Laura is currently working as Advisor, Health in Emergencies within the Global Health Unit, Canadian Red Cross. In this role, Laura provides technical and operational support to the CRC's international health response initiatives. She is also an artist whose work has been featured in both solo and group exhibitions across Canada.

Leonard S. Rubenstein, JD, LLM, is Director of the Program on Human Rights, Health and Conflict and Senior Scholar at the Center for Human Rights and Public Health at the Johns Hopkins Bloomberg School of Public Health. He is also core faculty at the Johns Hopkins Berman Institute of Bioethics. He previously served as Jennings Randolph Senior Fellow at the United States Institute of Peace and Executive Director and President of Physicians for Human Rights, and Executive Director of the Bazelon Center for Mental Health Law.

Mr. Rubenstein's work focuses on global health and human rights, especially in the context of conflict, fragility and national security, including health construction and re-construction in fragile and conflict-affected states, gender-based violence in conflict, and protection of health workers and facilities from violence in conflict. Mr. Rubenstein founded and chairs the Safeguarding Health in Conflict Coalition.

Plenary Session: Next Steps Post TRC

June 7, 2017

Dr. Bernice Downey is a woman of Oji/Cree and Celtic heritage, a mother and a grandmother. She is a medical anthropologist with research interests in health, health literacy and Indigenous Traditional knowledge and health/research system reform for Indigenous populations. Bernice is currently cross appointed to the School of Nursing and Department of Psychiatry and Neuro-Behavioural Sciences and the Indigenous Health Lead for the Faculty of Health Science at McMaster University. This past year she successfully led the development of the McMaster Indigenous Research Institute. She is also the Regional Aboriginal Cancer Lead for Cancer Care Ontario, Toronto-Central Region.

Bernice's professional experience includes sole proprietor of her consulting company 'Minoayawin - Good Health Consulting'; Chief Executive Officer of the National Aboriginal Health Organization; Executive Director of the Aboriginal Nurses Association of Canada; Associate Director and Research Associate of the Well Living House - Centre for Research on Inner City Health at St. Michael's Hospital in Toronto. She was a member of the Canadian Institute of Health Research - Institute of Aboriginal Health, Advisory Board for six years. She was appointed to the WHO Commission on the Social Determinants of Health, Canadian Reference Group. She is an experienced administrator, facilitator, and an organizational and systemic change agent. She is also a lifelong advocate in the work towards addressing the serious health inequities among Indigenous populations in Canada.

Alice Blondin-Perrin is a Dene born in 1948 at Cameron Bay, Northwest Territories, from a good family, Edward and Eliza Blondin. Alice suffered through many years of abuse trying to fit into a new way of life in residential school. She was abused by Grey Nun supervisors upon entering St. Joseph's Roman Catholic School in 1952 at the age of four. She was hit over and over again but, little by little, the system changed her into a boarding-school ideology of being prim and proper while living with no love, no hugs and no explanations about life itself on a daily basis. Everything seemed sinful then.

Upon leaving the residential school institutions, Alice had to learn everything about the outside world by herself and suffered from language barriers between her parents and the community. It took many years to learn about aboriginal culture and traditions, a heritage taken away by Government Initiatives. Despite this, she overcame those barriers by reading thousands of books to self-educate herself about life in general. She worked for thirty years at various jobs and raised two successful daughters. Alice now resides in Quebec with her husband, Dave.

Flora Simpson was born and raised in Norway House, Manitoba and speak my First Nation language: Swampy Cree. One of the first graduates of the Baccalaureate Nursing Degree Program from the University of Manitoba, Norway House site. A program that was introduced in Norway House in 1996 and is one of the first nursing programs to be delivered on-reserve.

Raising a family, going to school and then starting a career was sometimes difficult and hard to balance. Through hard work and determination my main goal in life was to graduate as a Nurse and return home to work.

I have been working for my community: Norway House Cree Nation for the past 15 years as a Public Health Nurse. I was promoted in 2005 as Nurse in Charge and have been in this position since then. I am honored, happy and have enjoyed my experience working for my community.

Keynote Speakers

Sir Robert Francis QC

Sir Robert Francis QC studied law at Exeter University acquiring an Ll.B in 1971. He was called to the Bar in 1973 and practises in London at Serjeants' Inn Chambers, of which he is a former head. He became a Queen's Counsel in 1992. He is a governing Bencher of the Honourable Society of the Inner Temple. He is a Recorder and sits as a Deputy High Court judge.

He specialises in medical law, including professional regulation and clinical negligence in which he acts for claimants and defendants. He has also been involved with many leading cases about decision making for patients lacking capacity, such as *Airedale NHS Trust v Bland* which established the legality of withdrawing nutrition from a patient in a permanent vegetative state. He has been Chairman of the Professional Negligence Bar Association and is a consultant Editor of the Medical Law Reports. He is a co-author of *Medical Treatment Decisions and the Law* (Bloomsbury Professional 2001, 2009, 2016)

He has appeared as counsel for interested parties at a number of public inquiries, including the Bristol Royal Infirmary Inquiry, the Royal Liverpool Children's Inquiry, and the Neale inquiry. He has chaired three inquiries into the care and treatment of mental health service users who have committed homicide.

More recently between 2009 and 2013 he led the Independent Inquiry into the care provided at by Mid-Staffordshire NHS Foundation Trust and the subsequent Mid-Staffordshire NHS Foundation Trust Public Inquiry, which involved scrutiny of the oversight of a dysfunctional hospital from ward to national levels of the NHS. [The reports are available at http://www.midstaffspublicinquiry.com. He also led the Freedom to Speak Up Review (2015) reviewing the treatment of whistleblowers in the NHS and the concerns they raise [Report: https://www.gov.uk/government/publications/sir-robert-francis-freedom-to-speak-up-review].

He is a non-executive director of the Care Quality Commission, the regulator in England of quality in hospitals, primary medical services and adult social care. He is a trustee of the Point of Care Foundation, which promotes Schwartz Rounds in the UK, and other methods of radically improving the way people are cared for and to support the staff who deliver care, as well as the Prostate Cancer Research Centre.

He was knighted in 2014 for services to healthcare and patients. He is President of the Patients Association, Patron of the Florence Nightingale Foundation and an Honorary Fellow of the Royal College of Anaesthetists, the Royal College of Surgeons (England) and the Royal College of Pathologists.

Big Daddy Tazz

After 30 years of denying he had the mental illnesses that were controlling his life, Tazz realized that being manic-depressive, attention deficit, and having mild dyslexia could either destroy or enhance his life... it was his choice. Today, audiences are happy to join him on his rapid cycle ride down the never-ending road to recovery that has led him from comedy venues across North America to the Psych ward at the Calgary Foothills Hospital (held over).

Often described as "one of the most talented comics in the business," Tazz has been delighting crowds at fundraisers, corporate events, festivals and on television for more than twenty years. Known as the "Bi-Polar Buddha", Tazz is equal parts comedian, and motivator who likes to enlighten, educate and inspire. As a result, his one-man shows have drawn rave reviews and standing-ovations from coast-to-coast. Tazz' many national festival appearances have included the prestigious Just For Laughs festival in Montreal, and the CBC Winnipeg Comedy Festival, for which he annually multi-tasks as a writer, producer and performer. Tazz' explosive Gala performances at the Winnipeg Comedy Festival over the years can be seen frequently on CBC television and the Comedy Network. In 2008 Tazz broke the world record for the longest continuous standup comedy show at 8 ½ hours.

Tazz has also toured the country for 25 years speaking on Good Mental Health, Bully Proofing and Self-Love and Empowerment. He brings forth light and laughter for those living with mental Illness by raising awareness that stigma effects all of us. With his newest endeavour "Stand Up Against Stigma" Tazz believes that it is time to educate, embrace, and empower everyone so that we can all stand tall and give stigma a bad name!

Tazz speaks candidly about his struggles and ultimately his triumphs over, not only being diagnosed mental illness, but facing the terrifying stigma that surrounds it.

"...thank you so much! Just hearing that someone else has felt the same struggles and has moved passed them gives me strength and hope... you are the light at the end of my tunnel!"

Audience members who live with mental illness or are struggling with stigma in any form, often find themselves empowered, inspired and proud of who they are "warts" and all! Others will gain a better understanding of how the ignorance of stigma can negatively impact so many, stopping them from seeking the help they need. All will leave with the tools to make a positive, accepting difference as well as a heart full of laughter, light and compassion.

Other Speakers

Premier Rachel Anne Notley

Rachel Notley leads Alberta's first New Democratic government, with a strong majority and a diverse caucus including the highest percentage of women of any government in Canada. She was sworn in as Alberta's 17th Premier on May 24, 2015.

Rachel was born in Edmonton, Alberta and raised in Fairview, Alberta. This area was part of a constituency now named after her father, Grant Notley, a long-time and well-respected MLA who served as the leader of the province's first NDP Opposition. Her mother, Sandy, also had a strong political influence, taking Rachel to protest marches before her tenth birthday and shaping a social conscience that continues to guide her.

Rachel completed her Bachelor of Arts degree in Political Science at the University of Alberta, and earned a law degree at Osgoode Hall Law School. Her legal career focused on labour law, workers' compensation advocacy, and workplace health and safety issues. She has served as an advisor to BC's Attorney General.

Rachel was first elected as an NDP MLA in 2008, serving the constituency of Edmonton – Strathcona. She was re-elected in 2012 with the highest share of the vote of any MLA in the province. She became party leader on October 18, 2014 and on May 5, 2015, led the party to a historic win that swept the Progressive Conservative party from office after almost 44 years.

Rachel Notley's New Democrat party ran on a platform that promised to support economic diversification and job growth, restore honest and open government, preserve and build the health care and education systems, and rebalance government revenues to make them more fair. This vision that offered a balance between a strong economy, environmental responsibility and social justice, was welcomed by Albertans who elected NDP candidates in 54 of Alberta's 87 ridings.

Hassan Yussuff

Hassan Yussuff was elected president of the Canadian Labour Congress in May 2014, becoming the first person of colour to lead Canada's labour movement. Delegates voted for change and powerful activism to confront the challenges facing unions across the country.

Since his election, Hassan has led Canada's unions to a number of significant victories. It was under his leadership, for example, that the CLC launched an unprecedented and innovative digital and community-based campaign that put labour's issues front and centre in the 2015 federal election, and helped defeat the Conservatives.

At the heart of the CLC's federal election campaign was the call for a stronger Canada Pension Plan, a struggle that has been Hassan's passion for almost a decade. After the election, the CLC redoubled its retirement security campaign efforts, while Hassan worked with the new federal government and with provincial and territorial leaders to gain their support. That campaign and lobby work led to victory in November 2016 with the tabling of Bill C-26, legislation that expanded the CPP for the first time in its history.

Making workplaces and public spaces safer has been another key priority for Hassan. He was exposed to asbestos as a mechanic in his early working life, and as a union activist learned that asbestos-related diseases are the number one cause of workplace-related deaths in Canada. As CLC President, Hassan campaigned hard for a comprehensive ban on asbestos, a ban we won in December 2016.

As well as his work in Canada, Hassan is a prominent international activist. In 2016, he was elected for a second term as president of the Trade Union Confederation of the Americas, an organization uniting 56 national organizations representing more than 60 million workers in 23 countries.

Determined to build a better world for future generations, Hassan is committed to the fight against climate change and to ensuring a just and fair transition for the workers and communities affected by the evolution to a green economy.

Mayor Naheed Nenshi

Naheed Nenshi, A'paistootsiipsii, was sworn in as Calgary's 36th mayor on October 25, 2010 and was re-elected in 2013.

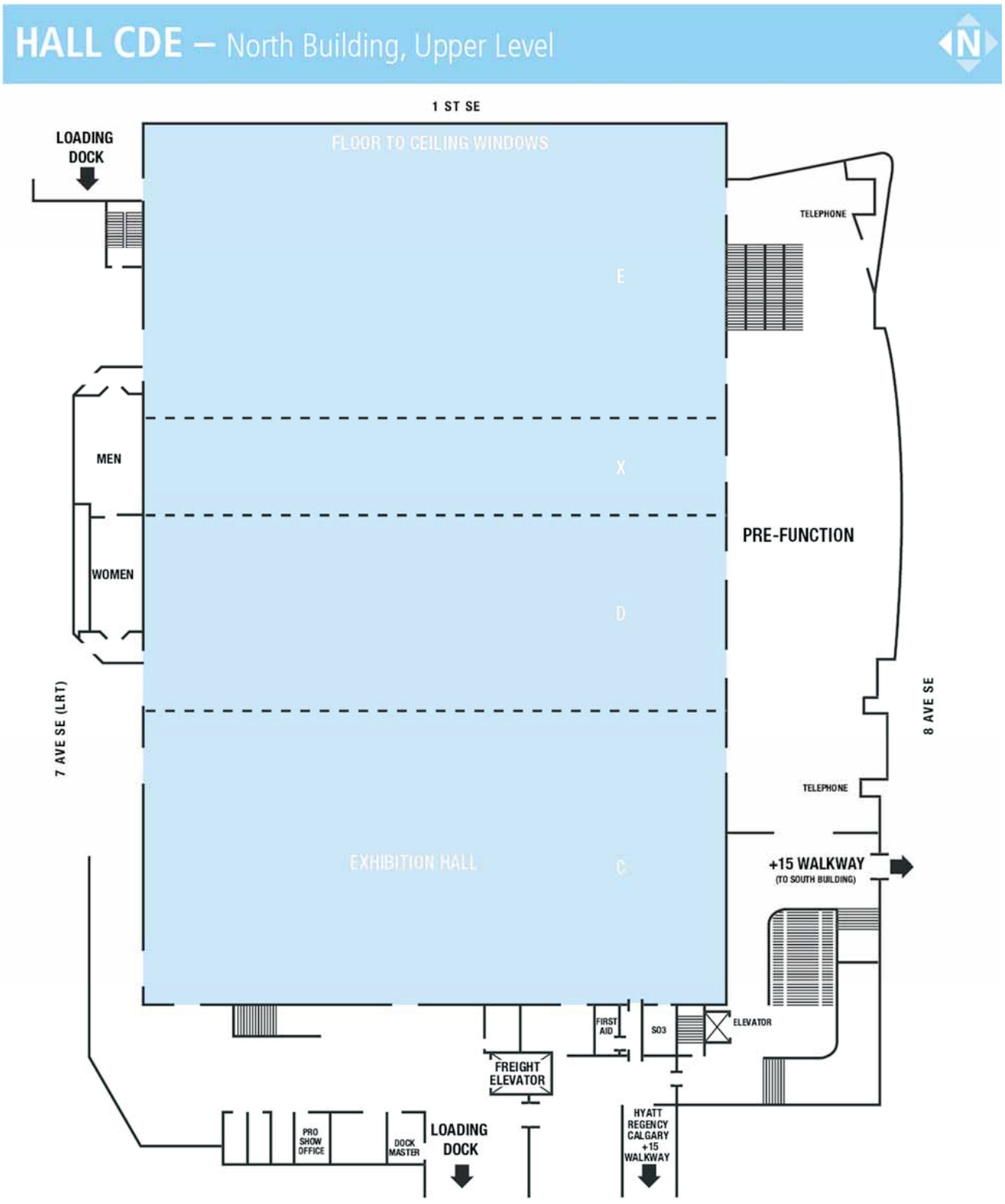
Prior to being elected, Mayor Nenshi was with McKinsey and Company, later forming his own business to help public, private and non-profit organizations grow. He designed policy for the Government of Alberta, helped create a Canadian strategy for The Gap, Banana Republic and Old Navy, and worked with the United Nations to determine how business can help the poorest people on the planet. He then entered academia, where he was Canada's first tenured professor in the field of nonprofit management, at Mount Royal University's Bissett School of Business.

For his work, Mayor Nenshi was named a Young Global Leader of the World Economic Forum, was awarded the President's Award from the Canadian Institute of Planners, and received the Humanitarian Award from the Canadian Psychological Association for his contributions to community mental health. In 2013, after his stewardship of the community during devastating flooding, Maclean's magazine called him the second-most influential person in Canada, after the Prime Minister. He was also awarded the 2014 World Mayor Prize by the UK-based City Mayor's Foundation as the best mayor in the world.

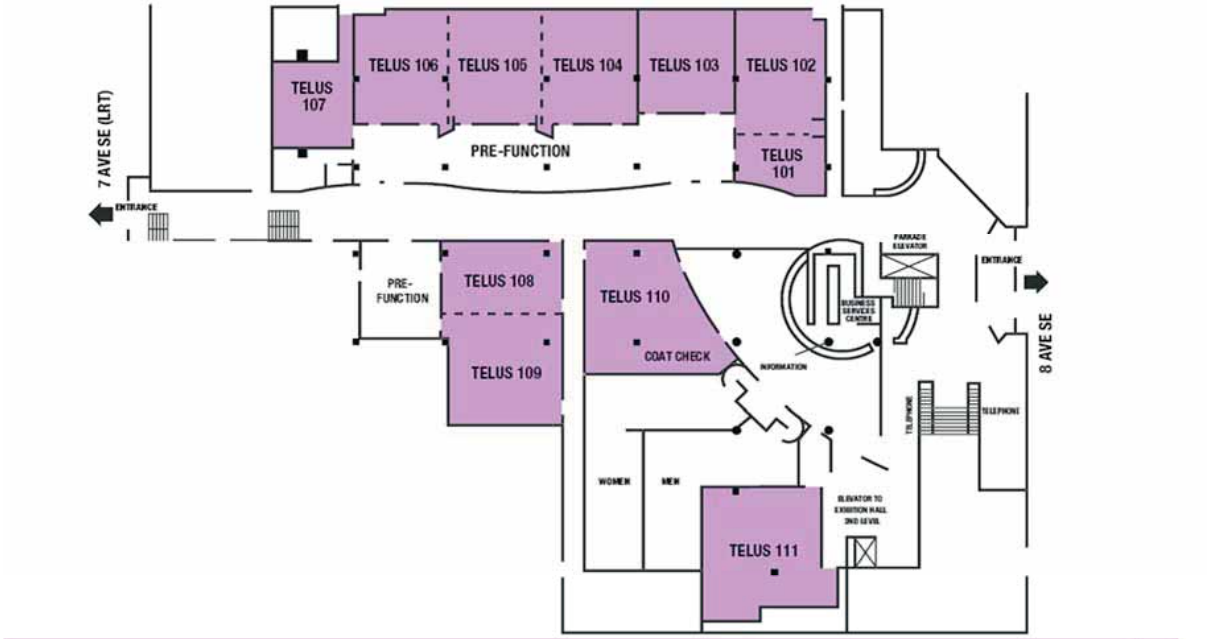
In 2014, he was also honoured by Elder Pete Standing Alone with the Blackfoot name A'paistootsiipsii, which means "Clan Leader" or "He who moves camp and the others follow". In 2016, Elder Bruce Starlight of the Tsuu T'ina First Nation honoured him with the name Iitiya: "Always Ready".

Mayor Nenshi holds a Bachelor of Commerce (with distinction) from the University of Calgary, where he was President of the Students' Union, and a Master in Public Policy from the John F. Kennedy School of Government at Harvard University, where he studied as a Kennedy Fellow.

