

Member Organizations' News



New Brunswick Nurses Union

This is Nursing Campaign

At the request of our members, NBNU collaborated with a local marketing agency to create an 18-month marketing campaign, which ran from January 2018 to May 2019, designed to instill pride, showcase positivity, support recruitment and retention, and to remind members of why they chose to become a registered nurse.

Overall the campaign drew more than 2.3 million impressions and over 17,000 clicks to our microsite. Interestingly, those who were more heavily reached and engaged the most in our content were women 54+, followed closely by women 55-64.



Workplace Violence Legislation Coming into Effect

NBNU is pleased to announce that as of April 2019, New Brunswick recognizes workplace violence as a workplace hazard under the *Occupational Health & Safety Act*. This legislation was put into place after many letters, notices and press conferences were held about this important workplace issue.

In addition, working to create this legislation in the province, we are committed to working with employers to develop and implement measures to prevent violence, as well as focusing on better supporting those directly involved in violence-related issues.

“Privatization” of Extramural Program



From left to right: Jennifer Jahn, Cassie Samson, Paula Doucet, Julie Michaud, Arthur (Joe Carr)

In early 2017, this controversial agreement saw the province transfer management of the extramural program, which delivers care in patients' homes to Medavie Blue Cross, a private not-for-profit company. The program was formerly managed under the Regional Health Authorities.

Critics referred to this decision as privatization and felt that the program and the home care it provides would be best managed by the authorities that run the hospitals, but the Liberal government at that time said this decision would allow for better integration with the services that the company already runs.

The results of this decision are still being

determined and under review by the current government.

New Brunswick's Nursing Crisis

NBNU has been saying for many years that if the nursing situation in the province does not change, there will be terrible consequences. Unfortunately, that time is upon us now, and the situation is critical in the province.

The Nursing Resource Collaborative was started in December 2017 in response to this shortage with many stakeholders at the table. The goal of this committee is to ensure that there is a viable, long-term solution in place so that we aren't dealing with this same preventable crisis years from now.

2018 Provincial Election

NBNU collaborated with the Nurses Association of New Brunswick (NANB) on a pre-election package for government leaders that highlighted our collective top five priorities for the 2018 provincial campaign.

Paula Doucet, NBNU President, and Stéphanie Maillet, Professor Université de Moncton



Between both organizations, we represent one in 83 New Brunswickers and, although we both have very different mandates, we continue to have a good working relationship with NANB as we navigate the landscape of the current Conservative Minority Government.

BloodWatch



Paula Doucet, NBNU President, and Don Davies, NDP

This is an issue that has been ongoing with NBNU. We have been consistently working with and advocating for BloodWatch to ban the private, for-profit company, Canadian Plasma Resources (CPR), which is still operating in Moncton. A highlight was that NBNU participated in the lobby efforts of Senator Wallin's Bill that she introduced to take aim at this very important issue.

Bargaining

For the first time in its history NBNU has gone to the bargaining table with all three of the groups they represent, simultaneously. Contracts with Nurses, Part II – Hospitals and Community Care, Nursing Homes, and Nurse Managers and Nurse Supervisors all expired December 31, 2018.

Bargaining committees have been set for all groups in early 2018, and issues such as the chronic shortage of nurses, low wages, overtime hours, double shifts, burnout, recruitment and retention, brought up by members through surveys and

active participation, will play an important role in moving the negotiations forward. Essentially, two main themes emerged from each group. While working conditions look different for each sector, NBNU is aware that conditions must improve for all and that a competitive wage increase is essential in order to attract and retain registered nurses to New Brunswick.

Registered Nurses' Union Newfoundland and Labrador

Serving up Information at MHA Breakfast



RNUNL President Debbie Forward

On May 16, 2017, RNU hosted provincial MHAs for an early-morning information session on safe RN staffing.

Eighteen MHAs and various other stakeholders started their day with this important breakfast event and heard from Mike Villeneuve, a nursing leader well known across Canada for his work in health system policy and the future of nursing.

The goal of this breakfast was to provide MHAs with real evidence on the importance of safe staffing and present nursing research that clarifies just how valuable RNs are to the health care system.

MHAs were encouraged to consider the communities they represent in the House of Assembly and how safer RN staffing levels can help improve health care for these residents and the system as a whole.

Armed with this new information, MHAs are better prepared to hear concerns from their constituents and work with the Regional Health Authorities and government members to effect change.



In addition to presenting at the breakfast, nursing and health policy expert Mike Villeneuve also met privately with former Finance Minister Cathy Bennett, and Health and Community Services Minister Dr. John Haggie. Events like the MHA Breakfast help RNU ensure our message is heard and clearly understood; it allows us to give the information directly to those who make the decisions and influence change.

More Full-Time RNs Can Save a Lot Campaign

Through our Clarity Project, we have been showcasing RN value: In-depth knowledge. Higher education. Advanced judgement. Critical thinking. Comprehensive assessment.

Research clearly proves the value of having RNs in the health care system. Safe RN staffing levels mean better outcomes for patients, improved work environments for RNs, and a more efficient and cost-effective system.

But when RNs are not staffed properly, everyone loses: Patients. Other providers. Employers. Government. RNs.

RNU unveiled our More Full-Time RNs Can Save a Lot campaign in the fall to illustrate that investing in RNs is a solution that will benefit us all.

Through a series of province-wide television, online and print ads, as well as a strong presence on social media, we are raising awareness about the impact of safe RN staffing.

The More Full-Time RNs Can Save a Lot campaign is research-based. It shines a spotlight on the overwhelming evidence connecting safe RN staffing to better and more efficient patient care.

This campaign continues to push forward the goal of our Clarity Project, which is to protect and promote the RN role.



A number of RNU members took part in the making of our awareness campaign. Some of the RNs are seen here. From left to right: Tony Moores, Lisa Picco, Kim Parsons, Robyn Wrice, Debbie Forward, Yvette Coffey, Debbie Cuff and Rosalie Gillis.

In February 2018, we launched phase two of our awareness campaign. We reran the TV and online ads and developed some new content for social media.

The new content addresses some of the reaction and response our campaign received from government. This includes comments by the Deputy Minister and Minister of Health that we have too many RNs and that some duties being performed by RNs could be shifted to LPNs.

