

CFNU Report



St. Andrews By-the-Sea, N.B.: CFNU President Linda Silas and Chair of the Federal Advisory Council on the Implementation of National Pharmacare Dr. Eric Hoskins speak to reporters after the CFNU's pharmacare event for premiers on July 20, 2018 (The Canadian Press/Andrew Vaughan)

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Linda Silas

CFNU President
2003-present

1. INTRODUCTION

Mission: To be the national voice advocating for nurses and quality public health care.

Vision: A strong national voice for unionized nurses in Canada and part of the world voice for unionized nurses.

Our overarching priority is: Amplifying nurses' voice and building a movement

Our two key pillars of work will be:

- Safe nurses, healthy work and quality patient care
- Better, broader public health care


If I can't dance, I don't want to be part of your revolution.

Emma Goldman

What an interesting two years it has been! After nearly a decade of federal Conservative rule, the “sunny ways” of the Liberal government have brought with them more consultations and some measured successes for Canada’s nurses. Considering the recent turmoil accompanying the resignation of prominent federal cabinet ministers, I have to say: union politics aren’t that bad. 😊

The theme of our 2019 convention is “Lead!” – one strong word that all of us can, and should, embrace. Far too many things are called ‘advancements’, ‘reforms’, ‘progress’, or ‘transitions’ when they should actually be identified as misguided plans to focus on health care budgets at the expense of patient care. You will see from the resolutions your National Executive Board (NEB) are proposing to you that we are very concerned about the lack of future planning for nursing resources, models of care that are more than questionable, seniors’ health, health care for Indigenous people, lack of attention to child care or climate change. We do expect (as of writing this report) significant movement towards a universal pharmacare program, which will be key in this federal election on October 19.

The goal of every convention is to provide a roadmap for the next two years, building on our strategic objectives, vision and mission.



The convention report for 2019 will be given to you in different formats, from a brand-new convention mobile phone app to full paper reports on each table, to a nice summary report magazine you can bring home to your members. As always, we will give you an outline of what the CFNU and your NEB have been doing over the last two years.

The successes we have had over the past two years have all been due to the collaboration of our Member Organizations and their teams of researchers, negotiators, communicators and you. We know the definition of solidarity – we stick together. We have also realized that our small but mighty CFNU team in Ottawa needs to grow. We need to be on Parliament Hill more often and we have to get our message out louder than ever. Every day we see the results of all levels of government listening to ill advice from for-profit associations to corporate interests and conservative think tanks.

In recognition of this reality, the NEB examined all CFNU’s operational needs based on our action list and approved a 25-cent dues increase that would start in January 2020. This change would give us the opportunity to hire two more employees and expand on our work. All the details will be explained in Pauline Worsfold’s CFNU Secretary-Treasurer report.

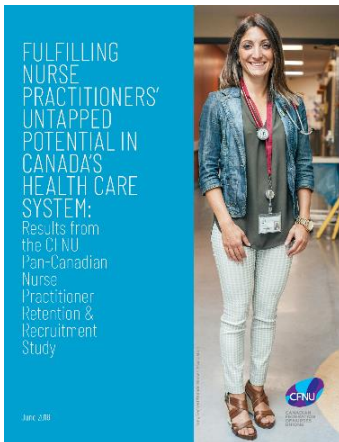
Pauline and I want to personally thank you for your support on this dues increase. We know that it is always a difficult subject to bring up because, on the one hand, members believe in and are proud of the work we do with the resources that we have, but we also know that as leaders we have a responsibility to plan for the future.

2. CFNU WORKING FOR YOU!

Nurse Practitioners’ Untapped Potential in Canada’s Health Care System: Results from the CFNU Pan-Canadian Nurse Practitioner Retention and Recruitment Study

The CFNU Pan-Canadian NP Retention and Recruitment Project was undertaken between November 2017 and June 2018 to help develop recommendations for the expansion of NPs within our health care system to improve timely access to health care for all those living in Canada. The project included an online bilingual pan-Canadian survey, email surveys soliciting specific information from Principal Nursing Advisors and nurses unions, an analysis of data from CFNU’s annual contract comparison documents, geo-mapping of access to primary care providers, and a comprehensive literature review (peer-reviewed and grey literature over a 5-year period) with a thematic analysis of data and recommendations based on the results of the project.

In the fall of 2016, an Advisory Committee was appointed and a contract was signed with Lisa Little (researcher) to start the survey process and do a literature review on retention and recruitment issues for nurse practitioners across the country. The report was launched and presented at the meeting of the federal/provincial/territorial health ministers on June 29, 2018.



The following individuals were on the Advisory Committee:

Eric Lavoie, Alberta NP (non-member)
Mikaela Brooks, MNU researcher
Matt Hiltz, NBNU negotiator
Raleen Murphy, NP, NPAC President (non-member)
Duanna d'Entremont, NSNU NP
Beverly Mathers, ONA negotiator
Lisa Ladouceur, ONA NP
Laurie Thomas, PEINU NP
Mark Aylward, RNUNL NP
Barb Beaurivage, SUN NP

With the direct input and outreach of the NP Advisory Committee, a survey was developed and amended to recognize all provincial contexts, and sent out to NPs across the country. It was the first truly pan-Canadian survey of NPs, garnering responses from coast to coast (except for Yukon). The survey closed on January 17, 2018. We received 1,160 responses, representing 24% of the NP supply in Canada.

The following are the recommendations from the report.

REMUNERATION

- That within two years the provinces/territories harmonize NPs' salaries across all health care settings.
- That employers enhance NPs' benefit packages to include premiums for on-call work (standby and call-back), mentoring and preceptorships, and improve the sustainability of employment relationships through the provision/expansion of NP pensions, health benefits, vacations and other leave provisions (e.g., for professional development), as well as compensation for WSIB, malpractice, liability costs, and access to funding for innovative and responsive professional development and continuing education opportunities.

FUNDING MODELS

That federal/provincial/territorial governments, within the next year:

- Adopt/implement sustainable funding models to reflect population health needs, support interprofessional collaboration, enable optimal scope of practice for all providers, and involve NPs in the development, implementation and evaluation of their role.
- Adopt a mechanism – inclusive of governments, employers, unions, associations and NPs – to overcome barriers to NP practice.
- Expand or create NP-led clinics.

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CFNU Publications

Student Nursing Curriculum

HEALTH HUMAN RESOURCES PLANNING

That federal/provincial/territorial governments:

- Fund permanent employment positions for NPs in a variety of settings to meet the health needs of underserved populations.
- Provide targeted funding for isolation/housing allowance of NPs in rural/remote/isolated and Indigenous communities, and work with Indigenous communities to expand and recruit NPs, and work with schools of nursing on programs that prepare NPs to work in these areas.
- Amend legislation/regulations/policies to allow NPs to work to their optimal scope.
- Implement quality frameworks (e.g., PEPPA) to better integrate NPs into the health care system.

RECOMMENDATION FOR UNIONS

- When working in a unionized environment, ensure there are opportunities for NPs to provide input into collective bargaining, support for ongoing retention and recruitment programs, etc.

During the next few months, the CFNU team will be working on the following for CFNU Convention.

1. White paper with recommendations/solutions identifying NPs value proposition: a) relevancy/importance in terms of Canada's health system; b) what specific benefits (qualitative/quantitative) do they provide differentiating NPs from, for example, PAs, community paramedicine; c) tie to government accountability for health care \$\$; d) leading practices (e.g., NP clinics, mobile NP bus in Manitoba); e) funding model recommendation.
2. Position statement advocating for dedicated health funding specific to NPs (in both acute and primary care) with a resolution to this effect to be brought to Convention.

The Nursing Curriculum educational resource was designed by the CFNU in 2018 as a user-friendly and readily accessible tool for nursing faculty to utilize. The educational resource was accompanied by a guidance document and included the following tools:

- A PowerPoint presentation: interactive, multimedia, with faculty notes included

- Related documents: *A History of Nursing in Canada* (with notes to accompany the PowerPoint); *Past and Current Formal Nurse Leader Bios* (with notes to accompany the PowerPoint)
- Educational Quiz: *Structure of Nursing in Canada* – pre- and post-quiz (for students); *Structure of Nursing in Canada* – pre- and post-quiz with answers (for faculty)

Contact information for each provincial nurses union, inviting universities to reach out for more information or a presentation by the provincial nurses union, was also included in the package.

The complete package was sent in spring 2018 to 36 schools of nursing. In provinces where French nursing programs existed, the material was sent in both French and English versions (Manitoba, New Brunswick, Alberta and Ontario). Four universities in Alberta received the package, four in Manitoba, two in Saskatchewan, 16 in Ontario, four different cities served by the University of New Brunswick and one by the University of Moncton, three universities in Nova Scotia, one university in Prince Edward Island, and one in Newfoundland and Labrador.

CFNU Leadership History Project



In an effort to better tell the history of Canada's nurses union movement, a history project was undertaken in 2018. The project involved profiling nurses union leaders, past and present, and compiling archival images into a book publication, which is being released at this convention. The NEB and MO staff deserve a big thank-you for their efforts to review material and assemble requested images and artefacts over the last year. The book takes its title from a quote by CFNU's longest-serving President Kathleen Connors: *Taking Our Place: Stories from Leaders of Canada's Nursing Union Movement*.

There is a total of 32 profiles of nurses union leaders from every province and one territory, featured in the publication. In addition the book includes images collected from across the country to help illustrate our movement over the years, from the heady early days of unions' foundings through to today. Every convention delegate will receive a copy of the book, which will also be available on the CFNU's website.

The CFNU will launch an online interactive timeline. This will complement the narratives in the book by pulling our key events and highlights that have shaped nurses unions over the years, both provincially and nationally. This timeline can be viewed at nursesunions.ca.

Equity and Inclusion Toolkit

In 2018 we made a commitment to build on our existing work with young workers and equity-seeking groups, and to create a toolkit to support the CFNU and our MOs to grow and expand their work in these areas.



Occupational Health and Safety Legislation Online Tool

Assessing Post-Traumatic Stress Injury Symptoms for Canadian Nurses – Ongoing Survey/Planned Report

Meera Chander was hired as a consultant to create an Equity and Inclusion Toolkit, which will be made available to our Member Organizations. As part of her work she did a scan of resources of other unions and CFNU MOs, and also had the opportunity to speak to a number of MOs' leaders and staff. She has prepared materials, which include: FAQs, introduction to equity lens, a glossary of inclusive language, an organizational scan checklist, an event accessibility checklist, sample workshops, and sample policies/position statements.

Meera is working with Barb Byers to deliver a workshop during convention using the toolkit as a reference. There are constitutional changes proposed which will permit us to move forward with the creation of a committee and council to work on issues affecting equity-seeking groups.

Convention delegates will all be receiving a deck of *Cards Against Inequity*, a resource which grew out of this project and which, we hope, will serve as a tool, a conversation starter and an important awareness-raising initiative.

To keep up with the ongoing work of Member Organizations, the CFNU commissioned work on making Occupational Health and Safety (OH&S) information more accessible. Dr. Katherine Lippel provided the CFNU with an OH&S spreadsheet with legislation and regulations relevant to the prevention of violence (understood broadly to include both physical and psychological violence). She presented her analysis of the spreadsheet, with a focus on best practices, at CFNU's Violence Roundtable on January 17, 2018.