The Calgary TELUS Convention Centre

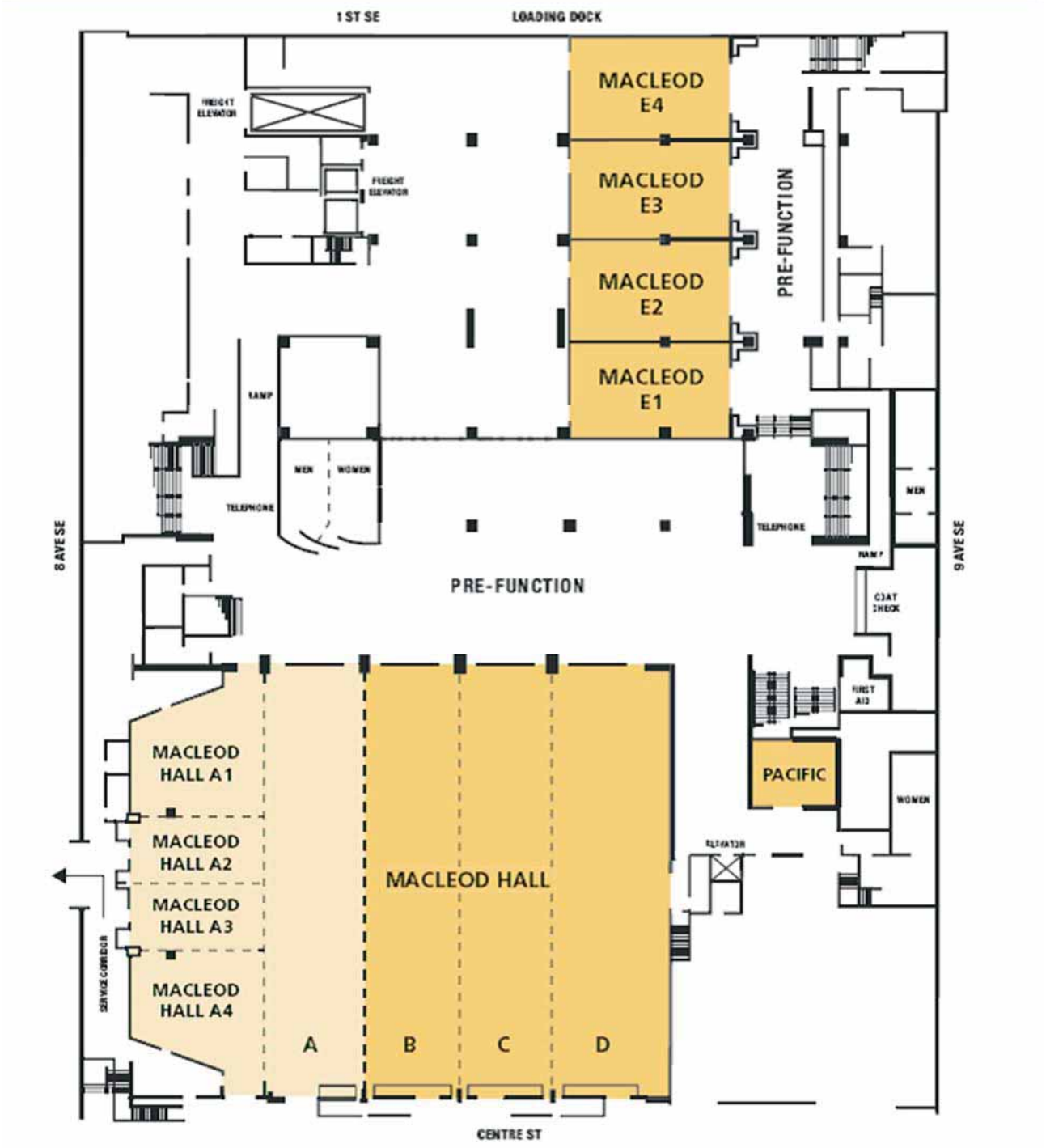


TELUS – North Building, Main Level

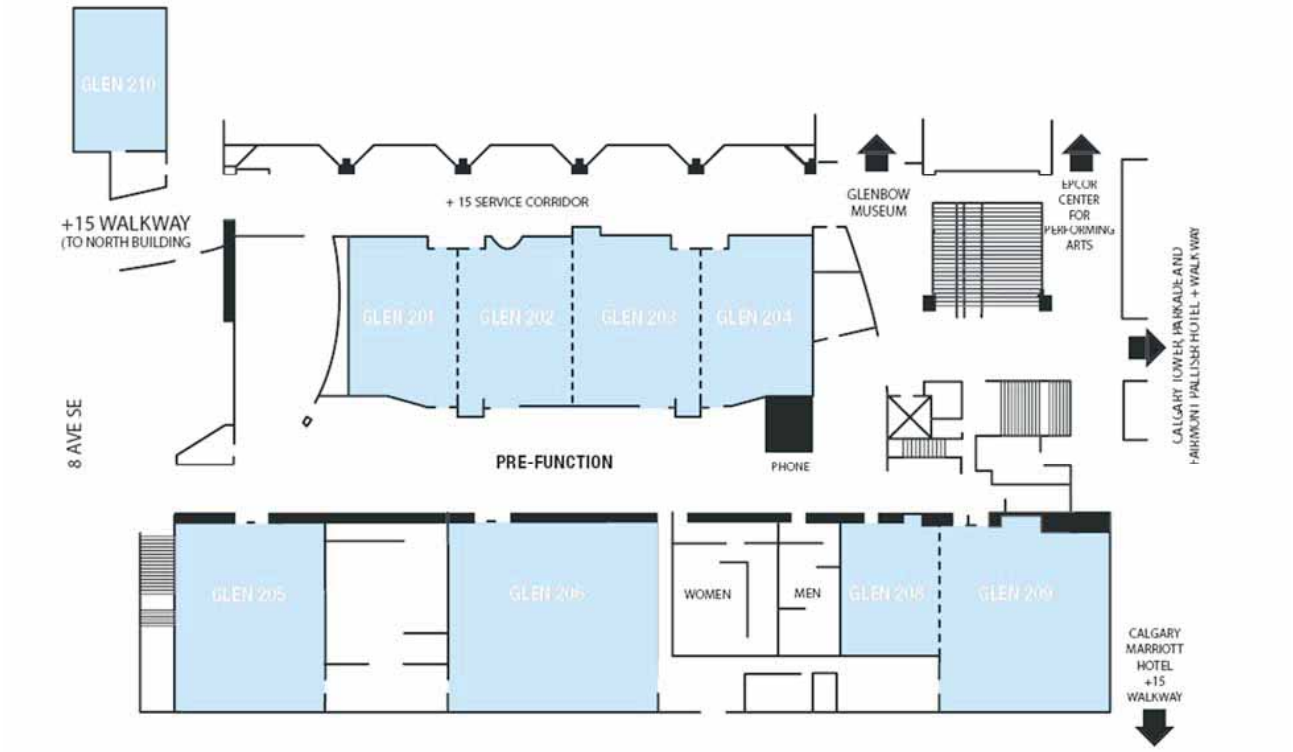


CHINOOK ROOMS – South Building, Main Level

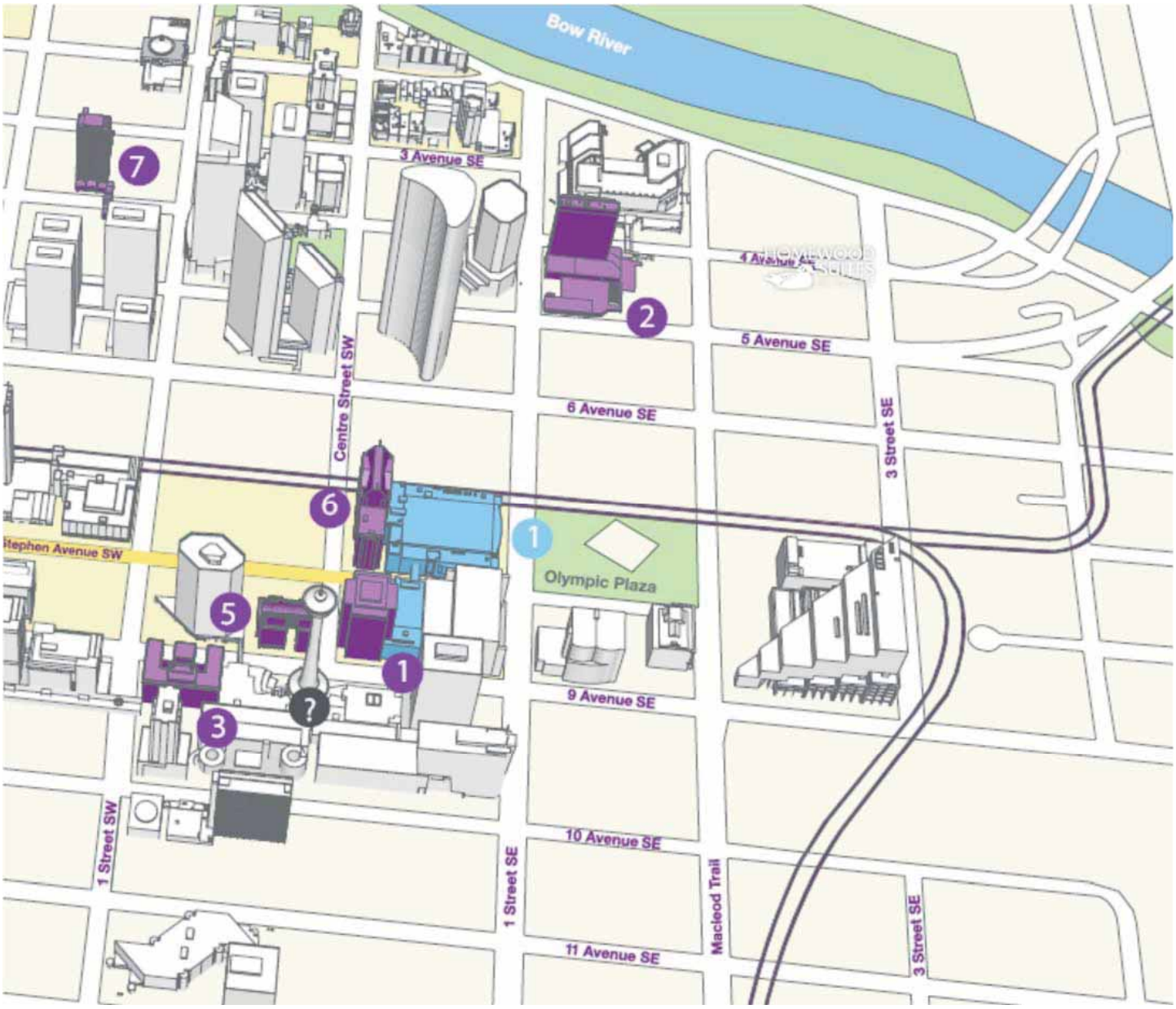
MACLEOD HALL – South Building, Lower Level



GLEN ROOMS – South Building, Upper Level



Map of Calgary



1 Calgary TELUS Convention Centre

1 Calgary Marriott Downtown

3 Fairmont Palliser

6 Hyatt Regency Calgary

Statement on Harassment

The Canadian Federation of Nurses Unions endeavours to provide a supportive working and learning environment that gives an equal opportunity to all participants. Such an atmosphere must be based on mutual respect.

The Canadian Federation of Nurses Unions will neither tolerate nor condone behaviour that is likely to undermine the dignity or self-esteem of an individual or create an intimidating, hostile or offensive environment. Sexual, racial, and other forms of harassment all contribute to creating a hostile environment, which will not be tolerated.

Complaints of harassment at CFNU events will be taken seriously and will be investigated immediately. Offenders will be penalized up to and including expulsion from this function. The investigation of each incident will be handled confidentially and expeditiously with particular sensitivity for the complainant.

If you believe you are being harassed, **act immediately**:

- If possible, make it clear you do not welcome such behaviour. You can do so either on your own, verbally or in writing, or with the assistance of another party.
- Indicate that you will take further action if the behaviour continues.
- If the inappropriate behaviour persists, approach one or both of the designated representatives who will investigate the matter.

If you are unwilling to approach the harasser because of the impact the action(s) have on you, you may seek out the designated anti-harassment representatives in the first instance.

Your designated representatives for the CFNU 18th Biennial Convention can be reached through the CFNU Convention office between 8:00 am and 5:00 pm.

Parliamentarian Rules

Do you know the rules?

When conducting business meetings, such as the Biennial Convention, the CFNU follows *Robert's Rules of Order*.

The following is an introduction to *Robert's Rules*. This article was extracted from "A Guide to Parliamentary Procedure Based on Robert's Rules of Order Newly Revised" and "Roles and Responsibilities of Chairman," taken from the Board of Directors' and Committees' Orientation Manual of the Saskatchewan Union of Nurses.

An assembly generally uses five steps to conduct its business: (1) a motion is made, (2) the motion is seconded, (3) the chair states the question, placing it before the assembly, (4) the assembly debates the motion, and (5) votes upon it.

1. Motion made

A proposal that the assembly take certain action or express itself as holding certain views is a motion. Verbally, a member introduces a motion by obtaining the floor and stating, "I move that..." or she/he may move for the adoption of a written resolution.

2. Motion seconded

Next, another member who supports the proposal says, "I second the motion." Requiring a "second" prevents consuming time on a view held by only one member. If there is no second the matter is dropped.

3. Chair states question

Once a motion is seconded and considered to be in order, the chair/chairperson states the question to the assembly, clarifying any vague points. Having been restated by the chair, the proposal is pending. This means it is before the assembly for consideration and action. (Until a motion is pending, any member may suggest modifications, or the mover may modify or withdraw the motion.) When the chair states the question, this opens the floor for debate on the proposal.

4. Debate

That question most recently stated by the chair is the one to be acted upon first. Debate (which is discussion of a proposal) is limited to the immediately pending question, and usually each member is limited to two speeches during any debate.

Prior to debating or making a motion, a member must obtain the floor. After the previous speaker yields the floor (usually by sitting down), the member wishing to speak rises and addresses the chair. The would-be speaker is "recognized" (assigned the floor) by the chair or ruled "out-of-order" in favour of another speaker. In many cases the first one to rise is assigned the floor. A member attempting to "take the floor" for a second speech on the same question is out-of-order when any member who has not spoken on that question desires the floor.

a) Amendments to the motion

An amendment is offered when a member agrees substantially with the motion but wants some change. An amendment must be closely related, although it may be inconsistent, to the subject of the motion. It must be stated clearly and defined as to

what part of the motion it applies. An amendment that is not relevant to the main motion is out-of-order.

To amend a motion, a member must seek and be recognized by the chair. Once recognized, she/he states, “I move to amend the motion by...” If another member seconds the amendment, the chair asks if there is any discussion of the amendment.

b) Amending the amendment

An amendment may be changed just as a motion may be changed. The amendment to the amendment must relate to the motion and the amendment. The chair can sometimes ask the maker of the motion and the seconder if they are willing to accept the amendment as part of the original motion. If they agree and if no other member objects, this can be done, saving time and effort. The chair must carry through each step until the main motion has been voted on. There can be no amendment to an amendment to an amendment. If it gets to that point, a substitute motion is in order. Voting is done in reverse order. That is on the amendment to the amendment, then the amendment, then the motion as amended.

c) Substitute motion

A substitute motion ties together loose ends. It may be made and accepted by the chair. Amendments or substitute motions cannot be accepted if they are not relevant to the motion.

d) Tabling a motion

The membership may seem unable to reach a conclusion, or more study may be needed. At these times a member makes a motion to “table the motion.” The maker of the motion cannot do so while speaking on the motion, or if she/he has previously spoken on the motion and there are others who still desire to speak. Such a motion requires a second, and once seconded, cannot be debated or amended. It must be put to an immediate vote. If a majority vote in favour, the motion is then tabled. “Tabling” a motion does not carry a time limit. A motion to table until the next meeting is a motion to postpone and is debatable. If a member wants to postpone indefinitely, or if a member wants to place the matter in the hands of a committee, the motion should be stated in these terms: “I move that the matter be referred back to the Education Committee.”

e) Points of information

Members sometimes become confused about the business being discussed. They may need some information from the chair or the speaker about the meaning of the motion or its effect. If so, they may direct an inquiry to the chair. Members do not have to wait to be recognized by the chair, but may interrupt by stating, “I rise on a point of information.” The chair must recognize the member and say, “State your question.” The chair then seeks to answer the question or, if the member desires information from another member, the chair should ask the person holding the floor to yield for the purpose of getting the information. The person holding the floor cannot be forced to yield, but if she/he does, the questioner must address the point of information through the chair and the answer must be made to the chair. If the chair decides that the question does not require an immediate answer, the inquiry can be answered as soon as the speaker is finished.

5. Vote

Once debate is over, the chair asks again, “Are you ready for the question?” If no one goes to the mike to speak, she/he restates the question and takes the vote. This is usually done by a show of hands. If the result is unclear, the chair may ask for a standing vote.

For a motion to pass it will require either a majority (more than half votes cast) or 2/3 of the members present and voting on that motion. Therefore if x number of members are registered for the day and then some members leave, the vote is determined by the majority or 2/3 (depending on what is required) of the remaining members who vote.

NOTE: All motions, discussion and debate of motions must take place through the chair. Members are not allowed to debate issues among themselves.

Quorum is the number of registered members that are entitled to vote, who must be present in order to legally transact the meeting’s business.

CFNU’s Bylaw 7.11 states that the quorum for a general meeting of the union shall be a majority of those members registered in attendance on each day of the meeting.

Therefore, if on any given day 300 members are registered, quorum would be 151 members. If at least 151 members remain at the meeting, business, including voting on resolutions, can proceed.

NOTE: Quorum and the number of votes required to carry a motion are two separate issues.

For example, x number of members are registered on any given day. A majority of those constitute a quorum to carry on the business of the day. Of that quorum, a majority or 2/3 of the members present and voting will determine if a motion passes or is defeated.

6. Role of the parliamentarian

The parliamentarian is a consultant whose role is purely an advisor and resource person for the chair and the meeting.

Duties include: respond to questions of clarification about the *Rules of Order* either by the chair or the assembly; discreetly draw to the attention of the chair any errors in following the *Rules of Order*; and act as an expert on the *Rules of Order* to help facilitate the business of the assembly.

NOTE: A parliamentarian does not vote or debate the issues before the assembly.

Rules and Privileges

1. Only voting delegates and members of the National Executive Board will be entitled to vote. Each Member Organization may cast its full number of votes, provided that it has at least one (1) voting delegate at the convention.
2. Speakers will use the microphones when addressing the chair.
3. Speakers must be acknowledged by the chair before addressing the assembly.
4. Speakers addressing the chair will state their names and union membership.
5. Members of a Member Organization who are not voting delegates may attend a convention of the Federation on behalf of their respective organization and may speak to, but not move or vote on business of, the Federation.
6. Staff of a Member Organization may attend at the discretion of the Member Organization and may speak with the consent of two thirds (2/3) of the voting delegates.
7. Motions, amendments and emergency resolutions must be presented in writing to the chair.
8. Debate on any motion at this convention will be limited to one (1) speech by any person on any question, unless special permission is granted by the assembly. No person can speak a second time to any question, as long as another person who has not spoken to that question wishes to speak.
9. Each speech will be limited to three (3) minutes.
10. Once voting has commenced on a motion, no one shall be allowed to enter or leave the meeting room.
11. Convention rules may be suspended by a two-thirds (2/3) vote.
12. Governing rules of order will be the current edition of *Robert's Rules of Order Newly Revised*.
13. No smoking permitted during educational and business sessions.
14. All **cell phones and/or pagers are to be turned off** during educational & business sessions.
15. Use of perfumed products is to be avoided during the educational & business sessions.