The new material included five infographics and a series of Facebook Live videos. To access the campaign material, visit www.RNValue.ca or check out our Facebook page.

Presumptive Coverage for PTSD for all Workers

The provincial government announced amendments to the *Workplace Health, Safety and Compensation Act* to provide presumptive coverage for work-related post-traumatic stress disorder (PTSD) for all workers on December 4, 2018.

This is a great achievement for workers and unions who have advocated long and hard to make this a reality. RNU submitted a proposal as part of the workplace mental health review in 2018.

Amendments to the *Workplace Health, Safety and Compensation Act* will come into effect as of July 1, 2019, and mean that a worker who experiences a traumatic event or multiple events at work will be presumed to have developed their diagnosed PTSD as a result of their work.

The diagnosis must be made by a psychiatrist or registered psychologist using the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

This legislation would simplify the claim process and allow the workers' compensation system to help injured workers receive the assistance they need earlier.

This will lead to better outcomes in improving the worker's overall health and well-being as well as options for returning to work when appropriate.

Government also committed to review legislation in July 2020 to look at coverage of other psychological injuries.



Workers, unions, and government officials celebrate the announcement of presumptive PTSD coverage.

Registered Nurses' Union Joins the NL Federation of Labour

The Newfoundland and Labrador Federation of Labour (NLFL) announced on September 25, 2018, that the Registered Nurses' Union Newfoundland and Labrador has joined its federation.

While the organizations have a long history of collaboration, RNU and NLFL will now work together under a formal partnership. As a NLFL member, RNU joins the nearly 25 affiliated unions representing over 70,000 workers in the province.

Debbie Forward, President of RNU, is optimistic about the possibilities this venture holds.

26th Biennial Convention Highlights

From November 5-9, approximately 230 registered nurses and nursing students from across the province gathered in St. John's for the 26th Biennial Convention.

The convention theme "Taking Care. Giving Care." highlighted the importance of taking care of both patients and registered nurses. To give patients the care they need and deserve, RNs need healthier and safer workplaces.

It was a productive convention that included a Q&A session with the health minister and a rally for More-Full-Time RNs Can Save a Lot. Issues addressed included psychological health and well-being, diversity and inclusion, scope of practice, and cannabis. The closing speaker was Big Daddy Tazz, a comedian and mental health advocate.

For the first time, a number of the convention sessions were available to all members via Facebook Live.

To kick off the week, delegates heard an inspiring address from RNUNL President Debbie Forward.



Prince Edward Island Nurses' Union



2017 PEINU Fall Education Day



2017 Labour Day - Carl Pursey, President of PEI Federation of Labour, and Mona O'Shea, PEINU President

PEINU is proud to have joined the PEI Federation of Labour on May 2, 2018


2018 AGM Business Day: PEINU President Mona O'Shea



Hon. Robert Mitchell, PEI Minister of Health, and Mona O'Shea, PEINU President (2018)



2018 PEINU AGM Business Day attendees

pei nurses
Registered Nurses  **Make the Difference!**


As the delivery of healthcare in PEI continues to undergo changes, it is essential to recognize the key roles of RNs and NPs.

Critical Care Registered Nurse

"As a Critical Care Registered Nurse, I continually assess my patients for changes in their medical conditions. I provide advanced life support treatments, respond to life-threatening situations, assist physicians in performing procedures and constantly collaborate with other members of the critical care team to ensure patients receive the most beneficial care."

#RNADVANTAGE Jack S. RN

Proudly representing approximately 1,200 Registered Nurses and Nurse Practitioners since 1974

pei nurses
Registered Nurses  **Make the Difference!**

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Registered Nurse in Community Palliative Care

"In Palliative Care, RNs are integral team members. RNs support individuals to live fully to the very end of life, with dignity and comfort, using a person-centered and family-focused approach."

RNs assess, plan and provide care. We are continually monitoring and evaluating the effectiveness of strategies and interventions to minimize pain and symptoms. At the same time, we provide emotional support with compassion."

Joanne C. RN

#RNADVANTAGE

Proudly representing approximately 1,200 Registered Nurses and Nurse Practitioners since 1974

Nova Scotia Nurses' Union

Eastern Labour School 2018

The Nova Scotia Nurses' Union hosted Eastern Labour School (ELS) from June 4-6, 2018, an event that brought together nearly 350 nurses from Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland and Labrador.

We talk about the importance of solidarity within the labour movement and between nurses unions. The NSNU maintains strong working relationships with the Canadian Federation of Nurses Unions and its member organizations, but our bond with the Atlantic nurses unions is particularly special. Our organizations often work together and are supportive of one another. This relationship is strengthened by events like Eastern Labour School, where nurses from each union gather together to take part in learning, networking and community-building.

Eastern Labour School was hosted at St. Francis Xavier University in Antigonish, the perfect venue to facilitate numerous classes designed to improve nurses' understanding of labour relations, negotiations, communications, technology and more. Sixteen instructors took charge contributing their extensive experience and passion for their topics to share with participants.

First-time attendees were able to participate in one of five foundation courses that took place over the course of the event. These in-depth courses provided a strong introduction for new and emerging activists, hopefully enticing many to come back for future education sessions and to become more active in their locals.



NSNU members at Eastern Labour School

NSNU President
Janet Hazelton



Incentive, More Capacity to Educate Nurse Practitioners

In July of 2018, a new incentive program and additional student-nurse seats at Dalhousie University were announced during a news conference at St. Martha's Regional Hospital in Antigonish. The goal is to help ensure Nova Scotia has the nurse practitioners it needs.

The Nurse Practitioner Education Incentive provides salaries for up to 10 registered nurses while they attend Dalhousie's two-year nurse practitioner full-time program. In return, recipients must commit to work in one of several designated communities for five years. An arrangement with Cape Breton University allows students to complete some program requirements locally, minimizing the need to travel to Halifax.

Minister of Health and Wellness Randy Delorey said the top priority is to improve access to primary health care. He also stated that supporting registered nurses to become nurse practitioners will fill a growing workforce need.