Headings included: physical violence, threats, psychological harassment, sexual harassment, discriminatory harassment, domestic violence and other relevant provisions of the *Occupational Health and Safety Act*. An interactive map was developed that included the ability to select the topic and jurisdiction to view the relevant information. The map is now part of the Workplace Violence Toolkit.

Recognizing that there is no standardized national data on post-traumatic stress injury amongst Canadian nurses, the CFNU has undertaken to remedy this. The CFNU hired a post-doctoral student working under the auspices of Dr. Nick Carleton, Scientific Director, Canadian Institute for Public Safety Research and Treatment (CIPSRT), to undertake a survey to determine the prevalence of PTSI in the nurse population, identify risk and resiliency factors that might serve as intervention targets, in order to inform and identify appropriate programs and measures needed to prevent, and respond to, post-traumatic stress injuries in the health care workplace.

Results from the current study will provide needed information on the current state of mental health in nursing by providing details about current symptom prevalence rates. The information will be used to support policies and



research regarding nurses' mental health. The results will also provide cross-sectional information about risk and resiliency variables that may provide insights into potential mechanisms for reducing symptoms, which can be explored further by future research.

Recruitment for participants in the survey is ongoing, and member organizations are encouraged to reach out to their membership to ensure the greatest possible response rate. The more participation from nurses, regardless of their mental health status, the more weight nurses' collective voice will have in fostering better mental health for all Canadian nurses.

Violence Clearinghouse

What Is a Workplace Violence Toolkit?

The violence clearinghouse is an online centre of resources (research, information) and best practices related to violence in the workplace. The purpose of the Workplace Violence Toolkit, which can be accessed at nursesunions.ca/violence, is to provide a national 'one-stop shop' that consolidates related resources with the objective of disseminating and spreading the implementation of best practices in violence prevention. The design and the content were developed in conjunction with the CFNU OH&S network. It was launched at the Oud International Conference on Violence in the Health Care Sector in October 2018.

The Workplace Violence Toolkit is organized under the following headings:

- What workplace violence looks like: Defining Violence; Our Stories; In the News
- Workplace violence research: Statistics; Legal Guides; General Research
- Making change: Campaigns; Bargaining Violence; Best Practices

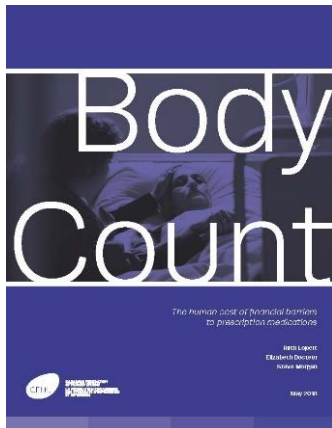
There has been a very positive response to the Workplace Violence Toolkit thus far, and the CFNU intends to add more content regularly to increase its relevance and usefulness for all members.

To continue our work advocating for a national pharmacare program, the CFNU built up the evidence with two reports: *Body Count* and *The Big Money Club*.

Body Count: The human cost of financial barriers to prescription medications

The CFNU released the *Body Count* report in May 2018. The report's findings had been unveiled on May 1 for the CFNU's parliamentary breakfast event for MPs and senators. With a focus on the human cost of financial barriers to prescription medications, the report was authored by three researchers: Dr. Ruth Lopert, Dr. Steve Morgan and Elizabeth Docteur.

Due to an absence of good data, our research discovered that it was impossible to provide a complete estimate of total yearly mortality and morbidity due to cost-related non-adherence to prescriptions. Nevertheless,



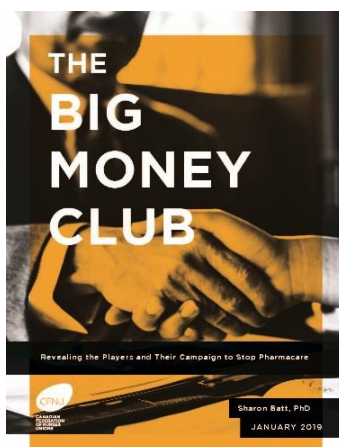
the findings in *Body Count* provide Canadians with a compelling part of the greater picture of suffering resulting from cost barriers to prescriptions. Using available data, the researchers used five case studies to estimate the annual mortality and morbidity for particular conditions:

- Premature deaths of Canadians with ischemic heart disease: 370 to 640
- Premature deaths of working-age (20-64) Canadians with diabetes: 270 to 420
- Premature deaths from all causes among Canadians 55-64: 550 to 670
- Avoidable deterioration of health among Canadians 55+: up to 70,000
- Overnight hospitalization among Canadians with heart disease 40+: up to 12,000

These conservative estimates in *Body Count* offer valuable and compelling data to make the case for urgent action to implement a national, universal, single-payer pharmacare program. With every day that passes, Canadians die from curable illnesses because of a patchy drug system that can be fixed.

The reception of the report has been very positive, including among patient groups such as the Heart and Stroke Foundation and Diabetes Canada.

***The Big Money Club:
Revealing the players and
their campaign to stop
pharmacare***



The CFNU worked with Dr. Sharon Batt from the Dalhousie University to produce a paper detailing the deep pockets behind the campaign to oppose pharmacare in Canada. The goal of this paper was two-fold: first, to reveal the well-resourced individuals and organizations and their profit-based motivations that comprise the elephants in the room in the public conversation on pharmacare in Canada; and second, to outline some of the campaign tactics they are using to pressure Canadian decision-makers.


Specifically, the paper investigates three prongs to the deep-pocketed strategy to stop pharmacare: 1) buying influence through lobbying and advertising; 2) creating an echo-chamber of support for their policies through the funding of friendly think tanks and patient groups; and 3) calling on the US to apply international trade pressure on Canada.

Here is an excerpt from the message from Linda Silas.

We Can Do Better!

The Big Money Club tells the story of the outsized influence of ultra-rich actors in the pharmacare debate in Canada. These actors see dollar signs in the preservation of the current system and are funding a campaign to protect their profits.

For over 20 years, the Canadian Federation of Nurses Unions (CFNU) has advocated for the implementation of a national universal public pharmacare program in Canada. A program that covers everyone, regardless of circumstance, and that saves money and eliminates inefficiencies through



joint purchasing and streamlined administration. According to previous expert reports commissioned by the CFNU, Canada wastes up to \$14,000 health care dollars per minute of every day without pharmacare, and up to 640 Canadians die prematurely each year from one illness alone because of financial barriers to prescriptions. We can and must do better. But powerful actors are working to stop change for the better. These actors are the Big Pharma and Big Insurance lobbies, as well as Billionaires, from Canada and the US.

As prescription drug expenditure rises with every year, and new high-priced medicines come on the market, pharmaceutical giants are living in a golden age of profits (over 20% per year). Health insurance companies in Canada, deregulated in the 1990s, are enjoying billions in profits from the lucrative health benefits market. Billionaire philanthropists, with ties to these profitable sectors, also bankroll campaigns to stop pharmacare.

Since the launch of the Advisory Council for the Implementation of National Pharmacare (ACINP) in February 2018, the Big Money Club actors have ramped up their campaign to stop pharmacare. Flush with resources, they are buying influence through lobbying and advertising, enlisting a suite of industry-linked think tanks and commentators to create an echo-chamber of validators, and calling on the US administration for help. They are doubling down on their campaign to keep Canadians from benefiting from a system that would save lives and save money.

Canadians need to ask our government: whose interests will you defend? Will the Canadian government cave to the interests of the ultra-rich or do the right thing and establish pharmacare for everyone?

Despite the resources mobilized by Big Money, Canadians are unwavering in their support for universal pharmacare. Even though about two-thirds of Canadians have workplace health insurance plans, a new national poll from Environics Research, commissioned by the Canadian Federation of Nurses Unions, shows that 88% of Canadians prefer a simple cost-effective prescription drug coverage program that covers everyone in the country rather than another patchwork plan. A similar proportion (84%) believe that governments should invest in our public health care system, covering prescription drugs the same way that hospitals and doctors are covered. After all, why should coverage of prescribed drugs end when you leave the hospital?

As Canadians look to the federal election in the fall of 2019, we cannot let the big-moneyed interests distort health policy in Canada to the exclusive benefit of their profit margins. Instead the Canadian government should be listening to who supports pharmacare and why. The supporters include nurses and health care workers who see every day the tragedies of the current system; over 200 health policy experts who signed on to Pharmacare2020, based on the evidence; the Canadian Labour Congress whose over 3 million members experience the cost of the current dysfunctional system; a consensus of over 80 national, provincial and territorial organizations of all kinds in all sectors,



Nurses and Climate Change

who support a system that is universal, single-payer, public, accessible, comprehensive and portable; and the grassroots of the Liberal, NDP and Green parties.

The CFNU commissioned Dr. Wanda Martin, RN, from the University of Saskatchewan to write a discussion paper for the convention regarding nursing and climate change. The objective of this paper is to outline for CFNU members the urgent issue of climate change and its impacts on health. Nurses will be able to learn about three general topics through the discussion paper:

1. A review of the scientific literature regarding the projections for the rise of temperatures over the coming decades (causing heatwaves, droughts, natural disasters), and the impacts this will have on human health and Canada's health care system.
2. Case studies on the impact of recent Canadian climate change-related natural disasters on the Canadian health care system.
3. A review of the growing evidence of "eco-anxiety" as it relates to the physical and mental health of people contemplating a dire ecological future and facing changing landscapes and ways of life.

Nursing Forecast for 2020

The Canadian Institute for Health Information (CIHI) *Regulated Nurses, 2017* report notes: "Declining numbers of new graduates, combined with growing outflow of those late in their careers, has led to a slowdown in growth of employed regulated nurses in Canada." 2017 saw the lowest annual growth of employed regulated nurses in the past decade, with a growth rate of less than 1%. CIHI's *Regulated Nurses 2016* noted that there was also a decrease in those aged 35 to 54. This decline was "an important trend to monitor, as mid-career nurses play an integral role within the nursing workforce, often working autonomously while simultaneously supporting older regulated nurses and mentoring new nurses in the workforce." These two trends combined, along with the tendency of newly graduating nurses to take on casual or part-time work (72% of new graduates), present a potential challenge for the health care system, with the potential to exacerbate current shortages plaguing workplaces.

Recognizing this research gap, and that to-date there has been no national validated survey of nurses that can act as a foundation for much-needed health human resources planning, the CFNU proposed to undertake a national study, Nursing4Cast. This study will employ Linda Aiken's existing nurse survey from the RN4Cast and will survey nurses within all sectors across Canada. CFNU's Nursing4Cast builds on the work that ONA is currently undertaking with Dr. Linda McGillis Hall, which is collecting the full dataset.

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President and
Secretary-Treasurer
Speaking Engagements



Nurse survey data would be collected to include the following:

- Reported nurse staffing
- Education
- Staff satisfaction
- Burnout rates
- Workload
- Working conditions
- Reported overtime

Preliminary findings would be released in time for National Nurses Week 2020, and the final report would be presented to the premiers at their annual Council of the Federation Meeting in July 2020 with recommendations to highlight the current HHR crisis, provide solutions and catalyze a national response.

Dr. Linda McGillis Hall, University of Toronto, Professor Dr. Walter Sermeus, European coordinator of the EU-FP7 RN4CAST-project, Judith Kiejda, New South Wales Nurses and Midwives' Association, and Phil Ni Sheaghdha, Irish Nurses and Midwives Organisation, will be presenting on an HHR panel during this CFNU Convention.