Convention Policies

Smoking Policy

In accordance with Canadian Federation of Nurses Unions' policy, we request your cooperation to ensure that this conference is smoke-free – no smoking in the conference office, the plenary sessions, workshops and all areas outside these rooms. Smoking is only permitted where indicated. Thank you.

Recycling Policy

At the conclusion of the conference, deposit your delegate badge in the boxes situated near the exits of the plenary room. As well, please make use of the recycling containers provided by the hotel.

Scents and Perfumes

Please be aware that some members are sensitive to chemicals, including those found in scents, perfumes and aftershaves. For the well-being of your colleagues, please refrain from using scented products during the conference.

Being Green – What Convention Attendees Can Do

If possible, choose to stay in an eco-rated hotel.

Turn off any lights, TV, air conditioner or heater when you leave your hotel room for the day.

Recycle your waste: bottles, cans, paper, etc.

Register online.

Bring your own reusable mug, pen and pencil.

Do your sightseeing by foot or public transportation.

Collect business cards of presenters and have them e-mail reports and other information rather than collecting printed hand-outs.

If the hotel offers this service, take the energy-saving option of not having sheets and towels changed every day.

Audio/Videotape and Photography Consent

Portions of the CFNU 2017 Biennial Convention will be audio-/videotaped and photographed and may be made available on the Internet. Photographs may be used in CFNU publications and promotional materials. Your attendance at the CFNU 2017 Biennial Convention constitutes your consent to potential inclusion in these various media.

Thank you for your cooperation.

Bread and Roses

Award History

At the 1993 Canadian Federation of Nurses Unions (CFNU) Convention, delegates approved a resolution directing the CFNU to "establish a national award to be presented on a yearly basis to a CFNU member who is contributing or has actively contributed to unionism on a provincial and/or national basis."

Criteria were developed and application forms were circulated, asking candidates to describe their backgrounds in local, provincial and national activities. Nominations are received by the CFNU office according to established deadlines.

The CFNU Board could find no more fitting title for this award than the *Bread and Roses Award*. "Bread and Roses" is an old labour song which was put to music by Carolyn Kohlsaat and written by James Opperheim. The song was derived from a song by an Italian-American writer, Arturo Giovannitti, titled "Pan-e-Rose" which was used by the International Ladies Garment Workers' Union. "Bread and Roses" has a long and prestigious history.

In 1912, in Lawrence, Massachusetts, predominantly women workers struck the textile mills for ten weeks to improve their wages and working conditions. They were members of the International Workers of the World. Our award's inspiration is found in the song's lyrics that pay tribute to these women.

Speaking to the need for recognition of self and accomplishment and to the dignity of each and every human being:

"Yes, it is Bread we fight for – but we fight for Roses too!"

The last verse is the most meaningful of all.

"As we come marching, marching, we're standing proud and tall. The rising of the women means the rising of us all. No more the drudge and idler – ten that toil where one reposes, but a sharing of life's glories: Bread and Roses! Bread and Roses!"

The award was created by Vancouver glass artist John Nutter who had been inspired by the stained glass windows of the Notre Dame Cathedral in St. Boniface.

The award represents the way in which we, as women and men, operate in a Union, which is in a circle of cooperation and collaboration with mutual respect and respect for the circle of life and each person's contributions to the whole. Thus the award is circular and sits on a base of yew wood. Yew is a tribute to the healing arts. Many anti-cancer drugs are derived from yew wood. The use of the natural wood contrasts with the glossiness of the award.

There are two glass panels separated by a one-half-inch space, but yet overlap. One panel has sheaves of wheat on it, symbolizing Bread; the other has Roses. Speaking to the need for both these elements in our lives, the link was formed in the overlap of equal parts of both symbols.

Congratulations from the members of the Canadian Federation of Nurses Unions!

Nominations

Report of the Nominations Committee

to the Canadian Federation of Nurses Unions

18th Biennial Convention

Calgary, Alberta

June 5-9, 2017

Nominations Committee Members:

Janet Hazelton, Nova Scotia Nurses' Union – Chair

Tracy Zambory, Saskatchewan Union of Nurses

Vicki McKenna, Ontario Nurses' Association

The following nominations were received by the Nomination Committee prior to the March 6, 2017, deadline:

Nominated for President

Linda Silas

Member of New Brunswick Nurses Union

Nominated for Secretary-Treasurer

Pauline Worsfold

Member of United Nurses of Alberta

The nominations were in order and complied with the Canadian Federation of Nurses Unions' Constitution.

CANADIAN FEDERATION OF NURSES UNIONS
18TH BIENNIAL CONVENTION 2017
CALGARY, ALBERTA

RECEIVED
FEB 2 7 2017
CANADIAN FEDERATION OF NURSES UNIONS

NOMINATION FORM

I, Paula Doucet, a member in good standing of the

New Brunswick Nurses Union (NBNU-SIINB)
(name of member organization)

do nominate Linda Silas

who is a member in good standing of the

New Brunswick Nurses Union (NBNU-SIINB)
(name of member organization)

for the election to the membership on the National Executive Board as

President
(position)

for the 2017-2019 Biennial.

Signed this 8 day of February, 2017

Paula L Doucet
moved by (signature)

New Brunswick Nurses Union (NBNU-SIINB)
member of (union)

Linda Haslam-Stroud (ONA)
seconded by (signature)

Ontario Nurses' Association
member of (union)

I, Linda Silas, do hereby consent to accept nomination for the

position of President of the Canadian Federation of Nurses Unions.

Signed this 8 day of February, 2017

(signature)

NBNU
(member organization)

Please submit to CFNU office by Registered Mail by March 6, 2017 6

CANADIAN FEDERATION OF NURSES UNIONS

2017 ELECTED OFFICER CANDIDATE FORM

Name of Candidate: Linda Silas

Position Running for: President

Particulars of Union Involvement

We all know that our union work needs to be done at every front –within your workplace, at the local and regional level, provincially, nationally and even internationally. This is what the CFNU team does, we stay focused on the national front but never forget the important work you are doing in your workplace.

Now, what you will hear about me; she is a leader that builds on inclusiveness, on trust and on facts. She is a hard worker and very determined, some will even say, she can be stubborn. Hopefully, you will also hear that I am motivated and can motivate because I love what I do, working with and for Canada's nurses.

For those who don't know my union history, I want to reassure you that I got involved the same way most of you did: I got upset at what was happening on my nursing unit and I wanted to do something about it. So I got involved in my local only a year after I graduated. From 1984 to 1990, I held numerous positions both at the local and provincial union levels.

In October 1990, I was elected President of the NBNU. I held this position until October 2000. My ten years at NBNU proved to be full of successes, the occasional turmoil and many lessons learned. In June 2003, you gave me your confidence in electing me as CFNU President. By listening and building on our members' values, I, like the CFNU, grew to take a strong presence on the national stage. We have been recognized both in the research and policy fields, and for making things happen. I am also proud to have been and continue to be a key lead in the development of Global Nurses United (GNU), the first international voice for nurses' unions, and lastly, very proud to be your voice at the Canadian Labour Congress.

Employment Summary

June 2003 to present
President of the Canadian Federation of Nurses Unions (CFNU)

March 2001 to May 2003
Project Coordinator for Beauséjour Regional Health Authority

- Developing interdisciplinary and teaching tools as well as implementing and promoting our Organ and Tissue Donation Program.

October 1990 to October 2000
President of the New Brunswick Nurses Union (NBNU)

May 1983 to October 1990
Staff nurse at l'Hôpital Dr. Georges-L.-Dumont: Intensive Care Unit, Emergency and Labour Unit

Other Important Particulars

Education: Bachelor of Nursing in 1983 from l'Université de Moncton. Received several certificates in nursing, public relations, labour relations and negotiations.

- Member of the CLC Executive Committee since 2003
- Member of the CLC Women's, International and Political Action committees since 2003
- Provincial, national and international speaker on nursing, health care, women, leadership and union issues
- Seasonal lecturer at several universities
- Published articles in magazines and books
- Member of numerous research/advisory bodies

On a more personal note, I started my full-time journey with the union movement with a 14-month-old baby boy, and now Alexandre is a young adult. Even through the different phases of family life, my commitment to nurses and to unions, I'm proud to say, only grew to be stronger.

The leadership I bring to the CFNU is one of respect and hard work. We listen to our members who are the grassroots, the foundation of our union and of our health care system. This is what makes the CFNU a national voice for the frontline nurses. We know the realities of health care, and with this, we can maintain a strong and powerful voice on behalf of those providing care 24/7.

To conclude, I would like to thank the New Brunswick Nurses Union for their ongoing confidence in nominating me for CFNU President. I would also like to extend a special thank you to our member organizations (UNA, SUN, MNU, ONA, NBNU, NSNU, PEINU, RNUNL and CNSA). To the NEB – every minute of your time is accounted for with your provincial work, and you still find the energy to be dedicated to our national organization. Each of your strengths and experiences makes the CFNU the incredible organization it is today. Merci! To our small team in our Ottawa office – be very proud of our reputation as the mighty mouse of the Labour Movement. ☺

In solidarity always,

Linda Silas

CANADIAN FEDERATION OF NURSES UNIONS
18TH BIENNIAL CONVENTION 2017
CALGARY, ALBERTA

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CANADIAN FEDERATION OF NURSES UNIONS

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NOMINATION FORM

I, HEATHER SMITH, a member in good standing of the

UNITED NURSES OF ALBERTA
(name of member organization)

do nominate PAULINE WORSFOLD

who is a member in good standing of the

UNITED NURSES OF ALBERTA
(name of member organization)

for the election to the membership on the National Executive Board as

SECRETARY TREASURER
(position)

for the 2017-2019 Biennial.

Signed this 8TH day of FEBRUARY, 2017

Heather Smith
moved by (signature)

UNITED NURSES OF ALBERTA
member of (union)

Jane Sustt.
seconded by (signature)

UNITED NURSES OF ALBERTA.
member of (union)

I, PAULINE WORSFOLD, do hereby consent to accept nomination for the

position of SECRETARY TREASURER of the Canadian Federation of Nurses Unions.

Signed this 8 day of FEBRUARY, 2017

Pauline Worsfold
(signature)

UNITED NURSES OF ALBERTA
(member organization)

Please submit to CFNU office by Registered Mail by March 6, 2017 6

CANADIAN FEDERATION OF NURSES UNIONS

2017 ELECTED OFFICER CANDIDATE FORM

Name of candidate: Pauline Worsfold

Position: Secretary-Treasurer

Particulars of Union Involvement

It may seem cliché to say that I learned about union values and social justice at my father's knee, but it is the truth. My father was the Vice President of the IBEW Local in Alberta, and when he was on the negotiating committee, the meetings were held at our home, so I would sit in the corner and listen to the discussions on equality, wages and benefits and fairness for all. So it was no surprise, when I graduated as a registered nurse, that I became involved with the union. Well, actually I was told that since I was replacing Alice, who was the ward rep, I was the new ward rep and I was to go to the union meetings and report back to the people I worked with on the happenings of the SNAA.

- ✓ Graduated from the University of Alberta School of Nursing program in 1981.
- ✓ SNAA (Staff Nurses Associations of Alberta) VP Local 1 UAH for 7 years.
- ✓ Sat on a variety of committees at the Local level, including PRC, OH&S, grievance committee. This is where I learned how a nurses' union works to support its members in all different types of situations. Negotiating committee was a great learning experience for seeing how the nurses' union interacts with the employer to solve problems at the worksite and to bargain wages and benefits.

Employment Summary

1985 – present

Staff Nurse, Post-Anaesthetic Care Unit, University of Alberta Hospital

1997

President of SNAA where I lead the amalgamation team to join the two nurses' unions in the province of Alberta, making the United Nurses of Alberta the one big nurses union for all nurses. And thwarting an attempt by the employers to have runoff votes all over the province, which would have had a very negative affect on the nurses and their work lives.

1997-1999

Transition Officer at the United Nurses of Alberta. After the amalgamation, there was a lot of work to be done to ensure all members were looked after, and provisions in the constitutions of the two organizations were amended if needed and move the organization forward to ensure a successful transition occurred. During this time I was a part of the Legislative Committee, Education, Occupational Health and Safety Committee, and participated fully on the UNA Executive Board. Since UNA did not belong to the CFNU and the SNAA did, and as part of the amalgamation agreement, I was to continue attending the CFNU meetings, it was through this continued connection and a province-wide tour with then CFNU President Kathleen Connors that UNA voted to become part of the CFNU in 1998.

2001 – present

Secretary-Treasurer at the CFNU. It is with great pride that I have been in this position and worked with totally amazing nursing leaders over the years from all of the different provinces and territories in an array of committees and task force meetings on topics that impact frontline nurses. Finance Committee chairperson and monitoring the financial affairs of the CFNU with the accountant consultant and bookkeeper are my primary roles as Secretary-Treasurer.

2014 – present

Canadian Health Coalition Chairperson. This role has given me the opportunity to work with community groups and with unions on expanding and improving our health care system.

2015 – present

CLC Canadian Council member, where I am always amazed at the work of other unions and federations of labour on issues of importance to their members. Their hardships and their successes are discussed and supported through the solidarity of the broader labour movement.

Other Important Particulars

Awards

I have received a number of awards over the years, including:

- Recognition award for exemplary service from the University of Alberta Hospital
- "We Celebrate You" award from the Staff Nurses Association for community involvement with the Rainbow Society of Alberta for chronically and terminally ill children
- "Bread and Roses" award from the CFNU for dedication to unionism at the local, provincial and national level

Achievements

Team leader PACU Canadian Association of Medical Teams Abroad (CAMTA). We travel to Ecuador annually on an orthopedic medical mission to perform hip replacement surgery on adults and club feet repairs on children. This year will be my 13th visit to Ecuador.

I was one of three Canadians who presented at the International Conference of Post-Anaesthetic Nurses in September 2013 in Dublin, Ireland.

I am a race car enthusiast, and my sons Jesse and Colin race sprint cars at Castrol Raceway in Edmonton.

2015 Resolution Actions

Resolution	Action
Resolution #1 – Time for a National Strategy for a Universal Access to Childcare Program **BE IT RESOLVED** that the CFNU lobby the federal government to institute a national universal early childhood education and care program that is affordable, accessible and not-for-profit; **BE IT FURTHER RESOLVED** that no child be excluded because of disability, or linguistic, emotional, social and physical development; **BE IT FURTHER RESOLVED** that appropriate post-secondary training be provided to staff to ensure high-quality care through competent early childhood education and care employees, and that these employees be fairly compensated with decent wages and benefits. CARRIED	• Ongoing • Annual financial support to child care advocacy association • Made it a Federal election issue • Joined CLC women committee campaign
Resolution #2 – Action for the Missing and Murdered Indigenous Women **BE IT RESOLVED** that the CFNU lobby the federal government to allow appropriate documentation and analysis of this on-going human rights issue, and to find solutions; **BE IT FURTHER RESOLVED** that the CFNU continue its current work with Indigenous advocacy organizations and the CLC. CARRIED	• Increase awareness/membership education • Ongoing work with CINA and CLC
Resolution #3 – A Safe and Inclusive Seniors Agenda **BE IT RESOLVED** that the CFNU lobby the federal government to have a Safe and Inclusive Seniors' Agenda that includes funding for infrastructure in long-term care facilities, funding for safe, appropriate and professional staffing (nurse-patient ratios) and programs that meet the needs of seniors and their families and are matched with appropriate and necessary, publicly funded and publicly delivered home care services. CARRIED	• Work with CMA and CNA • Published report *Before It's Too Late: A National Plan for Safe Seniors' Care* • Made it a Federal election issue

Resolution #4 – A New Deal on Health Care **BE IT RESOLVED** that the CFNU lobby the federal government to reach a new deal on health care through federal/provincial/territorial negotiations, including consultations with health care stakeholders, providers and the public; **BE IT FURTHER RESOLVED** that CFNU's priorities in these negotiations will be those reflected in CFNU's 2014 publication (*Where Policy Meets the Nursing Front Line: A Framework for Determining Appropriateness for a Safe, Sustainable Health System*) and based on the five Ps: 1. PATIENTS: their well-being, their care, their dignity as Persons 2. POLICY: a health care system supported by evidence-based long-term strategic policies 3. PRACTICE: build on the frontline knowledge of health care workers in every sector 4. PUBLIC ACCOUNTABILITY 5. PROVINCIAL/TERRITORIAL ENGAGEMENT CARRIED	• CFNU called stakeholders meeting December 15, 2015 "United Towards a Health Accord" • Published the Health and Social Accord • Report and lobby kits prepared for First Ministers and Ministers of Health • Presented Health and Social Accord to FPT Health Ministers • Working with allies • Issue Alert for Speak Up (June and October 2016) • Sir Robert Francis keynote speaker at CFNU convention • Ongoing
Resolution #5 – Public Accountability **BE IT RESOLVED** that the CFNU, through its member organization's provincial negotiating committees, continues to create professional responsibility language and critical processes for safe nursing practice; PRF (Professional Responsibility Form) reports need to be carried out within the mandatory time period, and recommendations need to be enacted in the mandatory period of time; **BE IT FURTHER RESOLVED** that all health care employers be urged to conduct, in consultation with nurses unions, a regular formal review of administrative data, e.g., overtime, absenteeism, occupancy and case load levels, turnover, vacancy, staffing levels, and patient adverse events at all levels of health care organizations; **BE IT FURTHER RESOLVED** that standardized patient adverse events data needs to be collected, reported and acted upon in a timely manner. This data should be transparent and publicly accessible. **BE IT FURTHER RESOLVED** that patients and their families must be present, powerful and involved with quality/safety initiatives at all levels of our health care system. CARRIED	• Develop stronger collective agreement language • Regular reporting MO layoffs and lack of vacancy replacements at NEB and Negotiator meetings • More work needs to be done (ongoing)