NSNU president, Janet Hazelton, a presenter at the news conference, added that nurse practitioners offer untapped potential in clinics, hospitals and long-term care facilities – particularly in underserved communities. She asserted that educating more NPs and allowing them to work to their full scope of practice will go a long way in improving access to care; paying their salary while in school allows the nurse to study full time and return to the system sooner than if they were unpaid and studying part time.

Government is also funding an additional 25 seats in Dalhousie's nurse practitioner program – 15 seats in 2018 and 10 in 2019/2020. The total four-year investment is \$1.6 million.

Provincial data shows that about 50 more nurse practitioners are needed to continue to expand collaborative family practice teams in communities across the province. Government will invest \$1.4 million in the Nurse Practitioner Education Incentive over two years.

The NSNU will be tracking the progress of this positive incentive program.

Nova Scotia Council of Nursing Unions Concludes First-Ever Multi-Union Bargaining Through Arbitration

In March of 2015, the Nova Scotia government, with the consent of unions, legislated health care unions to bargain at one table. Four councils of unions were established to bargain on behalf of each bargaining unit -- nursing, health care, support and administrative professionals. This came on the heels of the government combining numerous district health authorities into one provincial system.



From left to right :
Carmelle d'Entremont,
NSHA VP of People and
Organizational Health;
Dr. Ruth Martin-
Misener, Dalhousie
University; Chris
Browner, BScN RN, and
Anthanasius Sylliboy,
BScN RN – both
enrolled in the NP
program at Dalhousie;
Janet Hazelton, NSNU
President; and Randy
Delorey, NS Minister of
Health and Wellness

Under the new structure, all unionized health care workers would maintain their existing representation and continue to pay dues to those unions.

This development was intended to streamline the number of bargaining processes from 50 to four. Having one union leading negotiations for each of the four bargaining units (NSNU lead the nursing negotiations) was to ensure clarity for employers during the negotiation process.

In May of 2018, the same unions agreed to allow any table that could not reach an agreement at the table to go to mediation/arbitration before the end of 2018.

Early December 2018, Arbitrator William Kaplan publicly issued his award to establish the first province-wide collective agreement for approximately 7,500 acute care nurses (represented by four different unions) working throughout the province for the Nova Scotia Health Authority (NSHA) and the IWK Health Centre.

This unprecedented round of bargaining included nurse representatives from across Nova Scotia, from four different health care unions – NSNU, NSGEU, CUPE, and Unifor – together at one table. Council representatives had the arduous task of combining almost two dozen collective agreements into two – one for the NSHA and the other for the IWK.

The Council worked diligently on behalf of nurses in Nova Scotia, stating this collective agreement is the best-ever achieved for nurses. The NSNU was able to maintain much of the progressive language achieved in previous rounds of bargaining, while improving some language and acquiring new language that benefits members.

Arbitrator Kaplan's award came after the Council of Nursing and the Employers met an impasse in bargaining which began in early September of last year.

All provisions, including language changes, took effect February 1, 2019.

The NSNU anticipates growing pains as members become more familiar with the new agreement, but education continues with regard to the implementation and interpretation of the new agreement under these new circumstances.



Janet Hazelton, NSNU president, and Chris Albrecht, Chief Negotiator, during a webinar presentation of the first-ever Council of Nursing Unions Collective Agreement

Ontario Nurses' Association

ONA's RN Proud Winter Campaign Reaches More Than One Million People

There is no question that Canadians value and respect registered nurses and rank the profession as the most trusted year after year.

In winter 2018-2019, ONA continued its successful and award-winning campaign, RN Proud, with cinema videos, radio ads and a robust Facebook campaign, ensuring that RNs remained front-and-centre in the public eye. In fact, our Facebook campaign – which ran over the holidays – reached more than one million people. This is no easy feat given that it competed with many other holiday ads and yuletide messages.

What made this campaign extra special were the comments we received directly from Ontarians, like this one: “I have had hundreds of nurses to thank for the care I've received over the years. They are the reason I'm still here. THANK YOU.”

Comments like this are what made our campaign all the more worthwhile. #RNProud #NursesKnow

ONA Participates in Long-Term Care Inquiry

Following a tragic series of murders of long-term care residents by a former nurse, the Ontario Nurses' Association supported a public inquiry, calling for it to be “broad enough that systemic issues that impact the care and safety of long-term care residents” could be examined.

Over the course of the hearing, expert testimony revealed:

- Long-term care homes suffer from chronic short-staffing;
- These homes are underfunded and understaffed;
- Management of for-profit homes sometimes do not understand their obligations under provincial legislation; and
- Long-term care residents suffer from increasingly complex health conditions and require more RN care.

ONA submitted a number of recommendations to the inquiry with a view to improving the care and safety of residents in long-term care. The final report and recommendations of this inquiry are due to be released on July 31, 2019. ONA remains optimistic that long-term care in Ontario will improve.

Nurses Now Included in PTSD Legislation

It was a long, hard battle by ONA and our members, but at the end of the day our voices were heard.

Thanks to a strong ONA lobby campaign, former Ontario Minister of Health and Long-Term Care Dr. Eric Hoskins announced at ONA's Biennial Convention in December 2017 that all front-line nurses



who provide direct care will be included in presumptive post-traumatic stress disorder (PTSD) legislation, making it easier for them to access treatments and benefits.

When the legislation was first passed in 2016 for first responders such as police, firefighters and correctional officers, but not nurses, ONA argued that nurses are also first responders to an array of traumatic incidents on the job, from child assaults and deaths to suicides to life-threatening infectious disease outbreaks – to name but a few.

Our members quickly jumped on the bandwagon, participating in an email campaign to the Minister of Labour and using our PTSD lobby kit when asking their MPPs for support. As a result of this relentless work, legislation was passed in early 2018.

Telling our story repeatedly achieves results. Ontario's former Health Minister said that "ONA fought hard to make a case that if a nurse suffers from PTSD, that there should not be any question that it is work-related. We have heard you and are committed to taking care of our nurses too, because it is the right thing to do."

Striking Thunder Bay District Public Health Nurses Received Unwavering National Support



ONA President Vicki McKenna at the International Violence Prevention in Health Care Conference

In the fall of 2018, more than 55 registered nurses working for the Thunder Bay District Public Health Unit withdrew their services and went on strike.