3. CFNU INFLUENCING POLICY

CFNU Violence Roundtable January 17-18, 2018

In January 2018 we hosted about 50 participants and OH&S expert presenters, mostly from nurses' unions, but also members from PSAC, SEIU, CUPE, NUPGE, PIPSC and Unifor, which represented the bulk of health care unions.

As a follow-up to CFNU's violence roundtable, the CFNU identified the following initial steps as approved by the NEB:

1. The CFNU to work towards building a violence-prevention coalition within the labour movement through outreach to health care unions and others.

- A letter was sent to the national leadership of select health care unions, soliciting their interest in forming a national coalition with a teleconference to be held in the lead up to the Oud Conference on Violence in the Health Care Sector (October 2018).

2. The CFNU to create an online workplace violence clearinghouse to provide a national 'one-stop shop' of educational resources (research, legislation, tools, etc.) and disseminate best practices related to violence in the health care workplace.

- A summer student Declan Ingham was hired to undertake this work.

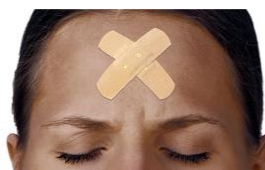
3. The CFNU to attend/participate in the forthcoming 6th International Conference on Violence in the Health Sector to be held in Toronto, ON, from

**Sixth International
Conference on Violence in
the Health Sector
October 24-26, 2018**

October 24-26, 2018 (an extra Canadian-focused day is not planned at this time).

- Two abstracts were submitted and both were accepted.

**Sixth International
Conference on
Violence in the
Health Sector**



**24 - 26 October 2018
Toronto - Canada
Advancing the delivery
of positive practice**

The following abstracts were presented:

Interventions for Change: Driving best practices for workplace violence prevention through constructive stakeholder engagement and coalition building

- Presenting: Linda Silas (CFNU), Darlene Jackson (MNU), Erna Bujna (ONA), Janet Hazelton (NSNU), Dewey Funk (UNA)

PTSD and Occupational Stress Injuries Among Nurses: advocating for national recognition of workplace impacts

- Presenting: Linda Silas (CFNU), Darlene Jackson (MNU), Lawrence Walter (ONA), Janet Hazelton (NSNU)



PTSD Framework

Bill C-211

Bill C-211, *An Act to create a federal framework on PTSD*, sponsored by Conservative MP Todd Doherty, sought to establish a national framework on PTSD. The CFNU welcomed efforts to establish a national framework to address PTSD, however, we were very disappointed to learn that MP Doherty intended for the national framework to apply only to first responders, veterans, military personnel, RCMP and correctional officers. We have seen this failure to include nurses before at some provinces.



E-Petition on Violence

The CFNU lobbied members of Parliament on the Standing Committee on Health (HESA) to pressure them to include nurses. We were able to convince Liberal MP Doug Eyolfson to move an amendment to add health care providers to the bill at the Commons' HESA. NDP MP Don Davies further tried to broaden the language of the bill. Neither amendments passed.

We continued meeting with senators in preparation for the debate on Bill C-211 at the Standing Senate Committee on National Security and Defence. Thanks to our efforts, the Senate sent an observation to the Minister of Health, stating that nurses should be included in the implementation of this legislation.

Our efforts bore fruit as Canadian nurses were invited to participate in and attend the national conference on the establishment of a federal framework on PTSD in April 2019.

As a means of galvanizing support and interest for the issue of workplace violence, the CFNU launched an official parliamentary e-petition co-sponsored by Dr. Doug Eyolfson, MP. This e-petition was open for three months and garnered considerable interest from nurses and health care workers across the country.

Here is the text of the e-petition.

Petition to Minister of Health: E-1902 (HEALTH CARE WORKERS), Sponsor MP Dr. Doug Eyolfson

Initiated by Linda Silas from Ottawa, Ontario, on October 23, 2018, at 10:18 a.m. (EDT), **open for signature until February 20, 2019, at 10:18 a.m. (EDT)**

Whereas:

- National data shows that the number of violence-related accepted lost-time injuries for frontline health care workers increased by close to 66% between 2006 and 2015;
- National data shows that 61% of nurses experienced a serious problem with some form of violence over a recent 12-month period;
- Recent survey data in Ontario found that up to 68% of nurses and personal support workers experienced violence on the job in 2016-2017;
- Violence in our health care system undermines the quality of care received by patients and affects all Canadians; and
- Health care workers are employed to provide care for patients, not to be subjected to violence;

We, the undersigned, **citizens and residents of Canada**, call upon the **Minister of Health** to develop a pan-Canadian prevention strategy to address growing incidents of violence against health care workers, and that this strategy draw upon international and domestic best practices to ensure all health care settings across the country are safe.



Linda Silas and MP Dr. Eyolfson delivering the e-petition to Parliament on February 28, 2019

Thanks to the many of you who signed and shared this e-petition. It succeeded in putting the issue of violence on the federal map!

Here's the final tally: total signatures – 8,743

Province / Territory	Signatures
Alberta	1,044
British Columbia	1,685
Manitoba	1,090
New Brunswick	206
Newfoundland and Labrador	433
Northwest Territories	29
Nova Scotia	941
Nunavut	7
Ontario	2,333
Prince Edward Island	74
Quebec	470
Saskatchewan	411
Yukon	7
Other countries	13

Violence Legislation: Bill C-434

In keeping with the mandate of a resolution adopted by CFNU members at our Calgary convention in 2017, the CFNU engaged in advocacy with parliamentarians to raise the issue of violence in health care.

Due, in large part, to our advocacy, MP Don Davies, the NDP Health Critic, drafted and introduced legislation in February 2019 with measures to strengthen criminal prosecution against anyone who assaults a health care worker. Bill C-434, *An Act to amend the Criminal Code (assault against a health care sector worker)* is the first of its kind in Canada.



Linda Silas speaks to the media at the introduction of Bill C-434 alongside MP Don Davies (right), CUPE President, Mark Hancock (left of Davies) and RN Marc Page, ONA.

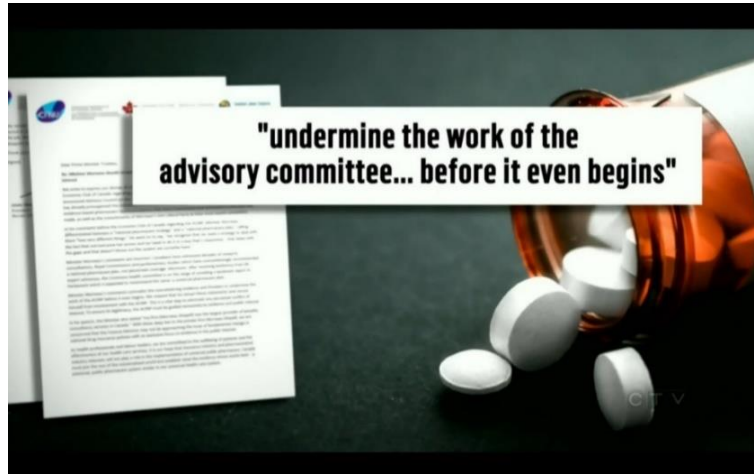
All along, the CFNU has been clear with federal lawmakers: violence is NOT part of the job! And, regardless of jurisdictional matters, the Canadian federal government has a role to play in making health care settings safer for workers and patients alike. We will continue to press for the adoption of Bill C-434 in Canada's Parliament.

Parliamentary Study on Violence in Health Care

In early 2018, the CFNU commenced an advocacy effort to raise the awareness with federal politicians about the growing issue of violence in health care. Our ask was for the House of Commons Standing Committee on Health to undertake a study on violence in health care – the first of its kind in Canadian history.

Thanks to our advocacy efforts, the Standing Committee on Health (HESA) unanimously supported the motion put forward by the Manitoba Member of Parliament Dr. Eyolfson in June 2018 to study violence in the health care workplaces. This study will be undertaken and completed prior to June 2019. Recommendations from the study will be delivered to Parliament and the Canadian public.

Pharmacare Update



The Federal Budget 2018 included the historic announcement of the launch of the Advisory Council on the Implementation of National Pharmacare, chaired by former Ontario Health Minister Dr. Eric Hoskins. The CFNU and our health advocacy allies were encouraged by this move from the Trudeau government, especially with the appointment of Hoskins as Chair.

However, the day after the unveiling of the Budget, Finance Minister Bill Morneau was caught on camera at the Economic Club of Canada, saying his vision for pharmacare was to “fill the gaps” for those without existing coverage. The CFNU immediately responded by drafting a letter, co-signed by Canadian Doctors for Medicare and the CLC, calling for Morneau to retract his comment and recuse himself from any involvement in the Advisory Council, given his perceived conflict of interest as the former founder of Morneau Shepell, one of Canada’s largest health benefits consultancy companies. The media picked up on the letter, and it was widely broadcast resulting in Morneau doing just as we had asked. Our efforts helped to keep the Advisory Council free from the political interference of Minister Morneau.



In late February 2018 we attended the NDP convention in Ottawa and worked with NDP Health Critic Don Davies and delegates to encourage the adoption of a strong resolution in favour of a single-payer, public and universal pharmacare plan with an evidence-based and comprehensive formulary.



In April 2018 we attended the Liberal Convention in Halifax, along with Janet Hazelton from NSNU, with pharmacare-themed chocolates. We spoke to numerous MPs, ministers, premiers and staff people, and helped raise universal single-payer pharmacare to the top policy priority for the Liberals going into the next election. Among 30 resolutions brought to the floor of the Liberal Convention, members voted to make pharmacare priority number one. This was a great political victory for the pro-pharmacare campaign, which we will use to leverage Liberal support in the year ahead.



CFNU President Linda Silas and NSNU President Janet Hazelton hold up CFNU pharmacare chocolates with Liberal Parliamentary Secretary for Health, John Oliver, at the Liberal convention in Halifax in 2018.

Pharmacare Consensus

The CFNU also worked hard over summer 2018 to coordinate a number of leading pharmacare advocates to produce a document containing consensus principles on national pharmacare. Our initial goal was four-fold:



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Meetings with MPs
and Senators

Advisory Council on the Implementation of National Pharmacare

Stop Payment for Blood Plasma

- 1) Reinforce the notion that there is consensus among pro-pharmacare advocates about the principles that must underlie any pharmacare system that is built;
- 2) Continue to generate media attention on pharmacare to maintain its recognition as a top issue in Canadian politics;
- 3) Drive public participation in the online survey launched by the Advisory Council on the Implementation of National Pharmacare; and
- 4) Provide further ammunition for pharmacare proponents to build the case for a single-payer universal public pharmacare program.

The CFNU coordinated the development of the Consensus Principles document, drawing from the positions of the CLC, CHC, CDM, CACHC, Unifor, CCPA and Pharmacare2020. The document was then distributed to national, provincial and territorial organizations, requesting additional signatories. More than 80 organizations across Canada, representing every jurisdiction, signed on!

On September 24, 2018, the CFNU and our pro-pharmacare allies launched the Consensus Principles document on pharmacare, broadcasting to media and the public.