Resolution #6 – Health Care for Refugees (Interim Federal Health Program) **BE IT RESOLVED** that Member Organizations are encouraged to speak out on this issue and that the CFNU NEB consider ways to support the campaign opposing cuts to Health Care for refugees, including political action. CARRIED	• Ongoing • Support CLC and CHC campaigns
Resolution #7 – A National Prescription Drug Program for All Canadians (Pharmacare) **BE IT RESOLVED** that the Canadian Federation of Nurses Unions and Member Organizations continue our support for a universal public prescription drug plan (pharmacare) for all people who live in Canada and, working with our allies, will make it a priority in the next federal election. CARRIED	• Ongoing CFNU Work • Published "Waste" research paper • Issue Alert – Speak Up (July and December 2016) • CHC Lobby January 2017 • CLC Lobby February 2017
Resolution #8 – Emergency Preparedness **BE IT RESOLVED** that the Canadian Federation of Nurses Unions lobby internationally, nationally and provincially to participate meaningfully in the development of any pandemic and infectious disease (such as Ebola) standards, preparation and response plans; **BE IT FURTHER RESOLVED THAT** the CFNU encourage all Member Organizations to participate in the development of protocols and procedures, employer containment measures, staffing/training, personal protective equipment (PPE), etc. at their local workplace health and safety committees; **BE IT FURTHER RESOLVED THAT** at all levels we challenge standards, directives, policies, programs, plans, measures, procedures, equipment and training that do not incorporate occupational health and safety law and principles, or are in any way insufficient to protect our members and their patients from infectious disease. CARRIED	• CFNU part of meetings with PHAC advisory committee • Ongoing
Resolution #9 – Post-Traumatic Stress Disorder in the Nursing Profession **BE IT RESOLVED** that the Canadian Federation of Nurses Unions members work to ensure that changes occur simultaneously on	• To be done: Develop action plan based on MNU work • Need to change WSIB language and get data (Long term bargaining goals) • Ongoing

three levels in order to address critical incident stress and PTSD specifically. 1) Legislation: the passing of Presumptive Legislation in all provinces, that includes nurses in the recognition that Post Traumatic Stress Disorder is a workplace mental health issue; 2) Workplace Initiatives: that employers implement consistent debriefing sessions, address workplace violence and bullying, as well as short-staffing which results in very stressful and sometimes dangerous situations; 3) Self-care: that the importance of self-care be emphasized as it is a significant piece of stress reduction. Not only should nurses be aware of this, but also be given an opportunity to practice self-care. CARRIED	
Resolution #10 – Robin Hood Tax BE IT RESOLVED that the Canadian Federation of Nurses Unions and provincial nurses' unions lobby the federal and provincial governments to implement a Robin Hood tax. CARRIED	• Ongoing work with Global Nurses United
Resolution #11 – Violence Prevention in the Workplace BE IT RESOLVED that the Canadian Federation of Nurses Unions lobby internationally, through its OH&S experts network and provincial and local OH&S Committees, and in collaboration with the CLC, work towards lobbying provincial governments to have workplace violence specifically recognized as a workplace hazard in the Occupational Health and Safety legislation of those provinces remaining to do so. BE IT FURTHER RESOLVED that the Canadian Federation of Nurses Unions work with its member organizations and the CLC and its affiliates to work towards: • Advocating for employers to develop and implement workplace violence prevention programs; • Ensuring that union representatives are trained and equipped to recognize the signs of workplace and domestic violence, and provide the right kind of support in the workplace; • Creating work environments where everyone has awareness of workplace and domestic violence, by examining workplace-wide training with clear and specific steps to assist both victims and perpetrators. CARRIED	• Education session for CFNU convention • Member Organization's priority work • Putting an End to Violence in Health Care Setting – Discussion paper to be presented at convention

Resolution #12 – National Strategy to Ending Violence against Indigenous Women and Children (the Canadian Federation of Nurses Unions in collaboration with the Aboriginal Nurses Association of Canada) **BE IT RESOLVED** that the Canadian Federation of Nurses Unions work collaboratively in partnership with A.N.A.C. to lobby locally, provincially and nationally for a National Inquiry to end violence against Indigenous women and children by participating in a strategic planning session for meaningful and action oriented dialogue; **BE IT FURTHER RESOLVED THAT** the CFNU and A.N.A.C. encourage all affiliates to participate in the development of this integrated approach where health care professionals are provided with evidence-informed research that puts the safety of Indigenous women, children and families first; **BE IT FURTHER RESOLVED THAT,** in keeping with the standards of nursing practice at all levels, the CFNU and A.N.A.C. identify and address the root causes of violence against Indigenous women and children, which requires collective strategies aimed at the political, professional, practical and personal networks. **CARRIED**	• Work with Canadian Indigenous Nurses Association (CINA) • Work with CLC
Resolution #13 – RNRN Campaign **BE IT RESOLVED** that the Canadian Federation of Nurses Unions explore the feasibility of partnering/joining the RNRN Campaign. **CARRIED**	• Ongoing
Resolution #14 – Bullying in the Workplace Must Stop for All **BE IT RESOLVED** that work with the Canadian Nursing Students Association to pursue ways to eliminate bullying situations and environments; **BE IT FURTHER RESOLVED** that the CFNU work with the CNSA and the CASN to explore ways to create open atmospheres that empower student nurses to speak up and break the cycle of bullying. **CARRIED**	• Ongoing Canadian Indigenous • Nurses Association (CASN) and Canadian Nursing Students' Association (CNSA) work
Emergency Resolution # 1 – 2019 CFNU Convention **Be it RESOLVED** that the 2019 CFNU Biennial Convention be hosted in New Brunswick. **CARRIED**	• June 3-7, 2019 in Fredericton. NB

Constitution Amendments

Report of the Constitution Committee

to the Canadian Federation of Nurses Unions

18th Biennial Convention

Calgary, Alberta

June 5-9, 2017

The Constitution Committee met as required to carry out the work assigned to this Committee and to provide interpretation of the Constitution. In preparation for this Convention, the Committee met in February 2017 to review the Constitution and is recommending the following changes.

The Committee will be submitting

seventeen (17) proposed amendments,

including the rationale for change to the 2017 Biennial Convention Assembly for consideration.

Amendments to the Constitution require

a two-thirds (2/3) vote to carry.

These amendments are included for consideration at this convention.

Respectfully submitted by:

Debbie Forward, RNUNL, Chairperson

Mona O'Shea, PEINU

Tracy Zambory, SUN

Jane Sustrik, UNA

Linda Silas, President, CFNU, ex officio

CURRENT LANGUAGE	PROPOSED CHANGE	RATIONALE
Mission Statement, paragraph 3 for quality health care and the socio-economic ***Mission Statement, paragraph 5*** REPRESENTING ALL NURSING UNIONS IN CANADA	for quality health care, through the lens of Health in All Policies (HiAP), and the socio-economic Replace “NURSING UNIONS” with “NURSING UNIONS/ORGANIZATIONS”	To reflect our recently adopted CFNU HiAP position statement To reflect CNSA membership
2.01 In the interpretation of the Constitution, the feminine gender used herein shall mean and include the masculine,	In the interpretation of the constitution, a gender-neutral language will be utilized	Wherever possible, all CFNU language should be gender-neutral.
4.05 which affect its Member Organizations	which affect its Member Organizations and all living in Canada	CFNU has a mandate that is bigger than just members.
4.08 Be advocates for social justice and equality	Be advocates for social justice, equality and Health in All Policies (HiAP)	To reflect our recently adopted policy HiAP
8.03 (4) be reviewed at the next meeting	be reviewed at the next face-to-face meeting	
8.06	Add “International Solidarity Fund Committee” to list	To reflect the work of the ISF Committee
9.10 the National Officer on the Finance Committee shall perform the duties of the Secretary-Treasurer for the unexpired term or the leave of absence. Should the National Officer	the National Officer(s) on the Finance Committee shall perform the duties of the Secretary-Treasurer for the unexpired term or the leave of absence. Should the National Officer(s)	There is more than one National Officer on the Finance Committee.

CURRENT LANGUAGE	PROPOSED CHANGE	RATIONALE
10.01 She shall be accountable	Be accountable	To make it gender-neutral
10.03 Be the Federation representative to the CLC Executive Council	Be the Federation representative to the CLC Executive Committee and Canadian Council	Correct naming for CLC boards
10.04 Direct all staff of the Federation	Be responsible for overall management and direction of the Federation employees therein	Recognizing Executive Director role
10.05 Report on the administration of her office	Report about the administration of the office	To make it gender-neutral
11.01 act in lieu of the President in her absence	act in lieu of the President in President's absence	To make it gender-neutral
11.06 Report on the administration of her office to the Convention	Report about the administration of the office of the Secretary-Treasurer to the Convention	To make it gender-neutral
New language	**11.08** Be the second CFNU officer to the CLC Canadian Council	New position in CLC constitution
12.03 Aid the President in her duties as the head of the Federation and act on her behalf when requested to do so. Each National Officer shall administer those responsibilities assigned to her by the President	Aid in the duties of the President as the head of the Federation and act on President's behalf when requested to do so. Each National Officer shall administer the delegated responsibilities assigned by the President.	To make it gender-neutral
13.05 and one (1) National Officer	and at least one (1) National Officer	Current practice

CFNU Constitution

as amended at 2007 Convention

Founded May 01, 1981

Canadian Federation of Nurses Unions

Mission Statement

THE BIRTH OF THE CANADIAN FEDERATION OF NURSES UNIONS IN 1981 MARKED A NEW ERA FOR INTERACTION AMONG NURSING UNIONS IN CANADA AND PROVIDED A UNITED FRONT FOR ACTION ON PROBLEMS WHICH DIRECTLY OR INDIRECTLY AFFECT THE UNIONIZED NURSES AND THE QUALITY OF HEALTH CARE.

The rebirth of the CFNU in 1999 as the National affiliating body for nurses to the CANADIAN LABOUR CONGRESS marks another era for nursing unions in Canada. Through this formalized relationship we have deepened and expanded our involvement and influence on the national labour scene.

The Core Purpose of the CFNU Is to be a proactive, unifying national voice for quality health care and the socio-economic welfare of Nurses and others.

the CFNU is driven by The Core Values of: democracy; collectivity; action; social justice; inclusion; and advocacy.

CFNU'S VISION OF THE FUTURE IS TO BECOME A TRULY STRONG NATIONAL ORGANIZATION FOR UNIONIZED NURSES, REPRESENTING ALL NURSING UNIONS IN CANADA AND PART OF A WORLD VOICE FOR UNIONIZED NURSES. WE WILL HAVE BOTH THE CAPACITY AND THE INFLUENCE AS THE EXPERTS ON QUALITY HEALTH CARE AND HEALTH CARE POLICY.

THE STRATEGIC FOCUS OF CFNU WILL BE ON BUILDING A STRONG, CLEAR, UNIFIED NATIONAL VOICE FOR: THE ROLE OF NURSES; THE PROTECTION AND PRESERVATION OF PUBLIC HEALTH CARE; THE ADVOCACY OF SOCIAL JUSTICE AND EQUITY; AND THE DEVELOPMENT OF AN INTERNATIONAL NETWORK/SOLIDARITY.

ARTICLE 1 - NAME

1.01 This Organization shall be known as the CANADIAN FEDERATION OF NURSES UNIONS, hereinafter referred to as the "Federation".

ARTICLE 2 - DEFINITIONS

2.01 In the interpretation of the Constitution, the feminine gender used herein shall mean and include the masculine, and singular shall include the plural and vice versa as applicable.

2.02 **Member Organizations** - means a bargaining agent or representative body with respect to collective bargaining that is a member of the Federation.

2.03 **Associate Member Organization** - means a national representative body of nursing students and may speak to, but may not move or vote on business of the Federation.

2.04 **The Board** - means the National Executive Board.

2.05 **President** - means the President of the Federation.

2.06 **National Officer** - means a member of the National Executive Board.

2.07 **Constitution** - means the Constitution of the Federation, unless otherwise specified.

2.08 **Voting Delegate** - means a member selected by a Member Organization, who is registered as a delegate on behalf of her respective Organization at a Convention of the Federation and who has the right to speak to and vote on business of the Federation.

2.09 **Invited Guest** - means any person whom the President or National Executive Board invites to attend all or part of a Convention of the Federation. Invited guests may speak to an issue with the consent of two-thirds of the voting delegates.

ARTICLE 3 - HEADQUARTERS

3.01 The Federation office shall be in Ottawa.

ARTICLE 4 - OBJECTIVES

The Federation shall be the national voice for unionized nurses – its objectives are to:

4.01 Promote nurses' labour issues within the Canadian Labour Congress (CLC).

4.02 Advance the social, economic and general welfare of its members.

4.03 Preserve free democratic unionism and collective bargaining in Canada.

4.04 Promote unity within the nursing unions and other allied health fields through co-operation with and support of other organizations sharing these objectives.

4.05 Provide its members with a national forum for the purpose of promoting desirable legislation on matters of national significance, which affect its Member Organizations.

4.06 Promote educational goals; disseminate information on labour legislation and labour strategies among Member Organizations.

4.07 Promote the highest standards of health care throughout Canada.

4.08 Be advocates for social justice and equality.

ARTICLE 5 - PRINCIPLES AND STANDARDS OF CONDUCT

In working towards the foregoing general objectives, the Federation shall adhere to the following principles and standards of conduct:

5.01 It shall give full recognition to the autonomy of its Member Organizations. All powers, other than those delegated to the Federation, shall remain with the Member Organizations whose fundamental autonomy and freedom shall be maintained by the Federation as a first principle.

5.02 Notwithstanding Article 5.01, the CFNU shall be the national affiliating body to the CLC, and all Member Organizations shall become members of the CLC.

5.03 It shall speak for and represent its Member Organizations on national matters of its members. In the situation where a Member Organization is specifically involved in such matters, such Organizations will be consulted before a statement is made.

5.04 It shall provide to its members a forum to seek assistance for research, legislative, public relations, educational and any other collective bargaining support.

5.05 It shall be non-partisan and non-sectarian.

5.06 The Federation shall conduct its affairs in both official languages and in the most efficient and expedient manner.

ARTICLE 6 - MEMBERSHIP

6.01 All bona fide members of a Member Organization or Associate Member Organization shall hold membership in the Federation through their Organization.

6.02 The Federation, by two-thirds (2/3) majority of the Board, may accept additional nursing Organizations as Member Organizations or Associate Member Organizations.

Applications shall be supported by evidence that such is the wish of the applicant's members.

6.03 Membership Certificates shall be issued to all Member Organizations or Associate Member Organizations.

6.04 A Member Organization or Associate Member Organization may withdraw from the Federation subject to written notice of twelve (12) months being given to the Federation, supported by evidence that such is the decision of its membership.

6.05 A Member Organization or Associate Member Organization that has withdrawn from the Federation in the manner described above may make written application for re-admission to the Federation through the Board.

ARTICLE 7 - CONVENTIONS

7.01 A) The Biennial Convention of the Federation shall be held every two (2) years.

B) The Convention shall be the supreme governing body of the Federation. The time and place of the Biennial Convention shall be determined by the Board.

C) Notice of the time and place of the Convention shall be circulated to all Member Organizations and Associate Member Organizations of the Federation one hundred and eighty (180) days prior to the commencement of the Convention.

7.02 Organizations in possession of a valid membership as a Member Organization with the Federation shall be entitled to representation at Federation Conventions by voting delegates selected by their respective Organizations.

All delegates to Conventions must be members of the Organizations they represent. Each Member Organization may cast its full number of votes provided that it has at least one (1) voting delegate present at the Convention.

7.03 A Special Convention of the Federation may be called at the written request, with signatures, of at least fifty per cent (50%) plus one (1) of the Board and/or ten per cent (10%) of the Federation membership. All expenses for meeting facilities arising out of the Special Convention will be borne equally by the member organizations.

7.04 Each Member Organization of the Federation shall be entitled to three (3) votes for the first five hundred (500) or less persons on whose behalf the Member Organization remits membership dues, and one (1) additional vote for each additional five hundred (500) or major fraction thereof of persons on whose behalf the Member Organization remits membership dues.

7.05 The President, Secretary-Treasurer and National Officers shall have full status as a voting delegate at Conventions by virtue of Office and shall each hold one (1) vote.

A) Members of a Member Organization, who are not voting delegates, may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.

B) Staff of the CFNU Member Organizations and guests may attend a convention of the Federation, and may speak with the consent of two-thirds (2/3) of the voting delegates. Staff and guests may not move or vote on the business of the Federation.

C) Members of Associate Member Organizations may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.

7.06 Member Organizations shall bear the expenses of their own voting delegates and non-voting members and staff.

7.07 The President and Secretary-Treasurer's expenses re attendance at Conventions shall be borne by the Federation.

7.08 A) Resolutions to the Federation may be submitted by any member of the Federation. Resolutions must be received at the Federation Office at least ninety (90) days before the opening date of the Convention. Resolutions shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

B) Emergent resolutions will be accepted at the Convention up to the deadline established on the agenda.

7.09 Any Member Organization which is in arrears to the Federation for membership dues shall not be entitled to recognition or representation at the Convention.

7.10 Any Organization which has not applied for and obtained a Membership Certificate at least one (1) month prior to the Convention shall not be allowed representation.

7.11 Quorum is constituted by a majority of the Member Organizations and a majority of the votes.

7.12 Unless otherwise specified in this Constitution, a majority of votes shall be sufficient to pass resolutions or make decisions for the Convention.

7.13 The Rules of Order of business governing Convention shall be *ROBERT'S RULES OF ORDER* (Newly Revised).

ARTICLE 8 - NATIONAL EXECUTIVE BOARD

8.01 There shall be a National Executive Board which shall be the governing body of the Federation when a Convention is not in session.

8.02 The Board shall be comprised of:

President

Secretary-Treasurer

National Officers

8.03 The Board shall:

(1) Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution.

(2) Establish such advisory committees as may be deemed appropriate.

(3) Be recognized by Member Organizations as the governing body under the terms of the Constitution, except when the Federation is in Convention.

(4) Meet at least twice a year in a face-to-face meeting. When not in session, the National Executive Board shall meet by letter, telephone, e-mail or any form of telegraphic communication, on all matters of any nature requiring action by the National Executive Board. Such action so taken by the members of the National Executive Board shall constitute action of the National Executive Board and it shall be reviewed at the next meeting and shall be part of the minutes.

(5) Meet at the call of the President or at the request of half the members of the National Executive Board, made in writing to the President.

(6) Initiate action for federal legislation in the interest of the Federation.

(7) Reimburse members of the Board for necessary expenses in performing their duties for the Federation in relation to specific duties assigned by the Board.

(8) Be authorized to alter membership dues between Conventions, when such an alteration results in a reduction of dues.

8.04 Each Member of the Board shall be entitled to one (1) vote at Board meetings, and a quorum for such meetings shall be a majority of the members of the Board and a majority of Member Organizations.

8.05 The Board shall, as it considers necessary, cause to have such members of the Board and staff of the Federation to be bonded in such amounts as necessary.

8.06 The standing committees of the National Executive Board shall be:

1. Finance/Human Resources Committee

2. Nominations Committee

3. Constitution Committee

4. Resolutions Committee

Representatives on these committees shall be appointed following the CFNU Biennium from the members of the National Executive Board.

ARTICLE 9 – ELECTIONS

9.01 The President and Secretary-Treasurer shall be elected at each regular Convention. Nominations for the position of President and Secretary-Treasurer must be received in writing by the Federation, showing the mover and seconder of the nominations, at least ninety (90) days prior to the commencement of the Convention, and the Ticket of Nominations shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

9.02 The Nominee for the position of President and Secretary-Treasurer of the Board shall be responsible for submitting:

1) a signed nomination form

2) all relevant biographical information within the timelines outlined in 9.01.

9.03 The Nominations committee shall be responsible for conducting the election process.

9.04 Nominations from the floor will be accepted at the Biennium only if there has been no nomination to the position of President or Secretary-Treasurer in accordance with Article 9.01.

9.05 Each Member Organization with a membership under twelve thousand (12,000) members shall be entitled to have one (1) member as a National Officer on the Board; each Member Organization with a membership over twelve thousand (12,000) members shall be entitled to have two (2) National Officers on the Board. The National Officers shall be selected by, and at the discretion of, their respective Member Organizations.

9.06 The election of the President and Secretary-Treasurer of the Federation shall be by secret ballot. A majority of votes cast shall be required before any candidate can be declared elected, and second and subsequent ballots shall be taken, if necessary, to obtain such a majority. On the second and subsequent ballots, the candidate receiving the lowest number of votes in the previous ballot shall be dropped. In case of a final tie vote, the presiding officer may cast the deciding vote.

9.07 The terms of office of elected officers of the Federation shall commence at the adjournment of the Convention at which they were elected.

9.08 The Member Organizations shall be responsible for notifying the Federation of the name of their National Officer(s).

9.09 In the event of a vacancy or a leave of absence of less than one year, in the office of the President, the Secretary-Treasurer shall perform the duties of the President for the unexpired term or leave of absence.