This community of more than 146,000 people went without vital health care services because the employer cancelled many programs, including vaccination clinics, street nursing and healthy children programs, during the disruption.

In what turned out to be one of the longest nurses' strikes in Canadian history, lasting just over four weeks, this strike clearly showed that union solidarity – especially among our member organizations – is strong and

unbreakable from coast to coast.

With the CFNU sending out many tweets, shareables and Facebook posts supporting our striking nurses, the MOs gathered on their own social media channels and pushed out the solidarity message.

The videos, the tweets, the letters, the notes of encouragement – all bolstered the morale of our striking members. Perhaps they knew that they weren't just walking for themselves and for better patient care, perhaps they were also walking with the 200,000 nurses and health care professionals across Canada.



CFNU President Linda Silas stood shoulder to shoulder with ONA's striking nurses walking the picket lines, and spoke to local media outlets in support.

ONA Wins Second Arbitration Decision: ‘Vaccinate-or-Mask’ Policies Are “Unreasonable and Illogical”

In a highlight of 2018, ONA won a second arbitration decision on a group of Toronto hospitals’ controversial vaccinate-or-mask policy.

The policy in question forced nurses who choose not to receive the influenza vaccine to wear an unfitted surgical mask for their entire shift. The policy was put in place in a handful of Ontario hospitals.

In ONA’s second win, arbitrator William Kaplan called the policy of the Toronto hospitals “illogical” and said it was “the exact opposite of being reasonable.”

Expert witnesses testified about the lack of evidence that wearing masks by healthy nurses during influenza season actually prevents influenza transmission, and that it was not logical for healthy unvaccinated nurses to wear masks.

Most tellingly, both prior to and after introducing the vaccinate-or-mask policy, the Toronto area hospitals continued to experience influenza outbreaks. With this second arbitration win, ONA hopes that this issue can now be laid to rest.

ONA Leaders and Members Continue to Advocate to Stop Workplace Violence

With workplace violence happening virtually every day in health care settings, prevention is always top of mind for ONA leaders and members.

For the past two years, ONA has made inroads with employers, government and stakeholders, and has increased public awareness of the devastating impact of violence in health care on both care providers and patients.

ONA continues to be an active participant in the Ontario government’s joint Ministry of Health and Long-Term Care/Ministry of Labour provincial Violence Leadership Roundtable. Tasked with developing recommendations for prevention, the Roundtable is now examining long-term care and community care. We are hopeful that the recommendations will have a positive influence on prevention efforts.



ONA 1st Vice-President Cathryn Hoy

Coroner Accepts ONA Recommendations

A coroner’s inquest looking into the death of a 65-year-old man while in restraints in a psychiatric facility issued a verdict in late 2017, including several recommendations proposed by ONA.

ONA had standing at the Mpelos Inquest, which took place in October 2017, and brought our expertise to deal with systemic issues, such as the use of restraints, training of staff, patient violence, use of security and staffing issues. Through ONA’s Legal Expense Assistance Plan (LEAP), we also provided legal representation to two RN members who cared for the patient in question.

The inquest verdict came down on November 7, 2017, and included a key recommendation, which had been proposed solely by ONA, that “sufficient nursing staff be assigned to care for patients in mental health units.”

United Nurses of Alberta

Activism Never Ends for Nurses – and UNA Activism Bore Fruit for Nurses in 2018

Activism never ends for Canadian nurses unions, and United Nurses of Alberta is no exception.

As a result, there have been many small victories over the past couple of years, a few big ones, and three in particular that stand out as significant successes for UNA, its members and, really, all Albertans.

After a hard year of bargaining, early in 2018, UNA signed a new collective agreement with its largest employers, including Alberta Health Services, Alberta's province-wide health care agency. The three-year collective agreement included many improvements, including significant job security provisions for the life of the contract.

Professional Responsibility Concerns



Heather Smith, UNA President

But arguably the most significant change in the agreement was the improvement to the union's negotiated Professional Responsibility Concern procedures, a major concern for UNA members and a process the union has fought for and improved incrementally over many years.

The pattern-setting agreement's PRC language included an Independent Assessment Committee that has the power to make recommendations to help resolve disputes over patient and employee safety. And for the first time, the agreement included provisions for resolving PRC disputes that could not be settled. Now such disputes can proceed to binding arbitration if the

committee's non-binding recommendations are rescinded or not implemented at any stage in the process. This was a very significant development, giving the PRC process real teeth for the first time.

These improvements, while among the most significant in the long development of the PRC process, are not the end. UNA will continue to fight for improvements to PRC language to protect patients, members and the public. As UNA President Heather Smith said after the contract was signed, the next step is to ensure frontline nurses represented by the union use the process.

Soon after the agreement was signed, UNA used the new provisions to resolve a PRC at another major employer, the Catholic-Church-run Covenant Health system. Five of seven specific union recommendations to resolve long wait times, understaffing and reduced services in a seniors' mental health program were agreed upon during mediation, and agreement was reached on how to deal with two others over a longer time frame in December.



Jane Sustrik, UNA 1st
Vice-President

Red Deer Hospital Emergency Room

For more than four years, members of UNA Local 2 have been fighting the good fight to solve chronic understaffing at the Red Deer Regional Hospital Centre that would occasionally go critical. This resulted in periodic crises that saw the Emergency Room closed, ambulances redirected to other Central Alberta hospitals, and nurses suffering burnout from constant demands to work overtime.

The obvious solution – hiring additional nurses to work in the facility – was often promised but never seemed to actually happen.

Frustrated, in June last year, UNA filed a grievance seeking a ruling that would require the employer to hire appropriate numbers of nurses to operate the ER. The union also carried out an aggressive media relations strategy to ensure the public understood the underlying cause of the recurrent problems was understaffing, and not (as some officials claimed) nurses taking too many vacations. Representative of Local 2 and UNA's headquarters in Edmonton also met with Alberta Health Minister Sarah Hoffman to ensure the government understood why the department was so frequently unable to operate safely.

In the first two weeks of 2019, AHS and UNA finally reached an agreement to settle the grievance. A total of 11.7 full-time-equivalent registered nurse positions will be designated for use exclusively in the emergency department at RDRHC. A process has also been put in place for regular reviews of staffing levels. Measures will be taken to fix the call-out system, use of which, RNs in the facility said, at times bordered on harassment.