The CFNU prepared a submission to the Advisory Council on the Implementation of National Pharmacare, answering the three questions outlined in the discussion paper:

1. Who will be covered and under what circumstances;
2. Deciding what drugs get covered;
3. Figuring out who pays.

At the time of writing this report, it is unclear whether the Council will recommend in favour of a universal single-payer pharmacare program or a hybrid public-private plan. However, it is possible that the Advisory Council's report will be public by the time of the CFNU convention. Either way, the report will have a profound effect on the political possibilities for pharmacare in this election year.

As this report is being written, we are working closely with our national pro-pharmacare allies to coordinate the next steps of our coalition. Our goal is to continue to raise the profile of pharmacare as a key election issue and to convince all political parties to include it in their platform.

The year 2017 saw the opening of a second for-profit blood plasma collection clinic in Canada, this one in New Brunswick, following the first one in



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Member Organization
Annual Meetings and
Conventions

Privatization and Cambie Case

Saskatchewan. The blood authority, Canadian Blood Services, had reported a decline in donors at their Saskatoon collection clinic, likely due to competition from a neighbouring for-profit, paid plasma clinic. The CFNU and our health care allies are deeply concerned that commercial blood brokers are threatening the security of supply for Canada's public and life-saving blood system.

On behalf of the CFNU, New Brunswick Nurses Union President Paula Doucet participated in a press conference on November 21, 2017, to mark 20 years since the inquiry into tainted blood and to call on the federal government to protect our blood system and ban blood money from Canada. We continue to work with allies from BloodWatch.org and the Canadian Health Coalition to stop the proliferation of for-profit blood plasma collection clinics across Canada.

In May 2018, the British Columbia government introduced a *Voluntary Blood Donor Bill* – similar to the one adopted in Alberta and Ontario in recent years. Quebec has had one since 1994. The bill was adopted resulting in cash-for-blood and privatized blood collection being banned in Canada's four largest provinces.

On May 23, the Expert Panel on Immune Globulin Supply issued its long-awaited report. Although mandated not to issue recommendations, the report included many observations that had very serious public policy implications. Overall the report was disappointing as it failed to consider evidence behind the opposition of Canadian Blood Services to the emergence of for-profit, paid plasma in Canada. It also included weak lines of reasoning around safety, concluding that paid plasma was entirely safe simply because no confirmed cases of disease transmission had occurred in 20 years.

Despite these drawbacks, the report clearly endorsed the efforts by Canadian Blood Services to dramatically increase plasma collection and observed that plasma collected in Canada must stay in Canada. These two observations bolster the arguments that the CFNU, BloodWatch and other public health advocates have made since paid plasma first emerged as an issue.

On May 29, Senator Pamela Wallin introduced a federal *Voluntary Blood Donations Act*, Bill S-252, similar to the legislation that has passed in Ontario, Alberta and BC. Linda Silas participated in the press conference that launched the bill as a representative of health care providers and testified in front of the Senate Committee in February 2019.

Privatization and profit-making in our health care system continues to threaten the quality of services delivered. A report issued in 2018 by the Ontario Health Coalition found that 88 private health clinics were charging patients extra user fees and selling medically necessary services. This contravenes the *Canada Health Act*.



CFNU Cannabis Position Statement

In BC one such private clinic owner, Dr. Brian Day, is taking medicare to court in an attempt to create a two-tier health care system. The CFNU will continue to support Canada's public medicare system, promote inventive solutions to improve quality of care and support the BC Health Coalition (who are direct intervenors on this case) financially.

Dr. Brian Day's constitutional case (known as the Cambie case) before the BC Superior Court is still ongoing, without a clear timeline as to when a decision can be expected.

CFNU's New Gun Control Position Statement

In advance of the legalization of recreational cannabis in Canada on October 17, 2018, the CFNU released two separate position statements on recreational and medical cannabis and occupational health and safety. The statements were informed by the CFNU OH&S Network and CFNU Negotiator Network, and focused on the impact of legalization on nurses' OH&S and professional practice obligations.

With our ongoing support to the Coalition for Gun Control and in light of the federal government's introduction of Bill C-71, *An Act to amend certain Acts and Regulations in relation to firearms*, the CFNU recommends a public health approach to gun control, focused on ensuring public safety, recognizing the gendered nature of firearms-related deaths in domestic violence and suicide, and the high potential for accidental deaths, especially among children. The CFNU supports the following measures:

- Enhanced background checks beyond the current five-year legislated period, which take into account criminal, mental health, addiction and domestic violence records
- A requirement that whenever a non-restricted firearm is transferred, the buyer's firearms licence must be produced and verified as valid by the vendor
- Entrusting the RCMP experts to classify firearms, free from political influence
- When considering grounds for prohibited access to weapons and public safety, including the public health risk consideration, which can be summarized in the question: is the person a threat to themselves or others?
- Accounting for the gendered nature of firearms-related deaths by launching a national awareness program to highlight the risks of firearms in unintentional injuries/deaths, suicide, homicide and domestic violence
- Ensuring that those with risk factors for domestic violence or a history of domestic violence are prohibited from owning a firearm
- Funding evidence-based gang-prevention initiatives in communities at high risk for gang involvement



4
Council of the
Federation Meetings
and Health Minister
Breakfasts

- Restoring controls on sales of rifles and shotguns that were in place in 1977, which required the licensed firearms dealer to record the Firearms Acquisition Certificate (now License) number, make, model and serial number of firearms
- Ensuring the controls on handguns (restricted and prohibited weapons) are reinstated through restoring strict issuance of the authorizations to transport
- Ensuring that owners of multiple firearms (citizens and dealers) are subject to higher levels of scrutiny, given the risks of diversion
- Greater restrictions on military-style assault rifles and large-capacity magazines
- Empowering the Public Health Agency of Canada to collect detailed data analysis of firearms deaths, injuries and crimes to support research, education and policies, and to provide public transparency on the real impacts of firearms and the risks of firearms, alongside mandatory reporting of firearms injuries
- Providing education/awareness to public health providers to identify firearms as a potential risk to patients
- Improving access to mental health services, and access and support for domestic violence victims
- Undertaking risk assessments for safety and security in emergency departments, and appropriate measures to keep patients and providers safe
- Considering adopting elements of Quebec's Anastasia's law, including the requirement that physicians and other professionals report cases where individuals are deemed to be a threat to themselves or others

4. CANADA'S NURSES

Speak Up App

Our mobile app, Speak Up, was featured prominently during the previous convention. It continues to be a powerful tool that makes it simple and easy to take action on important issues. By downloading this application on your iPhone or Android device and enabling notifications, you receive real-time alerts on the most pressing issues, and you are able to share your support for issues on social media and by email.

Taking action in these critical moments can help reinforce our lobbying efforts and makes an enormous contribution to ensuring we are heard. I encourage you to visit the Google Play or Apple App Store and download the CFNU Speak Up app to be a part of the action, alongside thousands of others who have done so. Visit nursesunions.ca/speak-up to learn more.

Council of the Federation
July 17-19, 2017
Edmonton, AB

The CFNU hosted a successful policy breakfast at the Council of the Federation (CoF) in Edmonton in 2017. The theme was mental health care and maximizing the targeted federal funding as part of the new health accords. Our guest speakers were the Honourable Michael Kirby, former Senator and Chair of the Mental Health Commission of Canada, and comedian and mental health advocate Tazz Norris. The morning balanced the human touch and humour of Tazz with the policy recommendations of Mike Kirby. The message from nurses was clear: improving access to psychotherapies for Canadians will have a big impact on the greater health care system picture.

Once again we succeeded in attracting a majority of the premiers who attended CoF. Seven provincial and territorial premiers attended, in addition to the chief of staff of one territory. Premiers were very pleased with the content of the event.



Alberta Premier Rachel Notley welcoming premiers to the CFNU policy breakfast on mental health in Edmonton, 2017

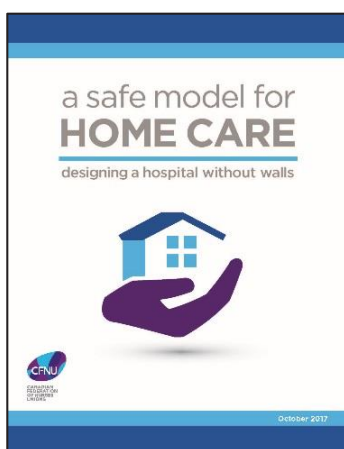
Federal Health Care
Funding
Fall 2017



CFNU President, Linda Silas, with Ginette Petitpas Taylor, the federal Minister of Health

**Meeting with provincial
and territorial health
ministers to enhance
home care safety**

October 2017



In 2017 the federal government signed bilateral health care funding deals with the provinces and territories. Regrettably, these deals amount to a cutback of billions per year, compared to previous funding commitments. Consequently they will not meet the growing financial pressures on health care as our population ages. Over the coming 10 years provinces will be forced to go it alone on health care funding as Ottawa's contribution shrinks.

The CFNU opposes this cutback. We believe the federal government must contribute its fair share to Canada's health care system to sustain quality services for everyone across our country.

In October 2017, the CFNU welcomed health ministers and deputy health ministers from all 13 provinces and territories to a policy discussion on home care during the annual Health Ministers' Meeting.

The CFNU presented recommendations for home care policy, emphasizing the need to put safety first for both patients and health care workers through adequate and appropriate staffing.

Guest speaker, Dalhousie University Professor and Canadian home care expert Dr. Marilyn Macdonald, presented the latest academic evidence for safe home care policies.



Provincial and territorial health ministers and deputy ministers with representatives of the CFNU and provincial nurses unions at the CFNU policy event (CP images Walter Tychnowicz)

The CFNU made several recommendations to health ministers to enhance the safety of home care for clients, caregivers and health care providers alike.

CFNU RECOMMENDATIONS FOR SAFE HOME CARE

Nurse-led home care interventions that include:

1. A safe-at-home policy
2. Seniors/patients' appropriate and timely nursing assessments and interventions supported by the full health care team
3. Managerial continuity of care provided by a primary nurse to ensure timely and seamless access to care providers

**Quality of Life for
Canadian Seniors:
Parliamentary Study**

October 2017

4. Education and support for all members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides

CFNU President Linda Silas was invited to present the perspective of nurses at the parliamentary Human Resources Committee during their study “Advancing Inclusion and Quality of Life for Canadian Seniors.”

At this meeting in October 2017 Linda conveyed CFNU’s recommendations for a safe home care policy and a national pharmacare program. Pharmacare and better home care are vital solutions to improve seniors’ quality of life as Canada’s population ages.

CLC Lobby

February 2018 and 2019

The Canadian Labour Congress hosted their annual Lobby on the Hill in February 2018 and 2019. Both Lobby Days included significant asks in favour of a national pharmacare program. The CFNU had more than 10 delegates at each lobby.



Linda Silas Paula Doucet, NBNU President, Hassan Yussuff, CLC President and Dr. Monika Dutt, CDM, meet with Minister of Health, Petitpas Taylor, February 2018.

CHC Lobby

**February 2018 and
January 2019**

The CHC hosted their annual Lobby Days in February 2018 and January 2019. The CHC Lobby Day asks focused on the need to stop privatization in our health care system in 2018 and the need for a national pharmacare program in 2019. The CFNU had delegations at each Lobby Day.