Should the Secretary-Treasurer be unable to act as President, the Secretary-Treasurer shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.

In the event of a vacancy or leave of absence of one year or more, the unexpired term or leave of absence shall be filled in a manner determined by the Board.

9.10 In the event of a vacancy or a leave of absence in the office of the Secretary-Treasurer, the National Officer on the Finance Committee shall perform the duties of the Secretary-Treasurer for the unexpired term or the leave of absence. Should the National Officer be unable to act as Secretary-Treasurer, the President shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.

9.11 A vacancy occurring in the position of National Officer of the Board shall be filled for the unexpired term by the Member Organization.

9.12 The Board shall, by virtue of office, hold title to the real estate of the Federation as trustees for the Federation. They shall have no right to sell, convey or encumber any real estate without approval of a Convention.

9.13 The number of terms an elected member of the Federation may serve shall not be limited.

ARTICLE 10 – DUTIES OF THE PRESIDENT

The President shall:

10.01 Be the head of the Federation. She shall be accountable for the affairs of the Federation, sign all official documents and preside at all Conventions and meetings of the Board.

10.02 Be the official spokesperson of the Federation.

10.03 Be the Federation representative to the CLC Executive Council.

10.04 Direct all staff of the Federation.

10.05 Report on the administration of her office and on the affairs of the Federation to the Convention through the report of the Board.

ARTICLE 11 - DUTIES OF SECRETARY-TREASURER

The Secretary-Treasurer shall:

11.01 Carry out the duties as assigned by the President and act in lieu of the President in her absence.

11.02 Assist the President in the preparation and facilitation of the National Executive Board meetings.

11.03 Be the chief financial officer of the Federation and cause to be kept the books, documents, files and effects of the Federation, which shall, at all times, be subject to inspection by the Board.

11.04 Be responsible for the preparation of a financial report of the Federation for each meeting of the Board.

11.05 Have the books of the Federation audited and an audited financial statement prepared December 31 of each year. Such audited financial statements shall be furnished to the Board and the Convention.

11.06 Report on the administration of her office to the Convention.

11.07 Be empowered to require Member Organizations to provide statistical data in their possession, relating to the number of persons paying dues to the Member Organization.

ARTICLE 12 - DUTIES OF NATIONAL OFFICERS

The National Officer shall:

12.01 Be a bona fide member of a Member Organization.

12.02 Be charged with the responsibility of representing the interests of the Federation and shall assist in establishing and maintaining communication between the Federation and the Member Organizations.

12.03 Aid the President in her duties as the head of the Federation and act on her behalf when requested to do so. Each National Officer shall administer those responsibilities assigned to her by the President.

12.04 Have voting rights at NEB meetings and during conventions and/or special meetings.

ARTICLE 13 - REVENUE AND FINANCIAL CONTROL

13.01 The revenue of the Federation shall be derived from membership dues as determined at the Convention or as per Article 8.03 (8). Such dues shall be payable by Member Organizations on the full dues paying membership of each Organization.

13.02 Each Member Organization shall forward to the Federation before the last day of each month the membership dues payable for that month.

13.03 Any Member Organization which does not pay its membership dues as specified in sub-section 13.01 of this Article shall be notified of that fact by the Secretary-Treasurer. Any Member Organization three (3) months in arrears in payment of membership dues may become suspended from membership in the Federation and can be reinstated only after arrears are paid in full.

13.04 The fiscal year of the Federation shall be the calendar year.

13.05 The National Executive Board shall appoint a Finance Committee consisting of the President, Secretary-Treasurer and one (1) National Officer. The Committee shall perform such functions as the National Executive Board may from time to time direct.

ARTICLE 14 - INTER-ORGANIZATIONAL DISPUTES

14.01 Disputes between Member Organizations shall be addressed in accordance with the policy of the Federation.

14.02 Inter-organizational disputes shall be resolved according to the CLC Constitution.

14.03 If a Member Organization is found guilty under Article IV, section 3, 4, or 5 of the Canadian Labour Congress Constitution, and does not comply with the umpire's ruling within the timelines identified in the Canadian Labour Congress Constitution, the National Executive Board shall meet and determine appropriate action, which may include discipline under Article 15.

ARTICLE 15 - DISCIPLINE

15.01 Non-compliance with this Constitution, or the Constitution of the Canadian Labour Congress, or action by a Member Organization or Associate Member Organization to the detriment of the objectives and/or activities of the Federation, shall be regarded as grounds for discipline, including fines, suspension or expulsion from the Federation, as determined by the Board.

ARTICLE 16 - AMENDMENTS

16.01 The Constitution of the Federation may be amended by the Convention by a two-thirds (2/3) vote. Amendments to the Constitution can be submitted by the Board or by Member Organizations.

Amendments must be submitted to the Federation at least ninety (90) days prior to the opening day of the Convention and must be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

16.02 All constitutional amendments shall, unless otherwise specified, take effect immediately after they are adopted.

Updated June 2007

by

The Constitution Committee

Rosalee Longmoore, Chair

Resolutions

Report of the Resolutions Committee

to the Canadian Federation of Nurses Unions

18th Biennial Convention

Calgary, Alberta

June 5-9, 2017

Resolutions Committee Chair:

Sandi Mowat, President, Manitoba Nurses Union

Resolutions Committee Members:

Linda Haslam-Stroud, President, Ontario Nurses' Association

Jane Sustrik, Vice-President, United Nurses of Alberta

Paula Doucet, President, New Brunswick Nurses Union

Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee held a meeting in February 2017 and followed up through e-mail and conference calls. The Committee reviewed the resolutions submitted at the 2015 Biennium.

Notice was sent to all counterparts regarding the March 6, 2017, deadline for submission of resolutions. The Committee will meet again following the June 8, 2017, emergency resolution deadline to review emergency resolutions.

CFNU Biennial Resolutions

We received 14 draft resolutions from the NEB and Member Organizations. The Committee reviewed the resolutions and found them all in order. The Resolution Committee accordingly submits the following 14 resolutions.

Respectfully submitted,

Sandi Mowat, Chair

(on behalf of the Resolution Committee)

Resolution #1 – Violence against Health Care Workers

WHEREAS, according to the most recent Statistics Canada Survey on the Work and Health of Nurses, over one quarter (29%) of nurses who provide direct care reported that they had been physically assaulted by a patient in the previous year. Emotional abuse from a patient was reported by 44% of nurses. Although a number of years have passed since this survey was conducted, feedback we get from our members indicates that incidents of violence have not decreased but are on the rise;

WHEREAS an international nursing review of workplace violence found that health care professionals are at the highest risk of being attacked at work, even when compared to prison guards, police officers, bank personnel, or transport workers (Kingma, 2001);

WHEREAS nurses are the health care workers most at risk, with female nurses considered the most vulnerable (International Council of Nurses, 2009);

WHEREAS this serious risk to the safety of nurses is closely linked to patient safety. Nurses' experiences of violence result in higher rates of fatigue, burnout, injury, turnover and absenteeism, which are correlated with negative patient outcomes (Needleman et al, 2002);

WHEREAS health care sector workers are increasingly under pressure with chronic understaffing and underfunding, which place both staff and patients at a higher risk;

WHEREAS we are strong OH&S advocates and strive for safe and healthy workplace, which must include safety from violence, abuse and harassment;

BE IT RESOLVED that the Canadian Federation of Nurses Unions work with its Member Organizations and the CLC and its affiliates to lobby the federal government to amend the *Criminal Code* and make it a criminal charge to assault those working at the service of the public, such as workers who perform jobs in health care, long-term care or home care field, especially when caring for vulnerable patients, residents or clients.

Submitted by: New Brunswick Nurses Union

Resolution #2 – PTSD Legislation: Don't Forget Nurses

WHEREAS Bill C-211, *An Act respecting a federal framework on post-traumatic stress disorder*, was introduced in Parliament without including nurses or health care workers;

WHEREAS Bill 163 was passed in Ontario without including nurses or health care workers;

WHEREAS Bill 39 was passed in New Brunswick without including nurses or health care workers;

WHEREAS Manitoba proactively passed presumptive PTSD legislation in June 2015, that includes all employees;

BE IT RESOLVED that the CFNU and its Member Organizations lobby every level of government to include nurses and all health care workers in the legislative framework around PTSD.

Submitted by: Manitoba Nurses Union

PTSD AND NURSING (Fact Sheet, April 2017)

- Post-traumatic stress disorder (PTSD) is a psychiatric disorder. It is an extreme reaction to either direct or indirect exposure to trauma. Direct exposure may involve single or multiple traumatic events or witnessing such an event happen to others. Indirect exposure may occur when learning about a traumatic event that has affected close relatives/friends, or when one is exposed to details about an event through work. Traumatic experiences may include natural disasters, crimes, accidents, war or conflict, or other actual or perceived threats to life or safety.[1] The DSM-5 states that PTSD is a psychological reaction following exposure to, or learning of, death or threatened death, serious injury or sexual violence to self or a loved one, or repeated exposure to aversive details of trauma.[3]
- Symptoms of PTSD fall into four categories: 1. *Re-experiencing* (nightmares, flashbacks, and other intense or prolonged psychological distress); 2. *Avoidance* of distressing memories, thoughts, feelings, or external reminders of the traumatic event; 3. *Negative cognitions and mood* (feelings such as persistent and distorted sense of blame of self or others, estrangement from others, or markedly diminished interest in activities); and 4. *Arousal* (hypervigilance, reckless or self-destructive behavior, irritability or anger outbursts, and sleep disturbances).[1]
- Health care workers, especially nurses in ICU and in mental health care, have been shown to have high rates of PTSD symptoms. Patient suffering and death are part of nurses' everyday reality, and physical assaults on health care personnel are also a growing challenge in health care settings.[2] Manitoba Nurses Union research found violence, or the threat of violence, plays the largest role in PTSD development in nurses. In Manitoba, 52% of nurses have been physically assaulted, while 76% have been verbally abused.[3]
- Epidemiological surveys have found that PTSD is twice as common in women as in men. In addition, there are gender differences in the type of trauma exposure, presentation of the illness, and the co-morbidities. While some of these differences are non-biological, others relate to how women's biological systems altered by PTSD may be modulated by sex hormones.[4] Since about 90% of the almost 400,000 regulated nurses in Canada are women (and unionized), PTSD in nurses must be understood in the context of gender differences.
- Nurses experience trauma on a regular basis in their work environments either directly (primary), as witnesses (secondary), or through vicarious trauma (compassion fatigue). The effects of repeated exposure to trauma may be cumulative and result in critical incident stress (psychological, physiological and emotional response of individuals after a traumatic event), in symptoms similar to PTSD (e.g., avoidance) and in co-morbid disorders such as anxiety and depression. Nurses may often be misdiagnosed with burnout or compassion fatigue. About 62% of Manitoba nurses currently experience compassion fatigue, and 71% of nurses have experienced burnout at some point in their careers. One in four Manitoba nurses consistently experiences PTSD symptoms.[3] Cumulative trauma may contribute to nurses' high rates of absenteeism: 8% for full-time nurses versus an average of 4.7% (other occupations), at an annual cost of $846 million[5].
- Presumptive legislation would stipulate for the purposes of the Workers Compensation Board that if a worker suffers from post-traumatic stress disorder, the disorder must be presumed to be an occupational disease the dominant cause of which is the employment, unless the contrary is proven.[6]
- Although nurses are included, alongside other workers, in presumptive PTSD legislation passed in Manitoba, they have been excluded from this legislation in Alberta, Ontario, New Brunswick, as well as being left out of Bill C-211, *An Act respecting a federal framework on PTSD*.
- Given the nursing work environment that results in multiple and repeated direct and indirect exposures to traumatic events, the evidence that shows health care workers have high rates of PTSD symptoms, and the fact that PTSD is twice as common in women as in men, the CFNU believes that all levels of governments should make presumptive PTSD legislation inclusive of nurses and all health care workers.

1. http://www.forces.gc.ca/en/news/article.page?doc=post-traumatic-stress-disorder/hjlbrhp4
2. https://academic.oup.com/occmed/article/63/3/175/1413569/Work-related-post-traumatic-stress-disorder
3. http://traumadoesntend.ca/
4. http://www.medscape.org/viewarticle/418733
5. https://nursesunions.ca/factsheet/absenteeism-and-overtime-fact-sheet-2015
6. https://web2.gov.mb.ca/bills/40-4/b035e.php

Resolution #3 – Safe at Home, Safe at Work

WHEREAS the CLC co-led internationally recognized research with the University of Western Ontario, which resulted in the 2014 report *Can Work Be Safe, When Home Isn't?;*

WHEREAS one third of workers have experienced domestic violence (DV) at some point in their lives;

WHEREAS in more than half of these cases, domestic violence follows victim to work and, sadly, 8.5% of victims of DV have lost their jobs because of this;

WHEREAS the province of Manitoba has already passed legislation (spring 2016) to give workers the right to apply for flexible work arrangements and special leave for domestic violence;

BE IT RESOLVED that the CFNU will work with our Member Organizations to lobby and negotiate for paid leaves of absence for use by nurses who are victims of domestic violence.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

DOMESTIC VIOLENCE: IMPACT IN THE WORKPLACE (Fact Sheet, April 2017)

- Domestic violence is any form of physical, sexual, emotional or psychological abuse, including financial control, stalking and harassment that occurs between opposite- or same-sex intimate partners, who may or may not be married or living together; it can continue to happen after a relationship has ended. One third of Canadian workers have experienced domestic violence at some point in their lives, and in over half of these cases it has followed them to work in the form of harassing emails, texts, phone calls or stalking and other intrusive measures that affect workers' wellbeing, as well as their overall productivity. Sadly, 8.5% of victims have lost their jobs as a result of domestic violence impacts.[1]
- When asked whether domestic violence impacts the performance and productivity of employees, over 90% of Canadian employers surveyed by the Conference Board of Canada agree that it does. Further, almost three quarters of employers surveyed report having to protect a victim of domestic violence.[2] Canadian employers lose $77.9 million annually due to the direct and indirect impacts of domestic violence (including loss of productivity, late/distracted employees).[3]
- Nurses' workplaces are open to the public, with little security. Violence of many kinds is an everyday occurrence. In November 2005, an ONA member, RN Lori Dupont, was murdered by her ex-partner, an anesthesiologist who worked at the same hospital. Lori Dupont had repeatedly expressed her concerns regarding her safety to her hospital employer. The case resulted in the first legislation on domestic violence and the workplace in Canada, calling on employers to address domestic violence when it spills over into the workplace.
- Research from the Conference Board of Canada (2015) showed that few employers had stand-alone policies on domestic violence, often incorporating it as part of another policy or having no policy at all.[2] Even when employers did have a policy, the question remains as to how much impact the policy has on the day-to-day operation of a workplace if employers, unions, and staff were not educated about domestic violence and domestic violence policies.
- International experience from Australia shows what can be done to address domestic violence in the workplace when governments work cooperatively with employers and unions. As a result of the Australian government initiative, *Safe at Home, Safe at Work,* about 2 million workers in Australia now have domestic violence rights and entitlements as part of their negotiated workplace protections, including leave provisions and safety policies.[4]
- In New Zealand an analysis of recommended workplace protections that included paid leave provisions, workplace training, and flexible working arrangements found the employers' costs are offset by net improvements in productivity.[5]
- In Manitoba, legislation passed in 2016 means workers who are victims of domestic violence are able to retain their attachment to the workplace because they have access to both paid and unpaid leave from work, and guaranteed job security if they have to take time off as they seek safety from abusers. A similar bill is currently being reviewed in Ontario; it would offer 10 days of paid leave, some unpaid leave and flexible work arrangements for victims of sexual or domestic violence.[6]
- The Canadian Federation of Nurses Unions (CFNU) believes that all workers who are victims of domestic violence should have equal access to paid leaves of absence, regardless of where they live, through legislation and negotiated paid leaves in order that they may retain their attachment to their workplaces. Further, the CFNU will advocate for improved employer policies, training and awareness with respect to domestic violence as it impacts the workplace.

1. http://canadianlabour.ca/issues-research/domestic-violence-work
2. http://www.conferenceboard.ca/press/newsrelease/15-11-25/from_home_to_office_canadian_workplaces_are_stepping_up_to_protect_employees_who_are_victims_of_domestic_violence.aspx
3. http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/rr12_7.pdf
4. http://www.worldshelterconference.org/blok-workshop?id=921
5. https://www.psa.org.nz/media/resources/research/
6. http://www.theglobeandmail.com/news/national/manitoba-approves-bill-to-offer-victims-of-domestic-violence-leave-from-work/article29255554/

Resolution #4 – Moratorium on All Health Care Cuts

WHEREAS in Canada nurses work over 19 million hours of paid and unpaid overtime annually (2014), averaging 7.2 hours in paid overtime and 3.6 hours in unpaid overtime (2014);

WHEREAS Canadian nurses working full time have one of the highest rates of absenteeism (8% versus 4.7%, the average for all other occupations);

WHEREAS there was a net gain of over 8,000 regulated nurses in 2015 (RNs, LPNs and RPNs);

WHEREAS, through research and nurses' personal experiences, it has been determined that Canada is experiencing the highest levels of patient acuity in all sectors;

BE IT RESOLVED that the CFNU and its Member Organizations lobby all levels of government to place a moratorium on any reduction of nursing hours in any sector of health care.

Submitted by: Saskatchewan Union of Nurses

NURSING WORKLOAD AND SAFE PATIENT CARE (Fact Sheet, April 2017)

- Every year, patients in Canada spend more than 1 million extra days in hospital, being treated for injuries or complications of hospital care.[1] The annual economic cost of preventable patient-adverse events in acute care in Canada (2009-2010) was estimated to be $397 million.[2] The annual rate of adverse events in Canadian home care clients was 10-13%.[3]
- Canada's health care workforce is currently stretched to capacity, with patient acuity on the rise in all sectors, as evidenced by excessive workloads. Patient care is suffering as a result. Safety concerns and inconsistent quality of care have led to calls for improved quality of patient care and patient safety nationally and globally.
- The research is clear that hospitals having fewer patients per nurse or more direct nursing care hours per patient day are associated with fewer adverse outcomes, in particular mortality, failure to rescue and some specific adverse events, particularly among surgical patients. This association is no longer in dispute.[4,5] When assessing nurse staffing costs, one needs to take into consideration not only the cost of higher staffing levels, but also the cost offsets such as the shorter length of hospital stays, reduced adverse events, reduced readmissions, and better work environments to decrease the costs associated with turnover.[6,7,8]
- Having adequate base staffing, based on accurate data to identify the acuity level of patients (in all wards, in all sectors), is the foundation of any safe staffing program. In addition, annual base staffing calculations must account for projected human resources requirements such as vacation, family responsibilities, professional development, etc., as detailed in collective agreements. Where sufficient and appropriate base staffing exists, the evidence points to the importance of staffing models that allow for the enhancement of staffing through real-time daily adjustments as required to meet patient care needs.[9]
- The CFNU has published two groundbreaking reports on safe staffing: *Nursing Workload and Patient Care* (2012) and *Valuing Patient Safety: Responsible Workforce Design* (2014), along with developing a user-friendly, evidence-based online safe staffing toolkit in conjunction with CNA: https://www.nurseone.ca/en/tools/safe-staffing-toolkit
- *Valuing Patient Safety* documents the findings of the Mid-Staffordshire NHS Foundation Trust Public Inquiry chaired by Sir Robert *Francis,* QC, which examined the tragic events that unfolded at the Mid-Staffordshire Trust when budgetary concerns took priority over patient safety and quality care. The final report by Sir Robert Francis offered recommendations which would transform England's National Health Service (NHS).[10]
- In July 2016 the CFNU explored New Zealand's Care Capacity Demand Management (CCDM) Programme which highlights the potential impacts of governments, employers and unions working together in partnership to address safe staffing concerns so as to safeguard health care systems. The New Zealand safe staffing model, led by frontline nurses, which allows for appropriate base staffing and the opportunity to enhance staffing through real-time daily adjustments as required to meet patient care needs, has resulted in better outcomes for patients, for nurses, and for organizations.
- Given the rising level of patient acuity in all sectors, and the importance of safe staffing to patient outcomes, the CFNU believes that a moratorium should be placed on any reduction of nursing hours in any sector of health care.