The employer also acknowledged the unwavering dedication of the ER's nurses to ensuring the department remained fully operational throughout the staffing crisis.



UNA President Heather Smith, Alberta Health Minister Sarah Hoffman, and UNA First Vice-President Jane Sustrik

Taking the Politics Out of Pensions



UNA member Karen Kuprys with Alberta Finance Minister Joe Ceci

Finally, in 2018, UNA contributed to the successful resolution of a 30-year fight with generations of Alberta governments that several times put the life savings of all Alberta public sector employees, including the registered nurses and registered psychiatric nurses represented by the union, at risk.

UNA members and other Alberta public employees saw the promise to give their pension plans independent governance made several times over the years, only to have it broken. With the pension in the control of right-wing provincial politicians, hostile to public service pensions for most of that time, the threat was always present that members' savings would be reduced and their retirements made less secure.

In 2014, legislation brought forward by the government of Conservative premier Alison Redford would have undercut the retirement plans of many public employees. Thousands of public employees protested throughout Alberta on a day when temperatures dipped well below minus 30 degrees Celsius. The anger of public employees impacted by the Conservative attack on their pensions certainly played a significant role in the election of an NDP government in Alberta in the 2015 general election.

In November 2018, in a historic development, the Government of Alberta introduced legislation that gave control of Alberta's public sector pensions to employees and their employers. "This takes the politics out of pensions," Alberta Finance Minister Joe Ceci said when the bill was introduced. The action by the NDP brought Alberta into line with a best-practices approach to pension governance that is in the mainstream of Canadian pension governance.

Surprisingly, the legislation was supported by all parties in the Legislature. The *Joint Governance of Public Sector Pensions Act* was passed on December 5, 2018.

"This change removes politics from the decision-making process," said RN Karen Kuprys of the new law. "The integrity of our pension plans is now something that we won't have to worry about. I want to be able to always focus on the well-being of my patients."

Saskatchewan Union of Nurses

These past 24 months, SUN's Board of Directors set a single strategic direction that served as a touchstone and constant reminder of our union and profession's purpose during a period of unprecedented upheaval in our province's health and political environments: leverage the strength and innovation of registered nurses and SUN to positively shape transformational change for the betterment of safe patient care.

A Lot Can Happen in Two Years

In January 2017, the provincial government announced they will be moving from 12 distinct health regions to a new single Saskatchewan Health Authority in an attempt to curb costs and streamline and centralize administrative and managerial services. By December of the same year, this amalgamation had taken place with very little fanfare, but still leaving many unanswered questions about the future.

Massive health system restructuring was not Saskatchewan's only challenge this past year. With the province facing one of its most significant economic downturns in decades and a 1.2-billion-dollar deficit, 2017 was riddled with controversial announcements and decisions.

The 2017 provincial budget only served to further fuel a growing uncertainty about the fiscal state of the province. Rampant cuts impacting numerous industries and multiple ministry portfolios became the hallmark of what tuned out to be one of the province's most controversial budgets in recent history.

SUN President Tracy
Zambory



The announcement of a 3.5% wage rollback target for all public sector workers, along with a nominal 0.7% health spending increase that failed to keep pace with current patient needs and a then-projected inflation rate of greater than 2%, left many SUN members extremely concerned about the future.

For registered nurses on the front lines of ensuring patient safety in the province, the 2017 budget only served to amplify the pressures they were already feeling. Growing registered nurse burnout due the demands of increasing patient acuity and complexity, short-staffing and a decade of population growth were realities that did not align with the persistent downward pressures of the cost-cutting priorities being mandated by government.

Saskatchewan also saw a new premier take the helm. After Brad Wall's surprise August 2017 resignation announcement and the ensuing Saskatchewan Party leadership race, Scott Moe was sworn in as the province's new Premier on February 2, 2018.

Fostering a Culture of Leadership from Within

One of the most significant internal endeavours SUN undertook this past 24 months was to improve how we communicate with and empower our membership. With the launch of a new series of member and leadership education opportunities, and regular information and discussion sessions – many of which harnessed new modes of technology to reach members in rural and remote areas – SUN prioritized two-way communication with all levels of membership this past year. These initiatives were launched in recognition of that fact that in the midst of our province's ever-evolving health care landscape, an informed membership is an empowered membership, and this empowerment, in turn, leads to the action that will drive positive change.



Leading the Way in Unifying Saskatchewan's Health Care Community

Sparking innovative thinking to improve how Saskatchewan's patients access and experience their health system was the impetus behind SUN launching a ground-breaking new initiative: the annual Health Innovation Summit: Inspiring Tomorrow's Healthcare.

With the lofty goal of inspiring innovative thinking and creative problem-solving to change health care delivery in the province for the better, delegates included provincial health practitioners, patients, academics, students, health administrators, government representatives, and provincial business and technology leaders. The focus of the summit was to bring together partners who normally wouldn't have the opportunity to connect with the goal of formulating new approaches to old problems.

Using Our Voice to Make a Difference



For 2018 SUN shifted the focus of our Making the Difference campaign with goal of igniting critical conversations around health and social issues that matter to, and impact, the people of Saskatchewan.

In a departure from more traditional marketing tactics of previous years, 2018 saw SUN produce our first-ever, three-part documentary series shining a spotlight on the HIV/AIDS crisis in Saskatchewan, challenges to rural and remote access to

health care and youth mental health. This unique approach was a first for any health organization or union in the province and certainly positioned SUN and registered nurses as a leading go-to voice on solving some of the most significant health challenges facing Saskatchewan residents today.