CFNU representatives meet with MPs at the Canadian Health Coalition Lobby, January 2019

Parliamentary Breakfast
May 1, 2018
Ottawa, ON

The 2018 CFNU Parliamentary Breakfast featured the release of CFNU's latest research paper, *Body Count*, which – for the first time in Canada – estimated the number of Canadians who die or fall ill because they cannot afford their prescriptions.

Featured guest speaker was Dr. Ruth Lopert, lead researcher and author of *Body Count*. The CFNU welcomed some 50 guests, including stakeholders from Canada's health care organizations, 13 MPs, 2 Senators and 7 parliamentary staff people – including a policy advisor for the Minister of Finance.



Body Count lead researcher and author, Dr. Ruth Lopert, speaks to Parliamentarians at the CFNU Parliamentary Breakfast, May 1, 2018.

Health Ministers' Meeting
June 28-29, 2018
Winnipeg, MB

The annual Health Ministers' Meeting was held early in 2018, on June 28-29, in Winnipeg. MNU, with the support of the Manitoba government's Minister of Health (Kelvin Goertzen), co-hosted a policy breakfast with health ministers, featuring the release of CFNU's nurse practitioner report, *Fulfilling Nurse Practitioners' Untapped Potential in Canada's Health Care System*.

We reached new heights of success in attendance at this event with 11 provincial and territorial ministers attending, as well as the federal Health Minister Ginette Petitpas Taylor and senior officials such as Dr. Abby Hoffmann.

Keynote speakers included Lisa Little, the report's author, and Joanna Orlowski, a Nurse Practitioner and MNU member. Ministers were engaged and impressed with the content of the report and the presentations.



Also at the Health Ministers' summit, the CFNU collaborated with the Canadian Health Coalition and Action Canada for Sexual Health and Rights in the production of their parallel event entitled *Pharmacare: Rights from the Start*. SUN's Tracy Zambory was a keynote speaker at this event.

Council of the Federation
July 18-20, 2018
St. Andrews By-the-Sea, NB

CFNU's policy breakfast with premiers during the Council of the Federation Summit in St. Andrews-By-the-Sea, NB, was another successful event. Our event attracted prominent guest speakers: Dr. Eric Hoskins, Chair of the Advisory Council on the Implementation of National Pharmacare and former Ontario Health Minister; Kevin Page, former Parliamentary Budget Officer; and MP John Oliver, lead government MP on the Commons' health committee and newly appointed Parliamentary Secretary for Health.

Our premiers' breakfast was enthusiastically co-hosted by NB Premier Brian Gallant and attracted premiers and senior staff representing nine provinces and territories.

The premiers' breakfast also attracted dozens of representatives from Canadian health care organizations and labour unions. In total over 75 people attended the event.

Speeches by guest speakers made a compelling case for universal single-payer public pharmacare on the basis of improved public health and system-wide savings. This message resonated outside with the media as Dr. Hoskins and Linda Silas scrummed after the event, and with premiers in their joint press conference and release later in the day. Thanks in large part to the CFNU breakfast, pharmacare was the top issue raised in the premiers' press release amidst a crowd of other politically weighty issues.



**Pre-Budgetary Finance
Committee Submission
August 2018**

The CFNU produced a pre-budgetary submission to the Finance Committee in early August 2018. In the submission we focused entirely on the need to take first steps towards the implementation of pharmacare in Budget 2019. This would include fiscal projections, the establishment of an expert committee to begin the development of a national formulary and the examination of legislative options to legally establish a pharmacare system. Our submission also emphasized the vital role that a universal pharmacare program could play in controlling system-wide costs in an era of growing overall health care costs due to an aging population.

**Meetings with All Political
Parties**

Over the course of the last two years, the CFNU President has met with all political parties, particularly the health critics for the NDP (MP Don Davies) and Conservative Party (MP Marilyn Gladu).



Linda Silas discussing pharmacare with NDP Leader Jagmeet Singh in Toronto, 2017



Conservative health critic Marilyn Gladu and Linda Silas



Linda Silas and Prime Minister Justin Trudeau at the Labour 7 meeting of trade union leaders in Ottawa, April 2018



Green Party leader Elizabeth May met with Linda Silas and her son Alexandre Silas, representing the Public Service Alliance of Canada, during the CLC Lobby Day in February 2019.

5. INTERNATIONAL SOLIDARITY

SATSE Meeting

May 24, 2017

Madrid, Spain

The CFNU planned a joint meeting with Sindicato de Enfermería Sede Estatal (Unionized nurses of Spain) prior to the ICN Congress in Spain. We met with them in their offices and shared the following during the day-long meeting:

- Spanish health care system
- Problems of nursing in Spain and collective bargaining in health
- Canadian health system and major problems of nursing in Canada
- Trade unionism and collective bargaining in Canada
- Union of Spanish nurses: SATSE
- Communication in SATSE
- Foundation for the Development of Nursing: FUDEN
- Canadian Federation of Nurses Unions
- SATSE: Violence in the workplace, safety in the working environment, and safe staffing in Spain
- CFNU: Violence in the workplace, safety in the working environment and safe staffing in Canada
- CFNU: Nursing certification program and maintenance of certification in Canada

The CFNU had the following representatives: Linda Silas, Pauline Worsfold, Tracy Zambory, Lorna Tarasoff, Sandi Mowat, Linda Haslam-Stroud, Vicki McKenna, Marie Kelly, Paula Doucet, Janet Hazelton, Debbie Forward and Mona O'Shea.

ICN Congress

May 27-31, 2017

Barcelona, Spain

**Theme: Nurses at the
forefront transforming
care**

Three concurrent oral presentations submitted by the CFNU were accepted and presented at the 2017 International Council of Nurses (ICN) Congress:

Presumptive PTSD Legislation: an important lobby for nurses – Sandi Mowat, MNU; Linda Haslam-Stroud, ONA

Information and Communications Technology – a policy and advocacy tool – Jane Sustrik, UNA; Linda Silas, CFNU

Regularization: Collaborative Problem-Solving for Quality Improvement – Tracy Zambory, SUN



CFNU NEB members at the 2017 ICN Congress

10
International Meetings

Global Nurses United
December 1, 2017
Quebec, QC

On December 1, 2017, GNU had its executive committee meeting where 17 countries participated with 35 representatives. We welcomed Uganda as a new affiliate with 5,000 members and received interest from Portugal, Puerto Rico, Cuba and Haiti.

The CFNU was represented by Linda Silas, Pauline Worsfold and Sebastian Ronderos-Morgan.

We sent letters of support to Uruguay and Honduras.

We have established two days of action; the first for March 8, 2018, against violence in the workplace, and the second May 12, 2018, on safe staffing.



Delegates of the 2017 GNU meeting.

Global Nurses United
General Meeting
July 23-24, 2018
Sydney, Australia

CFNU participants: CFNU (Linda Silas, Pauline Worsfold), SUN (Leslie Saunders), MNU (Karen Sadler), ONA (Cathryn Hoy, Karen Bertrand). FIQ was represented by Nancy Bédard and Roberto Bomba.

Some of the topics on the agenda were:

- Violence against health care workers
- Indigenous health – remote areas
- Struggles from nurses unions to improve nurses' wages and working conditions
- Struggles for safe staffing and mandatory minimum nurse-to-patient ratios
- Struggles with increasing workplace violence
- Struggles to guarantee health care for all (implementing and expanding public health systems and stopping public system privatizations)

Presentations on:

- Nurses, public health and the environmental/climate crisis



Pauline Worsfold presents at the 2018 GNU meeting.

During the GNU meeting, the 15 countries attending (Australia, Brazil, Canada, Costa Rica, Greece, Honduras, Ireland, New Zealand, Paraguay, Philippines, South Korea, Uganda, United States, Uruguay and Taiwan) signed solidarity pledges with New Zealand Nurses' Organization for their first strike in the last 30 years.

We also signed a resolution with SATSE, the Spanish nurses union, to support their fight for nurse-patient ratios, as well as a message of support for the Association of Nurses in Mexico and their demands for safer staffing and better working conditions.

Uganda Nurses and Midwives Union (UNMU) Support

UNMU is trying to build their membership and have requested help from different members of GNU, including the CFNU. Their main goal is recruitment. They want to do a tour across their country to recruit nurses as members.

The CFNU signed a three-year partnership with them (\$15,000/year) out of International Solidarity Funds.

National Nurses United Canadian Visit 2018

NNU visited Canada to get first-hand knowledge of our health care system from three different member organizations:

- UNA: September 25 and 26 in Edmonton. Jane Sustrik, UNA lead.
- ONA: October 22 and 23 in Toronto. Doug Anderson, ONA lead.
- SUN: November 28 and 29 in Saskatoon. Amber Alecxe, SUN lead.

On behalf of the CFNU, we would like to thank SUN, UNA and ONA for being gracious hosts and educators on Canada's health care system to our colleagues at NNU.

ICN Congress

June 27 to July 1, 2019

Singapore

Theme: Beyond Healthcare
to Health

The CFNU submitted six abstracts for presentation, and three were accepted:

Strategies for Increasing Access to Care in Canada – Fulfilling the Untapped Potential of Nurse Practitioners – Speaker: Linda Silas

Retaining and Recruiting Canadian Nurse Practitioners: Better Aligning Pay and Working Conditions with NPs Scope of Practice – Presenter: Linda Silas

Nurses and Social Media: Personal Freedom, Privacy and Professional Practice Issues – Speakers: Tracy Zambory and Linda Silas

The CFNU is lucky to have a strong delegation of Janet Hazelton, Debbie Forward, Vicki McKenna, Cathryn Hoy, Mona O'Shea, Tracy Zambory, Paula Doucet, Darlene Jackson and Linda Silas.

The CFNU has been in contact with the Taiwan Nurses' Union, and they have shown interest in meeting with the CFNU in Taipei, prior to the ICN Congress, to discuss experience in organizing nurses union as well as advocating nursing staffing policy in Canada.

6. DEFENDING WORKERS' RIGHTS TOGETHER

CLC Convention

May 8-12, 2017



Working for a
#FairFuture

140 CFNU delegates participated in the 28th constitutional convention of the CLC in Toronto, with close to 3,500 other union activists. The convention theme was Together for a #FairFuture.

We heard amazing speakers, from Angela Davis to Cindy Blackstock. We adopted four policy papers: *Working for a Fair Future*; *Equity for a Fair Future*; *Green Jobs for a Fair Future*; and *Organizing for a Fair Future*.





Equity for a
#FairFuture



Green Jobs for a
#FairFuture



Organizing for a
#FairFuture

Over the course of the week, delegates debated issues like just transition for a greener economy, better protections for equity-seeking members, the creation of more good jobs in Canada to put an end to precarious work, and the fight to implement a \$15 minimum wage. Delegates also heard from inspiring speakers like Alberta Premier Rachel Notley. This helped set a strong mandate for the incoming executive, focusing on creating a fair future for all Canadian workers.

Delegates to the convention also elected new equity representatives for the next three years, as part of the different equity committees of the CLC. These positions include representation for LGBTQ, young workers, workers of colour, Aboriginal workers and disability rights, as well as regional representatives across Canada.

Delegates at the CLC's 28th Constitutional Convention elected CLC officers for the next term, 2017-2020.

CLC President Hassan Yussuff won a second mandate by acclamation. Yussuff was originally elected to the presidency at the 2014 CLC Convention in Montreal, becoming the first person of colour to lead Canada's labour movement.