1.https://secure.cihi.ca/estore/productFamily.htm?pf=PFC375&lang=en&media=0
2.http://www.patientsafetyinstitute.ca/en/toolsResources/Research/commissionedResearch/EconomicsofPatientSafety/Pages/default.aspx
3.http://www.patientsafetyinstitute.ca/en/toolsResources/Research/commissionedResearch/SafetyatHome/Pages/default.aspx
4. https://www.nursingeconomics.net/necfiles/2015/JF15/5.pdf
5. http://ruckelshauscenter.wsu.edu/wp-content/uploads/2013/06/NurseStaffingfinal.pdf
6. https://www.ncbi.nlm.nih.gov/pubmed/25304017
7. http://www.commonwealthfund.org/~/media/files/publications/in-the-literature/2006/jan/nurse-staffing-in-hospitals--is-there-a-business-case-for-quality/882_needleman_nurse_staffing_itl-pdf.pdf
8. http://www.expertcaring.ca/wp-content/uploads/2014/05/Facts-about-RN-care-resources.pdf
9. http://www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article
10. http://www.health.org.uk/about-francis-inquiry

Resolution #5 – Truth and Reconciliation

WHEREAS Indigenous Peoples suffer many of the worst health disparities of any demographic in Canada;

WHEREAS in 2016, Canada announced its full support to adopt the United Nations Declaration on the Rights of Indigenous Peoples;

WHEREAS the *Truth and Reconciliation Commission of Canada: Calls to Action*, released in 2015, developed seven recommendations as Indigenous-led pathways to eliminate health disparities of Canada's Indigenous Peoples, which include:

- *For the federal, provincial, territorial and Aboriginal government to revise policies that currently widen health disparities and implement the health care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties;*
- *For the federal government, in consultation with Aboriginal peoples, to establish measureable goals to identify and close gaps in health outcomes;*
- *For the federal government to address and resolve jurisdictional disputes and ambiguity with respect to providing health care services for Indigenous Peoples;*
- *For the federal government to provide sustainable funding for Aboriginal healing centres to treat the physical, mental, emotional and spiritual wounds caused by residential school trauma;*
- *For those who affect change within Canada's health care system to recognize the value of Aboriginal healing practices and collaborate with Aboriginal Healers and Elders when requested by patients;*
- *For all levels of government to increase the number of Aboriginal health professionals and provide cultural competency training for all health professionals; and*
- *To require all nursing and medical schools/education institutions to provide education on Aboriginal health issues.*

BE IT RESOLVED that the CFNU will promote advocacy efforts to support the health and well-being of First Nations, Metis and Inuit communities in Canada;

BE IT FURTHER RESOLVED that the CFNU will ensure the views of Indigenous Peoples in Canada are reflected in future policy and advocacy efforts;

BE IT FURTHER RESOLVED that the CFNU will partner with the Canadian Indigenous Nurses Association to bring a strong nursing voice to the Truth and Reconciliation Commission of Canada actions.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolution #6 – Supporting Grandmothers to Grandmothers Campaign

WHEREAS grandmothers are at the heart of the response to the HIV and AIDS pandemic in Africa;

WHEREAS grandmothers have watched their own children die from the illness and have been left no choice but to take over the role of parent to their grandchildren;

WHEREAS the Stephen Lewis Foundation (SLF) Grandmothers to Grandmothers Campaign is a dynamic movement of thousands of grandparents in 240 groups across Canada and other countries; it was launched in 2006 as a Canadian grassroots response to the emerging crisis faced by African grandmothers as they struggled to care for millions of orphaned children;

WHEREAS funds from the Foundation's campaign go towards grassroots projects, initiatives to educate the community, putting their kids through school, creating support groups to manage grief, and delivering comfort and hope through home-based care, including HIV prevention and treatment;

WHEREAS African grandmothers have become advocates for change, changing the course of the pandemic in their communities and beyond;

WHEREAS the CFNU supports the ongoing work of the Stephen Lewis Foundation and will continue to raise awareness in our membership about the goals of the Foundation;

WHEREAS Member Organizations have individual members who wish to be involved directly in fundraising, global action and solidarity building in their communities;

BE IT RESOLVED that the CFNU encourage its Member Organizations to align with local chapters of the SLF Grandmothers to Grandmothers campaigns as part of making efforts to think globally and act locally.

Submitted by: Ontario Nurses' Association

Resolution #7 – Early Learning and Child Care For All

WHEREAS child care costs represent one of the biggest expenses for parents of young children, after paying the mortgage or rent. We know that Canada needs a child care system that will provide affordable, quality child care for all those who want it;

WHEREAS Canada's children need the best quality care possible, and this requires a larger public investment;

WHEREAS we know that in Canada there are enough regulated child care spaces for only 25% of children between the ages of 0 and 12. The shortage of child care spaces is especially acute if you live in remote or rural areas or if you are a shift worker;

BE IT RESOLVED that the CFNU will work together with NGOs, such as the Child Care Advocacy Association of Canada, and with the CLC to call on the federal government to establish a national program for early learning and child care with all provinces and territories.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

CHILD CARE (Fact Sheet, April 2017)

- In Canada, child care represents one of the biggest expenses for parents of young children, in many instances equaling or exceeding the cost of annual university tuition. Access to affordable, quality child care benefits everyone because, in addition to supporting families, it provides social and intellectual stimulation to the child and increases labour market participation, thereby contributing to economic growth. Research shows that Quebec's investment in its $7-a-day child care program has paid dividends through annual income and consumption taxes. It increased the number of women in the workforce, contributing an additional $5.2 billion to the Quebec economy and adding 1.7% to the province's GDP.[1]
- Canada has long lagged behind the OECD-recommended public investments in early childhood of 1% of GDP, which would put Canada on par with countries with fully developed systems of early childhood education and care.[2]
- In addition to the prohibitive cost of child care – almost $20,000 annually for an infant, and $16,000 for a toddler in a regulated child care space in Toronto[3] – access problems remain significant. In Canada there are only enough regulated child care spaces for about 20% of kids under five. More women in Canada are working than ever before: 70% of working women have children under five.[1] In contrast, Quebec's provision of daycare at $7/day works out to less than $2,000 per year; even those with higher incomes pay about $5,000 per year.
- An upper-income family in Canada with two working parents pays, on average, the fifth-highest fees of 30 industrialized countries, according to a study by the OECD – the equivalent of 18% of their net income. For low-income, single-parent families it's even worse – they pay, on average, 48% of their net income. These numbers actually underrepresent the problem since they include Quebec data.[4] A number of advocacy groups have made the link between costly child care and child poverty.
- Since over 90% of nurses are women, the lack of affordable and accessible child care has an impact on the labour participation rate of nurses. Shift workers like nurses, particularly those who are mothers with young children, may have difficulty maintaining their attachment to work in the absence of child care. The lack of affordable accessible child care may be a factor in registered nurses' (RNs) failure to attain the recommended 70-30 ratio of full-time to part-time (the Canadian Nursing Advisory Committee, 2002). Instead the RN full-time employment rates hover around 60%.
- The Canadian Federation of Nurses Unions (CFNU) believes that all families should have equal access to affordable child care, wherever they live in Canada. Access and affordability should not be contingent on your postal code. Further, the CFNU recognizes that child care is fundamental to women's participation in the labour force, and that women's participation greatly benefits Canada's economy: each public dollar spent on child care more than doubled its return.[5] Therefore, the CFNU is calling for a national program for early learning and child care, including all provinces and territories.

1. http://canadianlabour.ca/issues-research/quality-affordable-child-care

2. http://psacunion.ca/budget-2017-and-child-care

3. https://www.policyalternatives.ca/newsroom/news-releases/study-reveals-most-and-least-expensive-cities-child-care-2016

4. http://www.theglobeandmail.com/life/parenting/the-case-for-publicly-funded-child-care/article14954409/?page=all

5. http://canadianlabour.ca/issues-research/child-care-canada-scarce-resource-report

Resolution #8 – Child Poverty

WHEREAS *UNICEF Report Card 13: Fairness for Children*, released in 2016, calls Canada "one of the more unequal societies for children and youth", ranking 26th of 35 peer nations in aspects of health, education, income, and life satisfaction;

WHEREAS debates about income and poverty in Canada have largely overlooked the impacts on children;

WHEREAS failure to protect and promote the well-being of children is associated with increased risk across a wide range of later-life outcomes;

WHEREAS as health care professionals we see the first-hand effects of these inequalities on child health and development;

WHEREAS addressing child poverty in Canada will go a long way to improving the well-being of children in Canada in all areas – improving family and peer relationships, and health and education, and decreasing risky behaviour;

BE IT RESOLVED that the Canadian Federation of Nurses Unions (CFNU) support organizations committed to promoting and protecting the health, well-being and rights of all children as it relates to poverty;

BE IT FURTHER RESOLVED that, CFNU ensures the rights and views of children are reflected in future policy and advocacy efforts.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolution #9 – Defending Canada's Public Health Care System – No to Dr. Day's BC Private Clinics

WHEREAS Canada's publicly funded universal health care system is a fair and cost-efficient way to provide patients with access to services regardless of ability to pay;

WHEREAS we know that the BC Cambie private clinics case will become one of Canada's most significant constitutional challenges and will have implications for all Canadians and our public health care system;

WHEREAS the CFNU and its member organizations have been the strongest voices to support health care as a human right and not a privilege;

WHEREAS the CFNU and its member organizations have been a strong advocate against all privatization of public services, including health care;

BE IT RESOLVED that the CFNU and its member organizations support the BC Health Coalition, the Canadian Health Coalition and Canadian Doctors for Medicare in their interveners' status in the Cambie private clinics case in BC.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

DEFENDING CANADA'S PUBLIC HEALTH SYSTEM (Fact Sheet, April 2017)

- In September 2016 a legal challenge to medicare was launched when the B.C. Supreme Court began hearings on Cambie Surgeries Corporation vs. Medical Services Commission of B.C. Dr. Brian Day's Cambie Surgery Centre specializes in arthroscopic surgery and describes itself as Canada's only free-standing hospital of its kind, allowing patients to pay out-of-pocket, rather than waiting for care in the public system. Cambie's lawsuit serves as a direct challenge to the rules that ensure access to health care is based on need and not how much one can afford to pay for health care.
- Health Canada noted that many provisions of the B.C. legislation mirror those of the *Canada Health Act*, making this case of significant importance not only to British Columbians but to all Canadians.[1] Under our current laws, doctors and private insurance can't ration care based on our income, moving those with more money to the front of the line. The lawsuit will challenge each of the three core rules by which provinces achieve the objectives of the *Canada Health Act*. If Cambie Surgery Centre wins its lawsuit[2,3]:
  - The capping of private medical fees to the level of public fees for medically necessary, publicly insured services will be removed, allowing for extra-billing by physicians;
  - Doctors will be able to work simultaneously in the public and private systems, and
  - Private insurance companies will be allowed to sell insurance for 'medically-necessary' services (hospital and physician services).
- **MYTH: Canada already has a long-standing mixed public-private health care system. Therefore, further privatization is not an issue for the sustainability of Canada's health care system.**
  - International comparisons show that Canada already suffers from excess privatization of our health system: only 70% of their health needs are met within the public sector, compared to the U.K. (84%), Norway (85%) and France (77%). We actually hold more private health insurance than Americans do.[4]
- **MYTH: Private health care is cheaper than public health care.**
  - A Library of Parliament study examining the potential impacts of duplicate private health insurance as promoted in the Cambie case concluded that "overall, the evidence suggests that duplicate private insurance has added to total health care expenditures and has not significantly reduced public spending."[5] It should be noted that duplicate private health insurance is *not* the norm in most OECD countries; instead most have primary, complementary or supplementary PHI or some mix of the above.[6]
  - In the U.S., where the majority (53%)[7] of health care services are funded privately, health spending per capita is almost twice of that in Canada.[8] Administrative costs in U.S. hospitals are more than double of those in Canada.[9] The U.S. government had among the highest health care costs, spending 17.1% of GDP (2013).[10]
  - P3s (public-private partnerships) which are often advanced by governments as a means of saving public money have been widely criticized by numerous provincial Auditor Generals as doing the opposite.[11]
- **MYTH: Private health care is more efficient than public health care and will reduce wait times.**
  - A 2010 synthesis of the international evidence found little evidence that private delivery is *inherently* more efficient. It supported the finding that private providers tend to choose the type of services that can be run most profitably.[12] Private providers also tend to 'cherry-pick' healthier patients, leaving sicker patients to the public system. They may choose to opt out of the follow-up medical care required for procedures which can be time-consuming and less financially rewarding.
  - Duplicate private health insurance (PHI) is associated with *longer* wait times. When Australia expanded its private insurance (duplicating services already available in the public sector) in an attempt to reduce wait times by increasing service supply, wait times in the public sector rose.[13]
  - When the public and private sector compete for limited health human resources, the result may be an increase in prices. If physicians can earn more in the private sector, the public sector either provides fewer resources or increases funding to maintain the status quo. International evidence shows the supply of doctors available to the public system is reduced, thus increasing public sector wait times through dual practice.[14]

❖ MYTH: Private health care has better health outcomes than public health care.

- Compared with non-profit hospitals, for-profit hospitals have higher mortality rates possibly because the market incentive provides a strong temptation to cut costs, reduce quality, and to divert resources from patient care into shareholder profits.[12] The British Medical Association found there were significant issues with the quality, safety and continuity of care provided in England's private surgical sector with treatment complications identified in private clinics, which led to readmissions to public hospitals.[15] Despite spending more than most other high-income countries on health care, the U.S. has worse health outcomes and lower life expectancy.[10]

❖ MYTH: People in Canada support increased privatization of Canada's health care system.

- A 2015 Ekos poll found that our health care system dubbed "medicare" is almost universally supported; 88% consider it a source of pride and an important part of Canadian identity. The poll also found widespread support for expanding public medicare into new areas, including home care, psychiatric care, prescription drugs and dentistry.[16]

❖ MYTH: The Canadian health care system is unsustainable.

- Population aging, which is often blamed for adding additional costs, accounts for less than a 1% increase per year in health care costs, and the share spent on seniors has remained stable over the past decade.[17]
- From 2011 to 2015, overall total health spending decreased by an average of 0.6% per year.[17] In 2016, health expenditures represented 11.1% of Canada's GDP.[18]
- What is driving cost increases is the rising cost of pharmaceuticals and other non-medically insured services, which place a significant financial burden on governments, employers and individuals.[18]

❖ CFNU RECOMMENDATIONS

- Vigorously oppose legal challenges to Canada's health care system;
- Oppose P3s which impose higher costs on the public;
- Scale up promising practices in the public sector to reduce wait times and ensure equitable access to excellent health care for all Canadians;
- Focus on treatment appropriateness to avoid unnecessary procedures and/or those that result in adverse events;
- Expand the public system to include a national universal pharmacare program – which would reduce the current private and public waste in the health care system and reinvest savings in priority areas (seniors, home/community care, mental health, indigenous) and improved health human resources.

1. http://www.theglobeandmail.com/news/british-columbia/medicare-on-trial-as-private-vancouver-clinic-challenges-coverage-rules/article31720282/
2. http://www.canadiandoctorsformedicare.ca/Table/Cambie-Trial/
3. http://www.huffingtonpost.ca/colleen-m-flood/canada-medicare-changes_b_12757448.html
4. http://www.theglobeandmail.com/opinion/canada-should-look-to-europe-on-health-care-not-the-us/article19706492/
5. http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0571-e.pdf
6. *OECD Health Statistics 2016, Definitions, Sources and Methods. Private health insurance.*
7. http://healthydebate.ca/2011/07/topic/cost-of-care/publicprivate
8. https://www.cihi.ca/en/spending-and-health-workforce/spending/national-health-expenditure-trends/nhex2015-topic3
9. http://www.commonwealthfund.org/publications/in-the-literature/2014/sep/hospital-administrative-costs
10. http://www.commonwealthfund.org/publications/press-releases/2015/oct/us-spends-more-on-health-care-than-other-nations
11. http://cupe.ca/sites/cupe/files/cupefacts_-_what_provincial_auditors_have_said_about_p3s.pdf
12. https://doi.org/10.1093/bmb/ldq014
13. Duckett SJ. 2005. "Private care and public waiting." Australian Health Review; 29(1): 87-93.
14. http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0571-e.pdf
15.https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2016/04/CCPA-BC-Reducing-Surgical-Wait-Times.pdf
16. http://www.ekospolitics.com/index.php/2015/10/canadians-worried-sick-about-health-care/
17. https://secure.cihi.ca/free_products/nhex_trends_narrative_report_2015_en.pdf
18. https://www.cihi.ca/sites/default/files/document/nhex-trends-narrative-report_2016_en.pdf

Resolution #10 – Trade Agreements

WHEREAS the CFNU is recognized as Canada's nurses' voice, protecting our health care system and furthering its expansion such as through a national pharmacare program;

WHEREAS, through our work with the CLC, we know that the negotiation and details of past trade agreements such as NAFTA and CETA have not protected workers' values or rights, and we also know that governments will be tempted to negotiate similarly in any new trade agreements;

BE IT RESOLVED that the CFNU will continue to protect and speak out for Canada's current and future public services at all levels (municipalities, provincial, territorial and national), such as health care and pharmacare, in lobbying the federal government around any trade agreements with different countries around the world.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

NAFTA renegotiation: An opportunity for more fairness (Fact Sheet, January 2017)

More than 20 years after signing on to the North American Trade Agreement (NAFTA), the ways it has failed working Canadians are very clear. Canadians were told that NAFTA would create good jobs, shared prosperity, and a better future for working people. Instead, far from generating good jobs and prosperity, NAFTA has undermined secure, well-paid employment and devastated manufacturing and processing industries and the communities that depend on them. While there has been increased trade and economic growth, large corporations and investors have gained the most, leaving workers behind. NAFTA doesn't just govern trade, but empowers foreign investors to sue Canadian governments, threatening public services and limiting the ability of governments to regulate in the public interest. This so-called free trade agreement has not fostered fair or balanced trade.