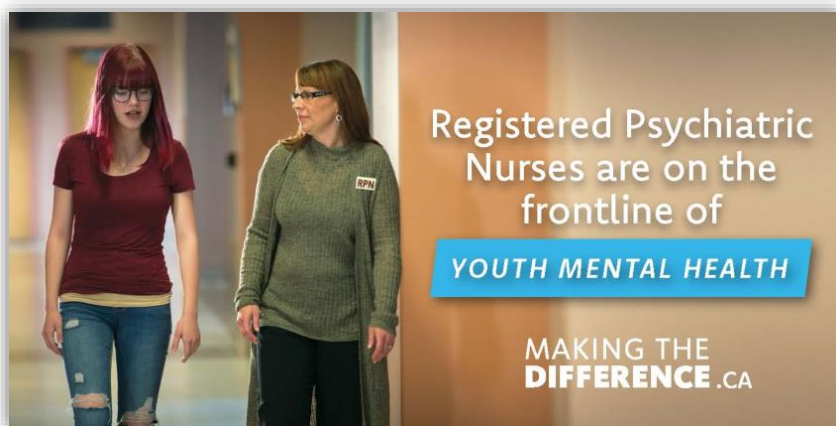
Preparing for the Unknown

Looking ahead, it's clear Saskatchewan has a long road yet to travel in our health system's transformation journey. While the official merger of our former 12 separate health regions and employers to a single provincial entity, the Saskatchewan Health Authority, has taken place, much of the fine tuning from care delivery and access to logistics and administration still needs to happen. It is therefore crucial SUN remains a consistent and strong voice in health – one that patients, employers and government look to for leadership.

The next 12 months will see your union building on our work since the amalgamation of the former health regions into a single employer to ensure the consistent interpretation and application of your collective agreement across the province. We will continue to be vigilant in tracking, and addressing labour relations trends and member professional practice concerns.

SUN member priorities of safe staffing, excessive workloads, finding solutions to health care delivery challenges, protecting our union's bargaining unit work, and ensuring competitive wages and premiums are maintained for registered nurses will remain at the centre of our labour relations work and discussions at the bargaining table.

It is clear that SUN has successfully risen to the challenges we have set for ourselves through our single strategic direction. We have remained focussed on our commitment to lead the way in shaping the future of health care delivery in Saskatchewan while continuing to leverage our position of influence to build stronger, healthier communities around our province.



Manitoba Nurses Union

It's been an eventful two years for Manitoba's nurses. Ongoing health care cuts, facility closures, wage freezes, and pending representation votes produced widespread uncertainty and a challenging work for nurses across the province. In the meantime, MNU has undergone change, following the retirement of Sandi Mowat and election of Darlene Jackson as MNU President last year. Here's an update on the situation in Manitoba.

New President

After 10 years of incredible service, Sandi Mowat officially retired from the role. Elected in 2008, she was at the forefront of numerous campaigns to improve working conditions for nurses and as a passionate advocate for public health care. Her list of accomplishments is long, including improving workplace health & safety laws and enhancing pension protections for nurses in Manitoba. In 2015, she helped create the first presumptive post-traumatic stress disorder (PTSD) legislation in Canada, that is inclusive of nurses. This legislation remains a gold-standard across the country.

Darlene Jackson was elected at AGM 2018 and started her new role on July 1, 2018. Darlene has practiced as an RN for over 30 years and has been an active MNU member since 1981. She served as president of her worksite in The Pas for over two decades, and on MNU's Provincial Collective Bargaining Committee (PCBC) in 9 rounds of bargaining, including as Vice-Chairperson, followed by two years as MNU Secretary-Treasurer before her election. MNU members are getting to know Darlene through frequent media coverage, and face to face through her Listening Tour that will feature a visit to every local/worksites in Manitoba!



MNU President Darlene Jackson

Nurses Speak Out Against Cuts to Health Care

It's been difficult two years for Manitoba's nurses. Health care cuts and closures have been causing critical spikes in workload and overtime, which is affecting patient care. MNU members have been without a contract since March 2017, and the Pallister government has refused to come to the bargaining table. In part, this is due to Bill 28, which enforced two years of wage freezes, followed by a 0.75% and 1% increase, and violates our constitutional right to collective bargaining. This legislation is being challenged in court by MNU through a coalition of public sector unions, the Partnership to Defend Public Services, and will be heard in the Court of Queen's Bench in November 2019.

MNU has been a leader in advocating for nurses' concerns and fighting back against ongoing health care cuts, including the closure of the Misericordia Urgent Care Centre in inner-city Winnipeg, the consolidation of emergency departments, and rushed program transfers that have disrupted patient care. The list of impacts is too long to enumerate, but all those interested are encouraged to visit manitobanurses.ca or follow us on Twitter and Facebook.



MNU Education Conference -
Petition Blitz

Nonetheless, MNU has made a concerted effort to propose meaningful policy alternatives to an austerity agenda implemented by the provincial government led by Premier Brian Pallister. This includes working with the official opposition to propose Bill 201: *The Health Services Insurance Amendment Act*. This important legislation would legislate current guidelines for 3.6 care hours in personal care homes, and take a critical step towards enhancing it to 4.1 care hours. More information is available at manitobanurses.ca/support-bill-201.

Representation Votes

In 2017, the provincial government passed Bill 29, the *Health Care Sector Bargaining Review Act*. This legislation will amalgamate health care bargaining units across the province, forcing unions to compete against one another for representation of entire job classifications within each health authority. For nurses, MNU has made the case, this is an



unnecessary and expensive proposition, considering that MNU already represents over 97% of all unionized nurses in Manitoba. Although rural health regions will likely be exempt due to near unanimity in MNU representation, it's likely that all members in the Winnipeg Regional Health Authority will be required to vote. As of March 2019, MNU is still awaiting answers as to when votes will take place and who will be voting.

2018 MNU AGM
Rally

Taking a Stand Against Violence

Violence has been a top issue for nurses across Manitoba. Significant media attention has been directed at the issue in relation to a growing methamphetamine and addictions crisis in the province. Last year it was reported that there was a 1,200% increase in the number of methamphetamine-related admissions to emergency departments in Winnipeg since 2013. At the same time, nurses have been increasingly reporting violent incidents and have noted drug-related admissions as being an issue without adequate security to deescalate violent situations. The issue drew national interest, culminating in MNU President Darlene Jackson presenting before the House of Commons Standing Committee on Health in Ottawa.