Marie Clarke Walker was elected to replace retiring Secretary-Treasurer Barbara Byers. Clarke Walker was previously a CLC Executive Vice-President, having held the position since her election in 2002. She was the first racialized woman and youngest person to hold the position of CLC Executive Vice-President.

Returning Executive Vice-President Donald Lafleur was re-elected for a second term. Lafleur was first elected to the position at the 2014 CLC Convention in Montreal.

Newly elected Executive Vice-President Larry Rousseau was previously the Regional Executive Vice-President of the Public Service Alliance of Canada (PSAC) for the National Capital Region.

Resolutions



We adopted many resolutions which you can find on the CLC website, but most important for our CFNU day-to-day work, the CLC adopted a strong health care resolution.

THE CANADIAN LABOUR CONGRESS (CLC) WILL work with affiliated unions, provincial and territorial federations of labour, district labour councils, and allied groups to:

- a) protect, strengthen and expand universal public health care to meet the needs of all people living in Canada in a non-discriminatory fashion;
- b) campaign for a national, universal, single-payer and public prescription drug plan (pharmacare);
- c) campaign to enforce the *Canada Health Act* – this would include (but not be limited to):
 - 1. supporting efforts to end and reverse the privatization of health care services, such as the litigation surrounding the Dr. Day Cambie Clinic in British Columbia, a ban on paid blood products and the opposition of taxation on employer-paid health and dental plans;
 - 2. establishing a strategy for achieving publicly funded and delivered high-quality long-term care with sufficient levels of staffing to ensure safety for workers and patients, stable funding transfers and a national tracking system on violent incidents statistics;
 - 3. lobbying for a national home care program and a national seniors strategy;
 - 4. calling for an end to the closure of acute care facilities and for safe bed occupancy levels based on patients' needs;
 - 5. demanding that federal funding goes to hospitals based on need and proper health system planning; and
 - 6. calling for more community health centers;

d) press the government to commit to stable and long-term funding at a

minimum of 25% of current health care spending and campaign for a national Health Accord that increases federal health transfers to provinces and territories by 6% a year, and which would resume using an equalization formula for the Canada Health Transfer to provinces and territories;



Photo: Paula Doucet, NBNU President

e) push to improve and enhance all indigenous health services, including culturally responsive services, and improve medical services on reserve and in Northern, remote and rural communities;

f) call for a restoration of funding for research on women's health;

g) demand access to better health services and medication that benefit LGBTQ people;

h) press for the implementation of the Mental Health Commission of Canada's 2012 mental health strategy "Changing Directions, Changing Lives";

i) demand that health care systems be accountable to the public and the health care workforce, with enforced whistleblower protections; and

j) call for a pan-Canadian strategy to recruit, train and retain health care professionals/workers.

The CFNU submitted 17 resolutions to the CLC convention, addressing social and economic policies as well as constitutional amendments.

Protecting Union Rights Bill C-4

The Liberal government's Bill C-4 repeals C-377 and C-525, two Conservative anti-union bills passed in Parliament between 2011 and 2015. Bill C-525 required that certification and decertification occur via a mandatory secret ballot, and lowered the threshold for decertification to 40%. Bill C-377 required labour unions and trusts to disclose details to the Minister of National Revenue, including transactions over \$5,000, employee compensation over \$100,000, and a percentage of time spent on lobbying and other political activities by union staff.

UN Commission on the Status of Women

The CFNU is pleased to report the successful adoption of Bill C-4 in June 2017. This bill repealed two previous anti-worker bills adopted under the former Conservative government. C-4 repeals former bills C-525, which eliminated card-check at the federal level, and C-377, which created onerous and unfair reporting requirements for labour organizations, not required by other organizations in Canada, and which threatened to undermine the privacy of unionized workers. The passage of Bill C-4 will strengthen workers' rights in Canada.

UNCSW 62nd Session, March 12-16, 2018



Once again, the CFNU had the honour of joining trade union sisters from Canada and around the world for the UNCSW 62nd Session in New York City. The theme was “Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls.”

Canadian female labour leaders were pleased to attend many interesting sessions which included international perspectives on labour rights and injustices around the world.

UNCSW 63rd Session, March 11-15, 2019



The theme was “Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls.” This year to add to the 70 Canadian delegates, the CFNU was represented by Linda Silas, Pauline Worsfold, Vicki McKenna, Mona O’Shea and Debbie Forward.

10+

Picket Lines and
Rallies Attended



7. CONCLUSION

As I have done in all my convention reports, I would like to start by saying merci to our mighty team in Ottawa: Jolanta Scott-Parker, Julien Le Guerrier, Oxana Genina, Kathy Stewart, Carol Reichert, Lauren Snowball, Sebastian Ronderos-Morgan, Carrie Steeves and Holly Drew.

And to our NEB: Debbie Forward (RNUNL), Janet Hazelton (NSNU), Paula Doucet (NBNU), Mona O'Shea (PEINU), Vicki McKenna (ONA), Cathryn Hoy (ONA), Darlene Jackson (MNU), Tracy Zambory (SUN), Heather Smith (UNA), Jane Sustrik (UNA) and Leanna Gustafson (CNSA).

Plus, I must add the numerous experts that work for our Member Organizations, who advise us on every lobby, every research project, every communication message. Merci Kristian Styles, Coleen Logan, Lauren Nicholson, Holly-Ann Campbell, Matt Austman, Erin Thomsen, Lars Murran, David Climenhaga, David Cournoyer, Jackie O'Brien, John Vivian, Paul Curry, Matt Hiltz, Gordon Garrison, Lawrence Walter, Wes Payne, Amber Alecxe, David Harrigan, Maureen Harris, Jeff Hull, Nathan Jackson, Bridget Whipple, Aidan Conway, Judith Grossman.

They do say that the older you get, the faster everything seems to go. Who would have thought that on June 5, 2003, when you gave me the honour of representing Canada's working nurses, I would be here 16 years later still feeling profoundly humbled to be working with you and for you? We never know what the future holds for any of us, the only thing we can do is be true to ourselves, work hard in preparing the ground for others to walk by your side and sometimes just run in front of you. I do know I'm very true to myself, plus I enjoy every minute of my work and my free time. 😊 I feel very confident in the CFNU and its leadership and hope you join me in continuing our amazing growth.

In solidarity always,

Linda Silas



CANADIAN FEDERATION
OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE
DES SYNDICATS D'INFIRMIÈRES
ET INFIRMIERS

STRATEGIC PLAN 2017-2019

MISSION

To be the national voice advocating for nurses and quality public health care.



VISION

A strong, national voice for unionized nurses in Canada and part of the world voice for unionized nurses.



CORE VALUES

The CFNU is driven by the core values of:

- Solidarity and unity
- Accountability and transparency
- Integrity and trustworthiness
- Leadership, forward thinking and action



The overarching priority of the CFNU Strategic Plan for 2017-2019:

Amplifying Nurses Voices and Building the Movement



The CFNU seeks to build a movement and to amplify the voices of nurses and nurses unions all across the country.

The key pillars that ground and give focus to the strategy are:

Safe Nurses, Healthy Work, Quality Patient Care

The CFNU will work to support safe and healthy workplaces that offer high-quality patient care. We will do this in a variety of ways, including promoting safe staffing and high levels of occupational health and safety standards. We will work with Member Organizations to eliminate violence and reduce injury and illness in the workplace, and to secure better socio-economic and working conditions for nurses.



Better, Broader Public Health Care

The CFNU will promote a better, broader public health care system that is publicly funded, administered and delivered, and that will always be there to meet the needs of people living in Canada. We will do this by speaking out against privatization and substitution. We will advocate for health care improvements that address a broad range of social determinants of health. We will advocate for a national, publicly funded pharmacare plan and will work tirelessly for better home, community, long-term and acute care.

OVERARCHING PRIORITY

Amplifying Nurses Voices and Building the Movement

The CFNU seeks to build a movement and to amplify the voices of nurses and nurses unions all across the country.



In the coming three years, decisions will be made that could have a transformative effect on Canada's public health care system – and the lives and working conditions of nurses. With the change of government at the federal level and mounting pressures on provincial health care systems, it will be more important than ever that there be a strong voice representing the interests of Canada's nurses – bringing a coherent, compelling message to Canadians and their governments.

There are more than 350,000 nurses in Canada who enjoy the trust and respect of the public and make a huge contribution every day to our well-being and quality of life. They are not often in the public spotlight, but nurses are on the front line 24/7, every day of the year, caring, comforting and coordinating health services. They enjoy huge credibility and great public sympathy.

The CFNU has a critical leadership role to play in channeling and amplifying their experience, ideas and insights, to influence public opinion and public policy to improve the lives and promote the rights of nurses and the communities they serve.

The contributions of CFNU's Member Organizations are equally important. For these are the MOs that are closest to the ground, dealing directly with members, employers, provincial funders and regulators.

Key Initiatives

The CFNU should:

Enhance its **crucial leadership role in representing Canadian nurses at the national level** to elected officials, including the Prime Minister and ministers as well as other federal officials, to allies in the social movement, and to the public. The CFNU will ensure that nurses claim their important policy leadership role;

Continue to **connect nurses and nurses unions across the country**, channeling their energies and catalyzing their contributions;

Continue its role as a **convener of premiers, health ministers and other key decision makers** to press for reform in the public interest and in nurses' interest;

Continue to **create and curate research that promotes evidence-based innovation** that improves safe and healthy working conditions for nurses and improves the quality and coverage of public health care;

Implement **strategic communications in support of its key priorities to amplify the voice of nurses and nurses' unions**, with special emphasis on social media, including the Speak Up app. **Develop its plans in consultation with MOs to coordinate efforts**, ensure alignment and capture synergies;

Highlight MO campaigns, using the CFNU website and other communications mechanisms such as the Speak Up app;

Work strategically with relevant nurses unions, allied groups and organizations from coast to coast to coast to advance common priorities. Continue to **connect Canada's nurses with the global labour movement**, identifying opportunities for mutual support and solidarity;

Continue to **voice the concern and solidarity of Canada's nurses in support of human rights and human dignity, inclusiveness, climate justice and an end to violence**, including calling for the implementation of the recommendations of the Truth and Reconciliation Commission.

Pillar One

Safe Nurses, Healthy Work, Quality Patient Care

The CFNU will work to support safe and healthy workplaces that are free of violence and that offer high-quality patient care.

Nurses have a right to a workplace free of violence. Yet every day nurses find themselves subject to verbal and physical violence and, increasingly, to sexual, psychological and economic violence at the hands of patients and their families, co-workers and employers. The CFNU will work to eliminate violence and prevent injury and illness in the workplace.

The CFNU is well placed to raise public awareness and solidarity in support of safe staffing and healthy work environment. The CFNU will leverage the work of its Member Organizations to press for nation-wide action on issues of safe staffing mix based on the evidence and patient's needs, the elimination of violence and improving the working conditions of all nurses.