We are glad to hear the Canadian government state publicly that it is willing to walk away from a deal that is not in Canada's best interest. It is time to take a new approach to trade that puts the interests of working people and the environment first. A renegotiated continental free trade agreement must include the following reforms to address the failures of NAFTA:

1. **Labour and environmental side agreements in NAFTA must be fundamentally strengthened by bringing them into the main agreement and making them subject to trade sanctions.** NAFTA's labour chapter must include workers' rights to organize and bargain collectively for better wages and working conditions, and must contain effective enforcement provisions. For the last 20 years, NAFTA has led to lower workers' safety standards across Canada and the US, and the toothless labour side agreement has meant very few complaints have been filed, and not a single complaint has succeeded. Complaints under the environmental side agreement have been similarly ineffective.
2. **Eliminate the dispute mechanism in NAFTA that grants special rights to foreign investors and allows corporations to sue governments**. Canada is the most frequently-sued country under NAFTA, eroding democracy, undermining environmental regulations, and discouraging public interest policymaking. Canada's judicial system is respected and emulated internationally, and is perfectly capable of adjudicating investor-state disputes. Chapter 11 of NAFTA must be abolished.
3. **Encourage proportionality in trade flows across key sectors.** Governments must enshrine the principle that investment and employment in key goods-producing sectors should be proportional across borders, requiring multinational corporations to build where they sell. Such a model, similar to the Canada-US Auto Pact – a free trade agreement with provisions for balanced trade – could underpin future growth of investment and good jobs in key industries such as auto manufacturing. "Rules of Origin" provisions could also be strengthened to ensure "made in North America" requirements are not undermined by various loopholes, and act as incentives to greater continental production.
4. **Protect our country's supply management system.** This will help ensure Canadians have access to high-quality, locally-produced food and will support small family farms and rural communities.
5. **Protect existing public services, as well as new public services, such as any new national Pharmacare program.**
6. **Negotiate a fair resolution to the softwood lumber dispute.** The United States has repeatedly challenged Canada through World Trade Organization and NAFTA tribunals over softwood lumber industry trade, and both tribunals have ruled in favour of Canada. Current rules for bilateral trade in softwood lumber between our two nations are fair, despite protestations from the US lumber industry. The Canada-US Softwood Lumber Agreement (SLA) expired in 2015, and there is concern that the US government will pursue industry-led changes that would be detrimental to the Canadian industry. The Canadian government must ensure that forestry workers in Canada are

protected, and that any new agreement struck (whether inside or outside of the NAFTA) upholds the rules that maintain a level playing field across borders.

7. **Make strategic and effective use of government procurement for Canadian economic development goals.** "Buy American" rules are bound to disrupt jobs in Canada, even if we are able to secure some carve-outs for critical industries such as steel. While proposed rules under the Canada-EU trade agreement would limit our ability to pursue similar "Buy Canadian" policies, there remains some latitude to support Canadian industry and jobs in upcoming infrastructure spending.
8. **Ensure that sectors now exempt from NAFTA are not included in any new negotiations.**
9. **Engage labour and civil society from the outset.** Unions and civil society can offer crucial perspective coming out of on-the-ground, concrete knowledge and experience. Agreements negotiated behind closed doors foster public distrust and scepticism.

The Canadian labour movement is optimistic about this opportunity to rewrite the rules of NAFTA. We are determined to ensure that any new trade deals are fair and protect workers' rights, public services, the government's right to regulate in the public interest and our environment.

Congrès du travail du Canada
Canadian Labour Congress

Resolution #11 – Health in All Policies (HiAP)

WHEREAS, according to the World Health Organization, Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity;

WHEREAS the CFNU recognizes health care as a human right and believes that everyone who calls Canada home should have the right to equal and equitable access to health care services;

WHEREAS as nurses it is our belief that health care exists outside of hospitals and that it is a part of everyone's day-to-day lives;

WHEREAS the CFNU's National Executive Board (NEB) approved CFNU's HiAP position statement in October 2016;

BE IT RESOLVED that the CFNU and its Member Organizations lobby governments across Canada to apply a health lens to all draft legislation, regulations and policies. This health lens would analyze the potential impact of the proposed legislation, regulations or policies on the lives of people living in Canada, as well as account for the potential financial impacts on health care budgets;

BE IT FURTHER RESOLVED that the proposed HiAP would positively influence the lives and health of people living in Canada and reduce the stress on our health care system.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

HEALTH IN ALL POLICIES (HiAP) (Fact Sheet, April 2017)

- Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. The World Health Organization (WHO) has identified six key HiAP components: 1. Establish the need and priorities for HiAP; 2. Frame planned action; 3. Identify supportive structures and processes; 4. Facilitate assessment and engagement; 5. Ensure monitoring, evaluation and reporting; and 6. Build capacity.[1] Advocating a HiAP approach is directly related to the WHO's 16 sustainable development goals which include ending poverty and hunger, good health and well-being, clean water and sanitation, reduced inequalities, quality education, and decent work.[2]
- HiAP would help to reduce health disparities between socio-economic groups. There is a long-term correlation between low incomes and diminished well-being. Obesity, smoking, mental illness, diabetes and infant mortality all disproportionately affect those with the lowest income.[3] Preventable and chronic ailments are also increasingly prevalent throughout Canada. One in seven Canadians lives in poverty. Indigenous Canadians are overrepresented among the poor, with one in two First Nations children living in poverty.[4]
- International and domestic examples, at the state and national level, including Quebec, California, South Australia, Thailand and the EU, which have all adopted some healthy policy making, prove that inter-sectoral collaboration could have significant positive impacts on overall health.[5]
- Adopting "a health lens approach to all policies" was a recommendation of the Senate of Canada in 2009: "We must address all of the factors that influence health and, through a population health approach, overcome inequities and foster well-being and productivity."[6] As the Chief Medical Officer of Health of Ontario contended, the conversation needs to be expanded to speak about *health* rather than solely focusing on *health care*.[7]
- The term "policies" in HiAP can be understood in its broadest sense. They can include laws, regulations, programs, strategies, and specific projects at different levels of government. Intersectoral collaboration and coordination, utilizing different policy levers, are integral to HiAP's success in reducing population health inequities. Health equity goals may include improving the health of a vulnerable group, reducing health gaps between the most and least vulnerable groups, and flattening the social gradient in health across the entire population.[8]
- The CFNU has adopted a position statement which states that health care exists outside of hospitals and is a part of everyone's day-to-day lives. Health care is a human right; all Canadian residents should have the right to equal and equitable access to health care services.
- The CFNU believes an effort across all levels and areas of government is needed to increase the overall health of individuals and communities. Failing to address SDH and poverty impacts government spending. Our current health care system focuses on treatment, rather than prevention, which leads to avoidable diseases and conditions, significantly increasing health care costs. Adopting a Health in All Policies (HiAP) approach would lead to a Canada with better mental and physical health and reduced health system costs.

1. http://www.who.int/cardiovascular_diseases/140120HPRHiAPFramework.pdf

2. https://sustainabledevelopment.un.org/?menu=1300

3. https://www.cihi.ca/en/summary_report_inequalities_2015_en.pdf

4. http://www.cwp-csp.ca/poverty/just-the-facts/

5.https://nursesunions.ca/sites/default/files/2016_hiap_health_in_all_policies_final.pdf

6. https://sencanada.ca/content/sen/Committee/402/popu/rep/rephealthjun09-e.pdf

7.http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_10/cmoh_10.aspx

8. http://nccdh.ca/resources/entry/concepts-and-principles-for-tackling-social-inequities-in-health

Resolution #12 – Protecting Health Care Workers Who Work In Conflict Zones

WHEREAS during a one-year period (2015-2016) Médicins Sans Frontiéres (MSF) recorded 77 attacks against medical facilities operated or supported by MSF in Syria and Yemen, a situation the organization describes as "unprecedented" in its history;

WHEREAS the Global Nurses United and the CFNU support the United Nations (UN) principles and international law;

WHEREAS we strive for the protection of all workers at home and abroad;

BE IT RESOLVED that the CFNU will call on the federal government to reaffirm its unequivocal commitment to international humanitarian laws, and to furthermore uphold the emergency UN Security Council's resolution 2286 condemning attacks on medical personnel in conflict situations;

BE IT FURTHER RESOLVED that the CFNU will support MSF and other health humanitarian organizations' urgent calls to action #NotATarget, to protect health care workers who assist in conflict zones.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolution #13 – No to Taxing Private Health and Dental Insurance Plans

WHEREAS we know that 24 million Canadians are covered under private health and dental insurance plans, of which the majority are group plans provided by employers;

WHEREAS we know that these insurance schemes only exist because of the shortfalls in coverage within our current health care system, such as for prescription drugs;

WHEREAS the evidence tells us that the most efficient way to save tax dollars is to expand our public health care system such as through creating a national pharmacare program, not by taxing those who need health services;

BE IT RESOLVED that the CFNU will work with the CLC to stop any initiatives to include private and negotiated health and dental benefits insurance under taxable benefits.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolution #14 – National Pharmacare Program

WHEREAS a national pharmacare program is one of the missing links in our health care system and it creates inequities in society when one in 10 Canadians cannot afford their prescription medications;

WHEREAS all provinces and territories struggle to fund the necessary health care services in their communities, and we know that collectively we have wasted more than $17 million a day by not having a national pharmacare program that is based on a scientific, evidence-based formulary and bulk buying;

WHEREAS we know that these wasted public dollars ($17 million a day) could be better spent in home care, seniors' care, and by increasing mental health services and indigenous health services (CFNU, *Down the Drain*, 2016);

BE IT RESOLVED that the CFNU will continue to call for a national public prescription drug program for all those living in Canada as a key priority.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

NATIONAL PHARMACARE (Fact Sheet, April 2017)

- Pharmacare is a proposal for a national publicly funded and administered insurance plan for medications. It would cover essential prescription drug costs the same way medicare covers hospital costs and physicians based on the principle of universal access to safe and appropriate care. Canada is the only developed country with a universal health care system that does not cover prescription drugs.
- There is no comprehensive plan to cover pharmaceuticals in Canada. Canadian coverage is offered based on where a person works or lives, instead of accounting for their medical needs. There is a patchwork of federal and provincial government plans (for seniors, those on social assistance, etc.). According to the Conference Board of Canada[1], in the workplace employee benefits represent about 10% of gross payroll, of which prescription drugs represent a significant and rising cost. However, only about 60% of working Canadians have employment-based drug coverage. There is a wide disparity in which treatments are covered by these plans, annual limits, premiums and deductibles.
- This patchwork system results in significant access issues: 23% of households in Canada reported not taking their medicines as prescribed, if at all, in the past 12 months because of cost issues. Access issues related to cost were greater for younger households (28%) and those with lower incomes (31%).[2]
- Our current system is also costly. Drugs are the second largest component of total health care spending, with the majority of spending on prescription drugs. Between 2014 and 2015, public drug program spending increased by almost 10% (9.2%). Canada spent $29.4 billion on prescribed drugs in 2014. Canadian costs per capita for prescription drugs are higher than for most OECD countries (although less than in the U.S.).[3] Between 2006 and 2015, Canada wasted 62 billion health care dollars because it did not have a national pharmacare program.[4]
- If Canada offered first-dollar coverage, a universal pharmacare program would represent savings of $9-11 billion per year.[5] With public pharmacare, government would be in a position to keep prescription drug prices in check while improving health outcomes. $11 billion would allow Canada to provide 220,000 seniors with daily home care each year, build and operate 725 community health centres, provide 10,000 more long-term care beds, and hire 28,000 nurses.[6]
- In 2015, *CMAJ* published an article which estimated that universal public drug coverage would reduce total spending on prescription drugs in Canada by $7.3 billion – with substantial savings accruing to the private sector – at a net cost to the government of approximately $1 billion.[7]
- Our current system's inherent weaknesses are costing Canada billions per year, while failing to ensure that access is available to necessary treatments and that appropriate prescription drugs that benefit patients are being prescribed. We know that the current system isn't working. According to a Canadian poll conducted by the Angus Reid Institute in 2015, 91% support the concept of a national pharmacare program that would provide universal access to prescription drugs.[2]
- The Canadian Federation of Nurses Unions (CFNU) strongly supports the development of a comprehensive pan-Canadian pharmacare program managed by a publicly accountable transparent body, integrating the best available data and evidence. A national pharmacare program will have a single payer, and a national formulary of medicines based on the evidence, to create a sustainable system with little or no direct cost to patients, no needs-based charges (deductibles, etc.), equitable access, safety and appropriateness, as well as value for money.

1. http://www.conferenceboard.ca/topics/humanresource/commentaries/12-11-02/employee_benefits%E2%80%94the_dragon_will_soon_awake.aspx
2. http://angusreid.org/prescription-drugs-canada/
3. https://www.cihi.ca/en/national-health-expenditure-trends
4. https://nursesunions.ca/sites/default/files/pharmawaste_dec.6_final.pdf
5. https://nursesunions.ca/sites/default/files/pharmacare_report.pdf
6. https://nursesunions.ca/political-action/pharmacare-map
7. http://www.cmaj.ca/content/early/2015/03/16/cmaj.141564

Workshops

The Canadian Federation of Nurses Unions extends sincere thanks to the members of the Education Committee for all their hard work and commitment in planning the excellent lineup of workshops for the CFNU 2017 18th Biennial Convention.

Education Committee members are:

Pauline Worsfold, Chair	Debbie Winterton, MNU	Jean Sinclair, SUN
Paul Curry, NSNU	Maureen Harris, RNUNL	Helle Little, ONA
Murray Billett, UNA		

Workshop 1 – PTSD in the Nursing Profession

The term "post-traumatic stress disorder" has been around for over thirty years, but there is little direct research pertaining to nurses.

Stressful and unhealthy workplaces take a toll on the physical and psychological health of our members. As frontline health care workers, nurses may face traumatic or tragic situations every day on every shift. In the midst of this, nurses are expected to be compassionate, caring, and resilient as they continually provide care for others. Nurses are further impacted by the threat of violence. Many nurses expect violence and abuse as part of their job and the nursing profession, and often don't feel safe from assault in their workplaces.

This workshop focuses on the prevention of psychological injury of nurses, and identifying the links to post-traumatic stress disorder. Once you have an understanding of PTSD and the psychological hazards that nurses encounter, you will be more equipped to identify prevention and intervention strategies.

Facilitators

Mikaela Brooks

Mikaela Brooks is a researcher at Manitoba Nurses Union. Prior to her appointment at MNU, Mikaela was a policy analyst for the Government of Manitoba, in which she led and worked on many exciting policy and program initiatives, specifically in the areas of workforce development and socio-economic issues.

Her experience working for the provincial civil service has equipped her with a wealth of policy and legislation experience, along with knowledge in federal, provincial and territorial relations, which has been invaluable in guiding research and lobbying initiatives aimed at improving Manitoba's nursing profession. Mikaela currently represents MNU on the provincial steering committee for the Canadian Centre for Policy Alternatives.

Athena Brown

Athena's passion for social justice issues and the work of the union was largely influenced by her upbringing in Northern Ontario by her parents, both of whom were active unionists. Her passion took the lead through her graduate work and ultimately to her employment at the Ontario Nurses' Association. During her 10 plus years at ONA, Athena has performed many

roles, including labour relations officer, educator, and now manager of the Provincial Services Team.

Jeff Sych

Jeff Sych is a graduate of the University of Alberta and Registered Psychologist in Alberta. Jeff has worked in hospital and community-based clinics within the provincial health care setting. For the past 5 years Jeff has focused his work on understanding and treating the effects of critical incidents and job stress on specific professional populations. Jeff consults and works directly with disability management and frontline departments to establish and promote employee wellness, and develop resiliency programs and best practices in responding to critical incidents in the workplace.

Jeff is an external service provider for WCB and third-party insurance providers, where he conducts disability assessments and provides evidence-based treatment for psychological injuries. Jeff is trained in Critical Incident Stress Management (CISM: individual, group and advanced group). He is recognized by International Critical Incident Stress Foundation (ICISF) as an approved instructor for both assisting individual in crisis and group crisis intervention. Jeff has assisted organizations with establishing CISM peer support programs and currently provides clinical direction for five CISM programs and consulting services for other peer support programs across the province.

Workshop 2 – Looking Back and Moving Forward: Celebrating Nurses in the Labour Movement

Unions were born out of the struggle to change the status quo and to provide workers with a means to protect and further their rights. Collective support and collective action are powerful tools in making a difference and influencing change. Individual action can also be powerful in affecting change.

Nursing as a profession has arrived at an important point in development, where the word “nurse” is now interchangeable with the words “patient advocate.” Nurses’ unions have led the way in ensuring the public recognizes nurses as health care spokespersons.

This course is especially designed for new activists. It will provide an overview of union history with the specific emphasis on nurses unions’ history, and will provide evidence that being an active union member is compatible with being a professional. We can best achieve our goals as nurses by being both.

<u>Facilitators</u>

Winston Gereluk

Winston Gereluk worked for the Alberta Federation of Labour and the Alberta Union of Provincial Employees in education and public relations for over 25 years. In 1999 he joined Athabasca University as Academic Coordinator for Industrial Relations. In 1993 he was nominated by the National Union of Public and General Employees to work in Europe with the International Trade Union Confederation in activities associated with sustainable development. Gereluk has a Master’s Degree in Educational Philosophy and has written numerous articles on

labour and the environment, human rights and history. He is Vice-President of the Alberta Labour History Institute.

Rosalee Longmoore

Rosalee Longmoore is a registered nurse practicing in long-term care. As President of the Saskatchewan Union of Nurses from 1998-2013, she has learned from nursing and union leaders worldwide. Living in Regina, Saskatchewan, since graduating from high school and becoming Grandma in recent years motivated her to become much more involved in politics at every level of government. Rosalee also remains an active volunteer of the Regina United Way and Carmichael Outreach.

Workshop 3 – Nursing and Technology Impact

What will the hospitals look like 20 years from now? Nurses need to be open to the technological changes coming to their workplaces. What does your "online footprint" look like (trends, legal implications, privacy, "digital exhaust")? What will it mean at the cultural level? How will it affect relationships (nurse-patient and interdisciplinary)? Will it be caring more for the equipment than the patient?

Opportunities for communicating electronically have grown exponentially. Although there are advantages (patient teaching, accessing pharmacology apps), nurses may not be aware of the risks and pitfalls of using them. This workshop will raise awareness of your professional obligations and boundaries along with the legal ramifications when using electronics.

Facilitators

Nora Young

Nora Young is an informed and ideal guide for anyone looking to examine – and plan for – the ever-changing high-tech landscape. She helps audiences understand trends in social media, big data, wearable tech and more, while showing them how to better protect their privacy in our increasingly digital world. The host and creator of *Spark* on CBC Radio, and the author of *The Virtual Self*, she demystifies technology and explains how it is shaping our lives and the larger world in which we live.

Young was the founding host of CBC Radio's *Definitely Not the Opera*, where she often discussed topics related to new media and technology. Her work has appeared online, on television and in print. Along with Cathi Bond, she has been a hobby podcaster of *The Sniffer* since 2005. Her favourite technology is her bicycle.

Dr. Richard Booth

Richard Booth is an assistant professor at the Arthur Labatt Family School of Nursing (Western University) and a status-only assistant professor at the Institute of Health Policy, Management and Evaluation (University of Toronto). He is a clinician researcher with an active research program, exploring health informatics, social media technology, and psychiatric-mental health nursing. Along with his current teaching and research requirements, he is a Faculty Scholar Fellow with the provincial Institute for Clinical Evaluative Sciences (ICES), exploring the use of social media technology and its related impact on clinical and health systems utilization. He is also a member of the board of directors of the Ontario Telemedicine Network (OTN).

Chantal Léonard

Chantal Léonard is a lawyer who has represented and advised health care professionals in matters of professional liability protection, risk management, health law and related legal issues for more than 20 years. She has lectured on matters of health law in the Masters of Health Administration Program and at the Faculty of Law of the University of Ottawa. Chantal Léonard has presented at numerous conferences. She is now the Chief Executive Officer of the Canadian Nurses Protective Society.