MNU has repeatedly made the point to the Manitoba government that security is insufficient across the board. Manitoba lacks provincial standards, and although larger facilities have some security personnel, few have clear authority to intervene in violent incidents. As a result, MNU has successfully lobbied the provincial government to create a committee that will look at establishing province-wide standards for security in health facilities. MNU was also a proud supporter of CFNU's petition to end violence against health care workers, which was sponsored and presented to parliament by Winnipeg MP Dr. Doug Eyolfson (Charleswood-St. James-Assiniboia-Headingley).

New Workload Staffing Reports

After years of hard work, MNU successfully revamped its Workload Staffing Reports. The forms have been simplified as much as possible to assist with efficient and timely reporting. In the fall of 2018, the new forms were approved by health authorities and were distributed to members province-wide. Currently, MNU is also working at implementing an online version which nurses will be able to file at their nursing stations. These forms are expected to be launched in the WRHA in the summer of 2019. A summary of MNU's new WSR forms and a tutorial video is available at manitobanurses.ca/workload-staffing-reports.



MNU Past President Sandi Mowat

Canadian Nursing Students' Association



2018-2019 CNSA Board of Directors in May 2018



Leanna Gustafson, CNSA Director of Communications, at health ministers' breakfast June 2018 in Winnipeg with CFNU NEB



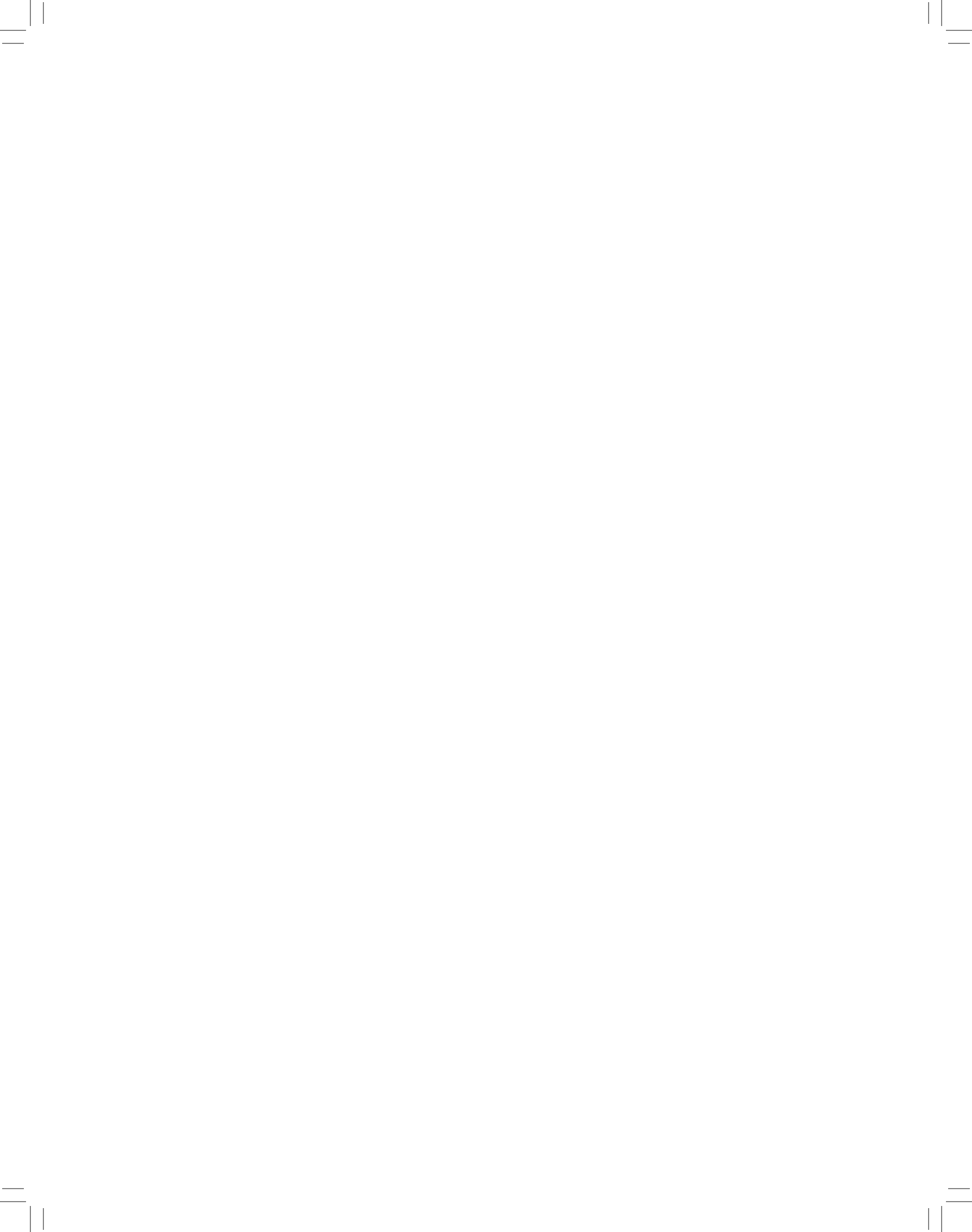
Brandon Smith, CNSA Vice-President, with Linda Silas, CFNU President



Latitia Pelley-George, CNSA Atlantic Regional Director, with Linda Silas at RNUNL 2018



Caitlyn Patrick, Director of Communications, and Caitlin Wiltshire, Past President, CNSA





CANADIAN LABOUR CONGRESS

PROGRESS REPORT ON KEY ISSUES

FEBRUARY 2019



HASSAN YUSSUFF - PRESIDENT



MARIE CLARKE WALKER - SECRETARY-TREASURER



DONALD LAFLEUR - EXECUTIVE VICE-PRESIDENT



LARRY ROUSSEAU - EXECUTIVE VICE-PRESIDENT





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LEGEND
 Partially completed
 Completed



IMMEDIATE PRIORITIES

HEALTH



1. Secure a commitment from the federal government to jointly design and implement a universal prescription drug program with the provinces and territories, based on the following principles: *universality, accessibility, comprehensiveness, public administration and portability.*
Both the interim report of the Advisory Council on the Implementation of National Pharmacare (ACINP) and Budget 2019 advanced some of the preliminary steps towards the implementation of national pharmacare. The Advisory Council will submit its final report in June 2019.
2. Commit to stable and long-term funding at a minimum of 25% of current health care spending and a national Health Accord that increases federal health transfers to provinces and territories by 6% a year, based on the resumed use of an equalization formula for the Canada Health Transfer to provinces and territories.
3. Enforce the *Canada Health Act*.
4. Develop a national seniors' strategy to address the health needs of an aging population.
5. Strengthen provincial, territorial and federal legislation on mental health in the workplace.