Key Initiatives

- A **public campaign to raise awareness** and concern, change behaviour and promote solidarity with nurses, pressing for action by government, employers and the public. This campaign would combat the normalization of violence and unsafe working conditions for nurses. It would emphasize that overwork and burnout are undermining patient care – and increasing violence. The campaign would include a component that targeted nurses, encouraging them to speak up and say “It’s not OK,” to support each other and model good behavior. Finally, the campaign would call for government action to prevent violence and reduce risk.
- The CFNU can **sponsor research and publish evidence on the day-to-day reality of nurses confronting violence in the workplace and in their homes and communities**, highlighting actions that governments, employers and the public can take to prevent and eliminate violence.
- This work would **build on the existing work/evidence (for example, the Safe Staffing deck) but look for ways to add urgency to the call for action**. This research would examine ideal staffing levels, making the case for more nurses, the proper mix of nurses and safer working conditions – to assure safety and make the link between improved safety and quality of care.
- The CFNU could facilitate an **analysis of health and safety legislation across Canada and from other countries** to identify best practices and promote reforms.
- **The CFNU should develop resources that could support nursing schools to include the issue of violence and safe staffing in the curriculum** so they can better prepare a new generation of nurses to know that: 1) violence is not acceptable and need not be tolerated, and that there are remedies and support available; 2) safe staffing equals safe patient care, and nurses have a professional responsibility to report unsafe situations.
- **The CFNU will work with strategic partners and stakeholders to leverage existing mechanisms, including Workers Compensation and accreditation processes, to create violence-free workplaces.**
- Support the Member Organizations in their foundational work to improve the socio-economic welfare and working conditions of nurses.

Pillar Two

Better, Broader Public Health Care

The CFNU will promote a better, broader public health care system that is publicly funded, administered and delivered, and that will always be there to meet the needs of people living all across Canada.

Given sky-high public trust, nurses are uniquely positioned to advocate for healthy reform of public health care to improve its quality and increase its scope.

Public debate is dominated by those who appear to defend the status quo or those who press for increased privatization as a magic solution.

Nurses are on the front lines every day. They know the status quo is indefensible. But they also know that increased corporate control of health care is not the solution. And they know too many people are falling through the big gaps in our public health care system – putting their health and lives at risk.

Attention has been focused on funding formulas and ideological debates, while the day-to-day reality of patients and families and frontline health care workers is often overlooked.

The CFNU can build on the credibility enjoyed by nurses and their experiences and insights to reframe the debate and rally public support for innovation that improves quality and extends coverage, realizing our vision for a country where everyone has access to the health care they deserve.

Given the relationships the CFNU has developed over the years, it has access to key decision makers and can make its views known on important but technical issues such as the Health Accord. At the same time, it can mobilize public support for dramatic and urgent innovation such as national pharmacare.

Key Initiatives

- Pharmacare: Pharmacare is a critically important missing piece of the national public health care system. We need to simplify our message, enlist the support of employers, engage our members and the public, and collaborate with allies in the social movement to develop political and lobby strategies as well as public awareness activities. A reframing of the issue in the context of the waste was identified as a key message adjustment moving forward.
- The CFNU should continue to undertake or commission strategic research on issues of concern and relevance to inform the public discussion.
- In addition to its public-facing work in support of pharmacare, the CFNU can use its voice, access, credibility and research to advocate on broader, **longer-term and systemic issues**:
 - **Expanding and enforcing the *Canada Health Act*, including calling for much needed national strategies on long-term care, home care, palliative care and seniors**
 - **Drawing attention to growing gaps in the system**
 - **Increasing federal health care funding to a minimum of 25% of total health care costs by 2025**
 - **Assuring increased funding is invested in support of quality public health care in all sectors: acute care, community care, home care and long-term care**
 - **Opposing privatization and corporate control of health care**, removing profit and shareholder dividends from health care costs
 - **Pressing for innovation** that improves continuity and quality of care
 - **Challenging technological changes and skill mix transitions** that are driven purely by cost, and generating evidence to support changes that prioritize quality patient care
 - **Advocating reforms to tackle the underlying social determinants of health**, including ending poverty and assuring quality child care, adequate housing and decent work, and promoting health **improvements for rural, remote and Indigenous communities** and calling for improved support for mental health services for all.



Long-Term Bargaining Goals

Introduction

The purpose of this policy statement is to create a national bargaining strategy with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships. Once ratified, each Member Organization is asked to respect the spirit of these objectives as part of their overall bargaining strategy, always recognizing that Member Organizations retain total bargaining autonomy in accordance with their respective constitutions and policies.

Nurses unions across Canada continue to battle the nursing shortage; layoffs and/or reductions in hours resulting from the deletion and/or substitution of nurses; inadequate and unsafe staffing levels; and the erosion of nurses' professional authority. In addition, we continue our efforts to defend and expand our federal social safety network, including a publicly funded universal health care system.


Long-Term Bargaining Objectives

A Pay and Benefits

- 1) Nurses should be paid salaries, premiums and benefits that recognize their professional status and invaluable contribution to health care. Unions should negotiate wage rates which promote retention and recruitment. Wage and benefit rollbacks are not consistent with this principle and should be rejected. Salaries and benefits should be consistent across all health care sectors so that nurses are not disadvantaged monetarily because of the sector in which they choose to work.
- 2) Notwithstanding our long-term objective of complete universal publicly funded health care, provisions should be negotiated for employer-paid health and welfare benefits for nurses and retirees. Such benefit plans should include the employee's right to treatment and/or services in a publicly funded facility.
- 3) In case of disciplinary or criminal charges placed against a nurse, salary benefit protection and leave of absence should be made available to them until the charges are proven or not.
- 4) Unions should negotiate provisions that ensures time spent on short- or long-term disability and Workers Compensation should be considered pensionable service.

B Retention & Recruitment

- 1) Nurses should be enrolled in jointly trustee, defined-benefit pension plans which, in addition to any government retirement benefits, provide secure, predictable and adequate retirement income.
- 2) Unions should negotiate provisions that allow nurses to work fewer hours without negatively affecting their pension benefits such as phased-in retirement concepts or individual special circumstance arrangements.

- 
- 3) Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
 - 4) Employers should provide work opportunities, equipment (e.g., electric lifts) and human resources (e.g., porters) that address the needs of nurses and will encourage them to participate in the workforce longer.
 - 5) Unions should negotiate contract language which reduces the reliance on casual workforces and promotes the establishment of appropriate levels of permanent employment.
 - 6) Unions should negotiate family and personal leave, child and elder care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.
 - 7) Unions should negotiate provisions that promote portability and recognition of service and seniority.
 - 8) Unions should negotiate provisions to incent nurses to start and continue rural and remote nursing, such as tuition reimbursement, travel/accommodation and remote living allowances.

C Safe Staffing & Quality Patient Care

- 1) A national moratorium be placed on any reduction of nursing hours in any sector of health care. While Canada is experiencing the highest levels of patient's acuity in all sectors, it is important that governments and employers protect, enhance and expand nursing positions to provide safe and quality patient care.
- 2) Unions should negotiate contract provisions which promote safe patient/client/resident care workloads. Unions should negotiate provisions that ensure appropriate and sufficient staff to meet the needs of patients and families, consistent with the patient/client/residents' complexity and acuity.
- 3) Unions should negotiate for appropriate safe staffing levels that minimize the need for overtime. Overtime should be strictly voluntary.
- 4) Unions should negotiate appropriate safe staffing levels that anticipate rest breaks, time off, and planned and unplanned absences. Unions should negotiate contract clauses which provide for vacation relief positions and float pools to staff for leaves and vacations.
- 5) While respecting our bargaining unit integrity, unions should negotiate provisions that ensure appropriate skill mix and scope of practice to optimize patient/resident/client outcomes.
- 6) Recognizing nurses have a leadership role in health care, unions should pursue all opportunities to achieve nursing input into all levels of decision-making in their workplaces.



D Professional Practice Concerns

- 1) Nurses have a right to refuse to practice in violation of their professional standards. Collective agreements should recognize more decision-making autonomy for nurses.
- 2) Unions should negotiate contract provisions for joint union-management nursing advisory committees with equal management and union nurse participants at each worksite. Independent professional responsibility practice committees/panels should have jurisdiction to make binding decisions.
- 3) Unions should negotiate collective agreement provisions that promote high-quality practice environments. Such measures would include a ban on situations in which the demand for care exceeds the ability to provide it (e.g., 'hallway nursing', the assignment of patients/residents/clients without appropriate safe staffing levels, and/or their admission to inappropriate working and care environments).

E Education for Nurses

- 1) Unions should negotiate improved employer-paid short- and long-term education leave provisions and mandatory education programs.
- 2) Unions should negotiate collective agreement provisions that respect nurses' professional autonomy and allow individuals to direct their own professional development activities.

F Health & Safety

- 1) All employers should implement and enforce policies aimed at eliminating physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students. Contract provisions must be negotiated which recognise workplace violence as an occupational hazard and establish standards which provide enforcement mechanisms, including the grievance procedure, where the standards are breached.
- 2) Paid leave of absence provisions should be negotiated to protect nurses who are victims of domestic violence.
- 3) Nurses lose more time away from work because of avoidable illnesses and injuries than any other occupation. Unions should negotiate clauses which promote both physical and psychological health and safety, including personal protective equipment (PPE), safety engineered devices and training.
- 4) Unions should negotiate collaborative return-to-work programs that gradually and safely return nurses to work. Unions should negotiate contract language which provides clauses to enforce duty to accommodate provisions for disabled nurses, which includes nurses suffering from mental illnesses, including but not being limited to PTSD and addictions.
- 5) Unions should negotiate provisions that ensure meaningful participation in emergency and pandemic planning while protecting the integrity of our collective agreements, including mandatory consultation in regards to protocols and procedures that impact the health and safety of nurses caring for patients with communicable diseases.

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- 6) Comprehensive influenza prevention strategies should be negotiated.

G Union Security

- 1) Unions should negotiate contract provisions for adequate and accessible employer-paid union leave, with same classification replacements (replace like with like) to ensure that nurses' rights can be adequately protected.
- 2) Nurses have a vital role in patient and public advocacy. Unions should negotiate provisions that protect whistle blowers and promote the culture of safety.
- 3) Unions should negotiate contract provisions that promote, protect and respect bargaining unit integrity across Canada.
- 4) Unions should negotiate contract provisions that promote a positive image for the union and ensure its growth, survival, importance and relevance to members.
- 5) Union security provisions should include mandatory dues deduction and remittance based on the Rand Formula.

H Diversity in Areas of Work

- 1) Unions should negotiate collective agreement language which respect diversity and employment equity and provide education/awareness on how to build a work culture of inclusiveness.
- 2) Unions should negotiate provisions that protect human rights and promote equity issues, with the overall objective of eliminating all forms of inequity and discrimination in our areas of work.

I Truth and Reconciliation Commission of Canada

- 1) Unions should negotiate the promotion of the principles and recommendations in the Truth and Reconciliation Commission of Canada: Calls to Action.

Revised February 2019

Adopted 2003

International Solidarity Fund Report

Respectfully submitted by:

Debbie Forward, RNUNL, Chair

Mona O'Shea, PEINU

Tracy Zambory, SUN

Cathryn Hoy, ONA

The International Solidarity Fund (ISF) Committee meets twice each year in conjunction with the National Executive Board meetings. In between board meetings, teleconference meetings are also held when required. The committee is quite pleased with our accomplishments since last convention.