Workshop 4 – The Social Determinants of Health Tour

Nurses and nurses' unions have endorsed the fundamentals of the Social Determinants of Health. We know that health is influenced by the social factors which affect our everyday life. This workshop will examine what supports are available to community members in need. Explore the mosaic of the Calgary area to gain insight into supports that could be implemented in your community.

This course is a walking tour. Please dress appropriately with comfortable shoes, and be prepared for moderate physical activity.

Facilitator

Becky Van Tassel

Becky Van Tassel has been employed in the non-profit sector since 2001; she holds a Bachelor of Social Work and a Master of Adult Education, specializing in educational research. During this time she has had the opportunity to work with diverse populations in the areas of counselling, education, community development, and harm reduction.

Her efforts have been focused in the areas of addiction, housing, sexual assault, mental health, sexual health, and working with people with developmental disabilities. These prior experiences have allowed her to explore the holistic aspects of sexuality, violence prevention, and sexuality after trauma.

From her years of academic and professional experience Becky is adept at creating enjoyable, meaningful, and practical educational sessions for adult learners. As a facilitator Becky is skilled at facilitating difficult topics, discussions, and is able to bring a sense of humor to serious issues. Becky is the Training Centre Manager at the Calgary Sexual Health Centre.

Workshop 5 – Preserving Your Lifestyle: A Practical Guide for Nurses Planning to Retire as the Adventure Begins

Choosing to retire is one of our most important life decisions, yet many people in Canada lack the financial literacy required to prepare for retirement. Can you maintain your lifestyle at retirement? How do you recognize the priorities for decision making that may have a long-term impact on greater life satisfaction in the adventure of retirement?

Over the years, our ideas and expectations for retirement have changed dramatically. People in Canada are living and staying healthier longer. Our old age security system, on the other hand, was developed in an era when expectations were different.

Many people focus exclusively on the financial aspect of retirement. But it is equally as important to consider our mental/physical/psychological well-being that helps to maintain our independence.

Facilitator

Bob Romphf

Bob became a Registered Nurse in 1975, which he followed up with a Certificate in Health Care Administration from the University of Saskatchewan in 1979. He was hired by SUN in Saskatchewan in 1981, where he entered the world of Labour Relations, Pensions and Benefits sitting on the SHA Board. In 1987 Bob joined MNU as a Labour Relations Officer on Benefits and became the first Jointly Trusteed Pension Plan Trustee Chair in health care in Canada for HEPP Manitoba.

Currently Bob Chairs the HEPP Pension Plan in Manitoba and is also a trustee on the HEBP Plan, trustee on the Winnipeg Civic Employees Benefits Program as well as a multiple committee member and trustee on other plans. Most recently he has been the Canadian Board Chair of the International Foundation of Employee Benefits and sits as an Advisor Board Director on the IFEBP American Board.

Over the years Bob has lectured, authored and taught on numerous pension, benefit, wellness and retirement topics. He currently teaches his perennial favourite "Retirement in a Nutshell" program to nurses across Manitoba. Bob is a fierce advocate in protecting and ensuring the sustainability of health care workers' pension and benefits plans so they can retire with security and dignity.

Workshop 6 – Conversations at Work: Survival Strategies for Speaking Up!

In today's team-based work environment, interpersonal communication is a critical element of effective collaboration and conflict prevention. How well you communicate can make or break how others view your work performance, your approach to teamwork and even your chances for career advancement.

This highly practical and interactive workshop will help you to communicate more effectively at work. You will leave confidently with new strategies and tips for *listening* with intent and *speaking up* with professionalism and respect.

Facilitator

Gerard Murphy

Gerard Murphy lives in Halifax, Nova Scotia, and is the proud owner of Barefoot Facilitation Inc.

A naturally fun, dynamic and engaging speaker, Gerard is passionate about creating space for people to engage in conversations that count – that is, conversations that have impact and stretch people's potential for growth and success!

Gerard works nationally and provincially to provide facilitation, training and consulting services to clients within the voluntary, public and private sectors. He has extensive experience leading health care services and health promotion initiatives, and supporting the growth of interprofessional health care teams. He has also designed and implemented supportive care programs for people living with heart disease, stroke, cancer, diabetes and dementia.

In his spare moments, Gerard is likely dancing, sipping a glass of red wine or traveling with his wife, Susan. Learn more about Gerard's work at www.trybarefoot.com and say "hello" on Twitter @trybarefoot.

Workshop 7 – Global Café on the Social Factors Impacting Health

Nurses and nursing unions have endorsed the fundamentals of the Social Determinants of Health. We know that health is influenced by the social factors which affect our everyday life. This workshop will examine how poverty, housing, social marginalization, food and water safety, the environment and other determinants affect health in ourselves, patients/clients/residents and communities.

This course is an interactive group exercise. Your participation will directly impact your outcome.

Facilitators

Dr. Monika Dutt

Dr. Monika Dutt is Executive Director of Upstream, a movement to create a healthy society through evidence-based, people-centred ideas. She is also Chair of Canadian Doctors for Medicare. She lives in Cape Breton, Nova Scotia, where she is a family physician in Wagmatcook First Nation. She is also a public health specialist and has been a Medical Officer of Health in Nova Scotia, northern Saskatchewan and southern Ontario. When not at work, her favourite place to be is outdoors in the Cape Breton Highlands with her five-year-old son.

Jolanta Scott-Parker

Jolanta Scott-Parker is Executive Director of the Canadian Federation of Nurses Unions. She joined the CFNU in the summer of 2016 after almost 15 years serving as Executive Director of several grassroots health information and advocacy organizations, including the Canadian Federation for Sexual Health, a local Planned Parenthood and a local Women's Shelter. Her career has offered her opportunities to work with and learn from a wide variety of health care providers, their associations and a wide range of community-based advocates and educators. She brings her experience as a leader, administrator and advocate in public and community health, specifically in sexual and reproductive health and rights, to her new work with the nurses unions. Jolanta holds a degree in Communications from the University of Ottawa. She has served on volunteer Boards of Directors for several organizations, including her local Community Health Centre. She lives in Ottawa with her partner and two darling daughters.

Maureen Harris

Armed with over 15 years of nursing experience, Maureen is tasked with increasing and enhancing educational opportunities for RNU members, and working to improve the research capacity of the Registered Nurses' Union of Newfoundland and Labrador. Maureen graduated

from the Centre for Nursing Studies in the BN (Collaborative) Program at Memorial University, and also holds a Master Degree in Nursing. She has worked as an emergency room and public health nurse in Ontario, and has been involved in nursing education. She is passionate about the challenges/opportunities that exist for young nurses, the social determinants of health and their impact on the community, as well as highlighting the role of nurses in the system.

Murray Billett

Murray Billett is an Educator and former Labour Relations Officer for United Nurses of Alberta. He is a former member of the Edmonton Police Commission, serving on both Internal Affairs and governance committees. He is also the former Chair of the Alberta Association of Police Governance (AAPG), a provincial agency of Police Commissions working with police services across Alberta. As an out gay man, he proudly continues to be a human rights activist with a focus on GLBTQ equality rights. Murray was recently appointed to the Alberta Review Board.

Workshop 8 – Collaborative Practice in Diverse Teams

This workshop will examine our collective responsibility in developing cultural competence related to collaborative practice. Clear communication in health care is essential, but communication is also culturally bound. How can we enhance communication in diverse teams? With our clients? We will review the use of cultural assessments in working with patients.

Facilitator

Manola Barlow

Manola Barlow is the Diversity Coordinator at the Manitoba Nurses' Union where she directs the "Canadian Culture and Communication for Nurses" blended online program for Internationally Educated Nurses (IENs).

Manola designs and facilitates intercultural competency initiatives for workplaces and regional health authorities that focus on enhancing collaborative practice. Manola also works with stakeholders across the province to identify gaps in services for IENs as well as implement action plans that address needs. She has also designed and instructed specialized programs for newcomers to Canada, in collaboration with the department of Manitoba Labour and Immigration, and taught internationally in China and South Korea.

Workshop 9 – Sexual minorities: Providing Respectful Nursing Care

Our communities and workplaces have become much more diverse than they were ten years ago. Sexual minorities were once a taboo subject. Now they are increasingly a part of everyday conversation. Changes are being made to our educational system, institutions and physical spaces to improve inclusiveness. How do these changes impact our workplaces and how we deliver health care?

Sexual minorities continue to receive suboptimal care and acceptance from health care providers.

This workshop will enhance your ability to provide nursing care that is sensitive, inclusive and respectful.

Facilitators

Chelsea Kelba

Chelsea Kelba is the Training Centre Coordinator at the Calgary Sexual Health Centre, providing customized workshops to over a thousand professionals across Alberta each year. She has taught physicians, medical students, nursing students, social workers, teachers, youth workers, foster parents, addiction workers, counselors, and more, on addressing issues of sexuality and diversity in their work.

Chelsea started at the Calgary Sexual Health Centre four years ago, teaching comprehensive evidence-based sexual health education to junior high and high school students. Her previous work experience has been in the areas of suicide prevention, crisis intervention, mental health, teenage pregnancy and parenting, and employment assistance. She has a Bachelor of Health Sciences degree from the University of Calgary, specializing in Health and Society.

Blake Spence

Blake Spence studied Sociology and Gender Studies at Mount Royal University and UBC. Blake is a sexual health educator; he is the WiseGuyz program creator and manager at the Calgary Sexual Health Centre.

Blake Spence is a born and raised Calgarian and grew up in the vibrant neighborhood of Bowness. Blake's university career began at Mount Royal College (University) where he studied sociology and women's studies. He then went to UBC to continue his studies. Blake returned to Calgary in 2010 to join the staff at the Calgary Sexual Health Centre where he started the WiseGuyz program. WiseGuyz has been featured in *The Globe and Mail*, *The Walrus* magazine, *The Current* on *CBC Radio One*, *CTV National News* and *Global Calgary*. Blake was named one of Calgary's Top 40 Under 40 by *Avenue Magazine* in 2013 and was a speaker at the TEDxYYC event in June 2015.

Workshop 10 – Medicare: Threats and Promise

Health care in Canada is consistently rated as people's top priority for government. The federal government, however, is abdicating its important responsibilities and refuses to play its historic role in guiding our health care system to meet the needs of the next generation.

As federal transfers to health care slow down after 2017, provinces are forced to do more with less. Unless people pressure the federal government to re-engage, Canada's national health care system may splinter further. One of the country's leading advocates for private health care has taken the BC government to court in order to allow for a private health care system in Canada.

Despite these challenges, there are many things we can do to strengthen medicare in this country. Learn how enhancements like a national public drug plan could save billions of dollars, and how we could use the savings to build a better health care system.

Participants will assess what is happening across Canada with health care, analyze the facts about sustainability and examine the tactics and rhetoric of the forces trying to undermine public health care.

Facilitators

Adrienne Silnicki

Adrienne Silnicki is the National Coordinator of the Canadian Health Coalition (CHC), a non-profit organization that works to protect, improve and expand public health care in Canada.

Previous to her position with the CHC, Adrienne was a national health care campaigner for the Council of Canadians, a social justice advocacy organization. She has also worked for the Peterborough Social Planning Council, Peterborough Housing Corporation, and on several poverty awareness campaigns both across Canada and internationally.

Amélie Baillargeon

Amélie Baillargeon is the Campaign and Lobby Coordinator of the Canadian Health Coalition (CHC), a non-profit organization that works to protect, improve and expand public health care in Canada.

Previous to her position with the CHC, Amélie was an Executive Director of the Coalition for Gun Control for over a decade, and a Research Assistant at Ryerson University. She is co-author of the firearm injury and death prevention guideline for health professionals in the province of Quebec as well as projects on gender and technology. She has worked on a wide range of projects documenting international best practices and gender analysis of crime and conflict. She has coordinated a large number of successful advocacy campaigns and assisted numerous Canadian public health and safety organizations in research and policy development. Amélie has participated in the development of the Peace Through Health program of the Center for Peace Studies, McMaster University, and of the Office of Global Health, University of Western Ontario.

Workshop 11 – Addictions and Mental Health: Tough on the Problem, Easy on the People

The nursing profession is not immune to addictions. In fact, nurses may be more susceptible due to their typically high-stress jobs, shift work and frequent contact with serious illness and death. Easier access to controlled substances in the workplace may also contribute to substance abuse.

This course will explore how substance abuse affects the nurse, co-workers, the union, the employer and, most importantly, the patients/clients/residents. The course further explores the implications on the nurses' license to practice. This course will also provide information for union activists to assist in representing members.

Facilitators

Lilo Wessels

Lilo Wessels is a Registered Nurse and the Senior Labour Relations Representative with the Nova Scotia Nurses' Union.

In 1980 Lilo received her nursing diploma from Bruder Klaus Krankenhaus in Germany and worked exclusively in trauma and critical care units. In 1986 Lilo immigrated to Canada where she completed her Critical Care Nursing program at the Victoria General Hospital in Halifax, Nova Scotia. For the next 15 years she worked as a Critical Care Registered Nurse in the intensive care unit at the Dartmouth General Hospital.

Lilo has been a Union activist for many years and was the provincial Vice-President of the Nova Scotia Nurses' Union from 1995 to 2000. In 2001 Lilo began working with the Nova Scotia Nurses' Union as a full-time Labour Relations Representative. She also serves as the union's mental health and addictions consultant, supporting nurses who have been diagnosed with mental health and addiction issues.

For over 10 years Lilo has been teaching the Mental Health and Addictions course at the Canadian Federation of Nurses Unions.

Matt Lafond

Matthew Lafond is a Professional Conduct Consultant at the College of Registered Nurses of Nova Scotia. Matthew graduated from Queen's University and Dalhousie University with degrees in psychology and law, and was called to the Bar of Ontario in 2006. Since 2008, Matthew has focused exclusively on professional conduct, investigations, and resolutions in professional regulation, having worked for several health profession regulators in Ontario and Nova Scotia.

Jill Robertson

Jill Robertson is a clinical therapist at intensive treatment services with the Mental Health and Addictions program at Capital District Health Authority. Jill graduated with a Master's degree from Wilfrid Laurier in Social Work and has worked with CDHA since 1990 both in mental health and, for the last ten years, with the addictions program. She works with inpatient clients who are requiring withdrawal management and afterwards remain for two weeks in a group-based introductory recovery program. Jill, formerly from Cape Breton, resides in Dartmouth, Nova Scotia.

Workshop 12 – The Union Toolkit for Building Better Workplaces

Workforce transformation is happening all the time. Transformation in health care is a constant for nurses, and we therefore run the risk of ignoring the deterioration of our health care system as it happens around us. We find ourselves asking: how did the abnormal become normal?

Workforce transformation leads to a series of problems for frontline nurses. Patient safety is in jeopardy as employers develop staffing plans primarily based on budgetary concerns, and workplaces are under increased stress, leading to aggression, bullying and workplace violence.

This workshop will study the phenomenon of workforce transformation and its consequences. We will do case studies and consider the various tools in our union toolkit that allow us to Speak Up for our patients and ourselves.

Facilitators

Judith Kiejda

The NSWNMA is the Union that represents over 62,000 nurses both industrially and professionally in the state of New South Wales in Australia.

Judith joined the NSWNMA as an organiser in 1994 and has held a number of positions within the association before being elected to the position of Assistant General Secretary in June 2003, and she was re-elected unopposed in 2007, 2011 and 2015.

Judith is also a Junior Vice-President of the Australian Council of Trade Unions (ACTU), a Vice-President of Unions NSW and a member of the executive committees of both organisations. Judith is also the Asia Pacific Health Co-ordinator for Public Services International which is the global union federation for public sector trade unions, as well as an executive committee member of Global Nurses United.

Judith is a Registered Nurse and Midwife and she holds a Bachelor of Nursing and a Graduate Certificate in Health Science Education.

Carl Quinlan

Carl Quinlan is a Labour Relations Representative with Nova Scotia Nurses Union. Although residing In Halifax, Carl was born, raised and has worked much of his career in Newfoundland. His work experience spans both public and private sectors, in both management and consultant roles. Carl has 16 years of experience in both managerial and human resources roles in public health care settings, most recently working with Nova Scotia Health Authority as a Human Resources Consultant. Although much of Carl's experience has been in a typical labour relations role, during his tenure with NSHA Carl took on a more specialized role, dealing with staff-to-staff conflict complaints reported through the organization's SAFE Line.

Carl uses his expertise in this field to help support NSNU members in dealing with all aspects of workplace conflict. He is passionate about this work, and believes that in no other industry is this more important than in health care.

Carol Reichert

Carol Reichert is a Policy and Research Specialist at the Canadian Federation of Nurses Unions (CFNU). Carol prepares backgrounders, policy documents, briefs, submissions, abstracts, presentations and research articles. She also coordinates, manages, and contributes to CFNU research projects. In addition, she is responsible for the ongoing work of CFNU's three networks: research, occupational health & safety, and professional practice.

Amber Alecxe

Amber Alecxe is the Director of Government Relations for Saskatchewan Union of Nurses. Her academic research has broadly included a focus on government and the processes of accountable public policy development, the political economy of health, and quality and access in health systems. She has been involved as a research associate on a number of projects for SUN, the CFNU, and the Government of Saskatchewan in areas of safe staffing, emergency department waits, patient- and family-centered care, policy and regulation review, and health human resources planning. Amber continues to hone her expertise in facilitating both formal and informal strategic partnerships and supporting health system nursing

leadership. She has taught at University of Toronto, York University, and Humber College, and is in her final year as a political science doctoral student through York University.

Workshop 13 – Domestic Violence at Work: A Union Concern

When faced with an issue as big as violence against women, it's easy to feel like what you are doing can't make a difference. But even the smallest of actions can have a big impact. In this workshop, participants examine the findings of the Canadian Labour Congress and Western University survey on Domestic Violence and the Workplace, learn how domestic violence impacts workers and workplaces, discuss the union's role in keeping women safe at work, and develop strategies for making a difference through negotiations, member education, public awareness and political action.

Facilitators

Vicky Smallman

Vicky Smallman is the National Director of Women's and Human Rights for the Canadian Labour Congress. A long-time activist on women's and equality issues, Vicky spent a decade as a professional officer for the Canadian Association of University Teachers, helping contract academic staff organize and bargain collectively. A former chair of the Canadian Federation of Students (Ontario), she served as president of the Canadian Union of Educational Workers (Local 6, representing teaching assistants and part-time instructors at McMaster University) and on the national executive board of the CUEW. She has worked for a variety of labour, political and advocacy organizations, including the Ontario Confederation of University Faculty Associations, the Canadian Council for International Co-operation and the New Democratic Party of Canada.

Barbara Byers

Barb Byers was elected as an Executive Vice-President of the Canadian Labour Congress in 2002, and as a Secretary-Treasurer in May 2014. As a "prairie populist," Barbara has fought for the underdog all her life. In December 2016 she was named a Member of the Order of Canada in recognition of her "contributions as an important voice in the Canadian labour movement."

As a social worker in Saskatchewan, Barb addressed poverty, youth unemployment, Aboriginal issues, equality for all and labour rights. That political activism brought her to the leadership of the Saskatchewan Government Employees Union at a time when an anti-labour Conservative government was working to privatize and cut public services and weaken labour laws.

Barb became President of the Saskatchewan Federation of Labour (SFL) in 1988, where she worked to defeat the scandal-ridden Saskatchewan government and fight for a better province for over 14 years.

For 12 years Barb also played a key role, representing Canada as one of the 14 worker delegates on the governing body of the International Labour Organization, the United Nations' agency bringing together governments, employers and workers in common action to promote decent work throughout the world.