To provide core funding to the ISF, one cent per member per month is contributed from monthly CFNU dues. Other funding is achieved through the silent auction that is held at the CFNU Biennium, and we ask Member Organizations to fundraise at their own conventions/AGMs in support of the ISF. Credit: Stephen Lewis Foundation

The committee has an annual budget of \$25,000. This money is divided between Capacity Building (\$15,000) and Worker Exchange support (\$10,000). Prior to 2013, the ISF also provided money for Humanitarian Assistance for local or international disaster relief. However, our experiences have taught us that when tragedy strikes, our Member Organizations, locals and individual members step up to the plate and donate generously. The CFNU and MOs will continue to provide humanitarian assistance when required.

The number of applicants for the Worker Exchange is increasing, which is a very positive sign. Our members are doing great work, and we want to make sure they are aware that this fund is available to provide support. **Applications for support must be received by December 31 for travel in the following year, which is a critical requirement that must be met.**

Worker Exchange

Our members are making a difference around the world. In the past two years, we have been able to support members volunteering in countries such as Panama, Peru, Ecuador, Honduras, Africa and Guatemala.

Capacity Building

We are happy to announce that our first project with the Stephen Lewis Foundation is almost finished. After three years of financial support, the CFNU sent Cathryn Hoy (ONA) and Janet Hazelton (NSNU) to do a study tour, and a full report will be given at convention.

The Stephen Lewis Foundation provided a few notes about what is happening on the ground in these organizations.

Swaziland Nursing Association (SNA)

Almost all of their clients who had been tested HIV+ have been referred for follow-up care. For clients that have defaulted on their antiretroviral treatment, SNA is following up with them directly through the Mobile Outreach Services funded through this project. SNA was excited to share that the Centre received an award for being the best-performing TB facility in the region.

Panzi Hospital

The hospital remains a beacon of hope in the area – it is now the only remaining major hospital addressing HIV issues after the closure of many projects working in the area of HIV. Through this project, the hospital continues to provide holistic care for HIV+ patients. Not only are they receiving free medical attention, they are also receiving psychosocial support, access to ARV medication, small loans to start businesses, and money to help with school fees for their children. Two Field Representatives from SLF recently carried out a monitoring and evaluation visit to Panzi, and here is some of what they heard from project beneficiaries: "I was on my deathbed but I'm back to living a normal life thanks to SLF." "We will die if we do not have support."



Credit: Stephen Lewis Foundation

The Panzi Hospital continues to be a beacon of hope for patients in the Kivu area of Eastern Congo, especially for women and for people living with HIV and AIDS. Their HIV programme supported by the SLF through CFNU/ONA provided care to over 3,700 patients between July and December of 2017 free of charge. Especially impressive is Panzi's reach to high-risk populations with their HIV services including soldiers and sex workers. And they are seeing a decrease in the numbers consulting for HIV services, which is good news.



The Swaziland Nurses Association (SNA) continues its good work within the health care sector. Almost all of their clients have started on antiretroviral (ARV) care, which is a massive win for the organization as a big part of the struggle in countries where HIV is endemic is enlisting clients onto antiretroviral treatment (ART) as soon as possible. A further victory is that they have not had any defaulting of their clients on ART. This speaks to the strength of SNA's programme as this is another challenging area of work: adherence of patients on ART. Additionally, SNA's Wellness Centre which is supported by the SLF through the CFNU/ONA won an award for being the best performing TB facility in the region.

Included in this report are the financial statements for the Fund for the years 2017 and 2018. We look forward to answering any questions you may have at the Biennium.

Credit: Stephen Lewis Foundation

Here are just a few of the images sent by recipients of our Worker Exchange assistance, followed by reports from two of the many participants from 2017 and 2018.



Canadian Association of Medical Teams Abroad – Quito, Ecuador

February 2018

In February I had the privilege of being part of the Canadian Association of Medical Teams Abroad (CAMTA) mission to Quito, Ecuador. Our overarching purpose was to serve within a community hospital, providing hip replacements to adults and club-foot corrections to children. My role as an adult ward nurse was to assist and rehabilitate patients post-operatively, providing education and discharge teaching to both patients and families. We worked closely with the local staff, sharing best-practice standards and brief education seminars. It was a tremendous undertaking, as our group had to take down over 50 duffle bags of equipment and medical supplies.

This was CAMTA's 16th year serving at this hospital, and their long-standing relationship with the community was evident. Several local translators were young teenagers volunteering their time, happy to give back as 16 years ago they were once the first CAMTA patients as young children. Also, several adult patients were happy to report success stories of extended family members, close friends and neighbours enjoying pain-free mobility from their own CAMTA experiences years prior.

Our team consisted of approximately 50 individuals, with roles ranging from IT and logisticians to anaesthesiologists and recovery room nurses. During our week in Quito, we averaged approximately 4 adult and 3 pediatric surgeries a day, with only two OR theatres. It was a tremendous experience building team relationships, interacting with our patients and their families, and giving back our tangible skills as health care professionals.



Six years ago was my first trip with CAMTA, visiting Quito as a student nurse. It was truly a life-changing experience for me, as that week was where my passion for humanitarian work developed. Since then I have been able to travel to several other countries as a nurse, offering aid and care with various organizations. This most recent trip with CAMTA marks my second mission with the organization, and will develop into an annual

commitment as my heart was once again so moved for this population.

I would like to express my most sincere gratitude to the CFNU for their support in my endeavors, as it truly made a difference in not only my time abroad but in the experiences of my patients in Quito, Ecuador.

Danielle Becker

United Nurses of Alberta (UNA)

Project Amazonas, Young Nurses Take Action (YNTA) – Peru, Amazon January 2019

I had the privilege of joining Young Nurses Take Action in January to spend two weeks volunteering in the Peruvian Amazon. We partnered with Project Amazonas to provide basic health care and women's health education to remote communities along the rivers in the Amazon. We set out on the boat on January 7, 2019, travelling 12 hours upriver on the Itaya River. We spent the first week setting up mobile clinics in various communities. We were able to reach 7 communities and provide care to over 350 patients. Most of these communities have to travel a minimum of two hours to reach the nearest public health centre.

Our second week started with us traveling 15 hours down the Amazon River and the Orosa River to our destination, Madre Selva and the Orosa Clinic. This week involved us going to three communities to provide women's health education, covering male and female reproductive systems, the menstrual cycle, contraceptives, self breast examinations, pre- and post-natal care, and healthy boundaries in relationships. It was during this week that we provided the communities and the clinic with 500 condoms, 50 DivaCups, knitted toques for newborns, and educational materials all translated in Spanish. Part of our fundraising efforts included being able to purchase an ultrasound machine for the Orosa Clinic.

In the two weeks of volunteering, we were fortunate to be able to experience the beautiful country of Peru, to journey through the Amazon on a boat, to meet the people of the Amazon and visit their communities, all the while being able to provide primary health care and education. We developed a great relationship amongst all of us from Young Nurses Take Action, with the three Californian translators who made our experience so much more seamless and rewarding, and with the health care team and crew employed by Project Amazonas.

Jenna Thibert

United Nurses of Alberta (UNA)



International Solidarity - As of December 31, 2017			
	ISF	CFNU/MO's General	TOTAL
Opening Fund Balance - December 31,2016	278,841.78		278,841.78
Revenue			
SUN	5,156.65		5,156.65
NBNU	4,060.00		4,060.00
NSNU	4,150.00		4,150.00
RNUNL	2,100.00		2,100.00
UNA	3,000.00		3,000.00
MNU	2,400.00		2,400.00
PEINU	2,701.10		2,701.10
CFNU Convention Auction	8,430.15		8,430.15
			-
<i>Sub-Total</i>	<i>31,997.90</i>		<i>31,997.90</i>
Dues allocation	14,645.77		14,645.77
CFNU & Member Organizations' General		23,247.44	23,247.44
Total Revenue	46,643.67	23,247.44	69,891.11
Expenditures			
Humanitarian Assistance			
Florence Nightingale Int'l Foundation - Girl Child Education Fund		2,150.28	2,150.28
RNRN Disaster Relief donation		9,928.62	9,928.62
Stephen Lewis Foundation	64,000.00		64,000.00
			-
<i>Sub-Total</i>	<i>64,000.00</i>	<i>12,078.90</i>	<i>76,078.90</i>
Worker-to-Worker			
Mary Knight	500.00		500.00
Deborah Roberts	500.00		500.00
Wendy Hui	500.00		500.00
Jennifer Evans	500.00		500.00
Kristin Jennings	500.00		500.00
Lindsay Brouwer	500.00		500.00
Bobbi Spady	500.00		500.00
Shellie Dowhan	500.00		500.00
Taylor Peters	500.00		500.00
Kate Earley	500.00		500.00
Jennifer Castro	500.00		500.00
Natalie Hugo	500.00		500.00
Amy Edwards	500.00		500.00
Julie Tinker	500.00		500.00
Marsha Tanner	500.00		500.00
<i>Sub-Total</i>	<i>7,500.00</i>	<i>-</i>	<i>7,500.00</i>
Capacity-Building			
Global Nurses United (GNU)		11,168.54	11,168.54
<i>Sub-Total</i>	<i>-</i>	<i>11,168.54</i>	<i>11,168.54</i>
Total Expenditures	71,500.00	23,247.44	94,747.44
Net Increase for 2017	(24,856.33)	-	(24,856.33)
Closing Fund Balance -December 31, 2017	253,985.45	-	253,985.45

International Solidarity - As of December 31, 2018			
	ISF	CFNU/MO's General	TOTAL
Opening Fund Balance - December 31,2017	253,985.45		253,985.45
Revenue			
SUN	5,605.00		5,605.00
NBNU	4,050.00		4,050.00
NSNU	4,050.00		4,050.00
RNUNL	5,472.20		5,472.20
UNA	3,000.00		3,000.00
MNU	2,500.00		2,500.00
PEINU	2,222.50		2,222.50
			-
<i>Sub-Total</i>	26,899.70		26,899.70
Dues allocation	15,327.19		15,327.19
CFNU & Member Organizations' General		10,571.52	10,571.52
Total Revenue	42,226.89	10,571.52	52,798.41
Expenditures			
Humanitarian Assistance			
Florence Nightingale Int'l Foundation - Girl Child Educaton Fund		2,020.34	2,020.34
Stephen Lewis Foundation	64,000.00		64,000.00
			-
<i>Sub-Total</i>	64,000.00	2,020.34	66,020.34
Worker-to-Worker			
Wendy Bell	500.00		500.00
Diane Nguy	500.00		500.00
Lormirra Alcantara-Johnson	500.00		500.00
Danielle Becker	500.00		500.00
Tiffany Curtis	500.00		500.00
Patricia Taylorson	500.00		500.00
Amanda Patterson	500.00		500.00
Hanna Schaef	500.00		500.00
Louise Liu	500.00		500.00
Lyndsay Rutt	500.00		500.00
Kristin Jennings	500.00		500.00
Tracy Villeneuve	500.00		500.00
Janice Wicks	500.00		500.00
Kathy MacDougall	500.00		500.00
Kaitlyn Grant	500.00		500.00
<i>Sub-Total</i>	7,500.00	-	7,500.00
Capacity-Building			
Global Nurses United (GNU)		8,551.18	8,551.18
Uganda Nurses & Midwives	13,620.96		13,620.96
<i>Sub-Total</i>	13,620.96	8,551.18	22,172.14
Total Expenditures	85,120.96	10,571.52	95,692.48
Net Increase (Decrease) for 2018	(42,894.07)	-	(42,894.07)
Closing Fund Balance -December 31, 2018	211,091.38	-	211,091.38