TRADE



1. Oppose ratification of the Trans-Pacific Partnership (TPP).
2. Renegotiate the Canada-European Union Comprehensive Economic and Trade Agreement (CETA) in light of its problematic features, notably investor-state provisions and its built-in privatization agenda.
3. Renegotiate the North American Free Trade Agreement (NAFTA) to achieve better outcomes for workers and the environment.
4. Defend and support Canadian workers, jobs and communities in response to the illegal, unjustified, and unwarranted tariffs, imposed by the US government on Canadian industries such as forestry, steel, aluminium, aircraft, newsprint, and other threatened sectors such as autos and auto parts.
5. Reform Canada's trade remedy system to improve enforcement of trade remedy measures and give unions full standing in trade remedy cases.
Accomplished in Budget 2017.

RETIREMENT SECURITY— EXPANDING CPP

- ✓ 1. CPP Expansion
Accomplished with Bill C-26, having received Royal Assent in December 2016.
- ✓ 2. Increase GIS benefits for the poorest seniors.
Accomplished in Budget 2016.
- ⚠ 3. Eliminate or defeat Bill C-27, which allows for the abandonment of accrued defined-benefit pension benefits in the federal private sector and Crown corporations.
Bill C-27 has been languishing at second reading in the House of Commons since October 2016.
- 4. Enact Bill C-384 (Act to amend the Bankruptcy and Insolvency Act and the Companies' Creditors Arrangement Act) to provide pensioners with "super-priority" in bankruptcy and insolvency proceedings.
- ⚠ 5. Ensure that the CPP expansion includes "drop-out" provisions for excluded groups of workers, like those receiving CPP disability benefits or caregivers away from paid work in order to look after young children.
The federal government heard our concerns and reached an agreement with provinces to partially address this issue.
- ✓ 6. Reform the GIS to allow low-income seniors to earn more income without seeing their benefits clawed back.
Budget 2019 allocated \$1.76 billion to raise the annual earnings exemption and allow low-income working seniors to keep more of their earnings without reducing their GIS benefit.

- ✓ 7. Review the CPP survivor and other benefits as part of the federal-provincial triennial review of the CPP.
This was completed in Bill C-74 in June 2018.
- 8. Provide regular reporting, including online access, of CPP statements for individuals to inform them about the CPP retirement pension they are earning each year, and strengthen their confidence in and support for the public plan.
- ✓ 9. Increase the take-up rate of CPP, OAS and GIS benefits by proactively enrolling eligible beneficiaries.
Budget 2019 announced that CPP contributors aged 70 or older who have not applied for their CPP benefits would be proactively enrolled. The government has previously implemented automatic enrolment of OAS and GIS beneficiaries.

PAY EQUITY AND EMPLOYMENT EQUITY

- ✓ 1. Table pay equity legislation, as per the recommendation of the 2016 Report of the Special Committee on Pay Equity, which would include establishing a Pay Equity Commission with clear and broad enforcement authority.
The Budget Implementation Act, 2018, No. 2, included the introduction of a new Pay Equity Act to establish a proactive

process for the achievement of pay equity and an independent Pay Equity Commissioner with clear and broad powers and duties.

- ✓ 2. Repeal the *Public Sector Equitable Compensation Act (PSECA)*.
The Budget Implementation Act, 2018, No. 2, repealed the PSECA.
- 3. Strengthen the federal *Employment Equity Act*, and reinstate the lower government contract threshold for the Federal Contractors Program with restored mandatory compliance requirements.

HUMAN RIGHTS & EQUITY ISSUES



- ⌚ 1. Implement the 94 recommendations of the Truth & Reconciliation Commission.
- ✓ 2. Establish and adequately support a national inquiry into missing and murdered Indigenous women and girls to its completion.
- ⌚ 3. Ensure that the federal government respects the autonomy of municipalities to declare "Sanctuary" designation for non-status migrants. Beyond the designation, ensure that the federal government respects the autonomy of municipalities to adopt and implement policies that concretely support non-status migrants.
The Canada Border Services Agency must

expand alternatives to detention while the immigration status of non-status migrants is resolved.

- ✓ 4. Introduce legislation adding gender identity protections to the *Criminal Code* and the *Canadian Human Rights Act*.
Bill C-16, which adds gender identity protections under the Criminal Code and Canadian Human Rights Act, received royal assent in June 2017.

CHILD CARE



- ⌚ 1. Increase federal child care spending to at least 1% of GDP and require specific targets and timetables, public accountability, and concrete provincial/territorial implementation plans with the goal of achieving fully accessible, high-quality child care for everyone in Canada.
While the government increased childcare spending in Budget 2017, it falls short of expectation. A minimum of 1.0% of GDP is the established benchmark internationally for annual spending on early learning and child care (ELCC). Many OECD countries exceed this minimum, yet Canada devotes less than 0.3% of GDP to ELCC, among the lowest spenders among comparable OECD countries.

EMPLOYMENT INSURANCE (EI)

1. Implement a uniform, national entrance requirement of 360 hours worked for EI benefits; increase the benefit level from 55% to 60% of insurable earnings; and base benefit and duration calculations on a 30-hour workweek.
- ✓ 2. Reduce the EI benefit waiting period to one week from two.
This took effect January 1, 2017.
- ✓ 3. Reform the EI appeals process and reinstate the tripartite process that existed prior to the Social Security Tribunal (SST).
The government held consultations with stakeholders and Budget 2019 allocated \$250 million over 5 years, and \$57 million per year thereafter, to reform the EI, OAS and CPP appeals process. The government has signalled it will restore tripartite governance to the EI appeals process.
- ✓ 4. Extend the EI Compassionate Care Benefits from six weeks to six months of benefits and permit benefits to be shared and taken in blocks over a yearlong period.
Accomplished in Budget 2017.
- ✓ 5. Reduce the entrance requirement for all special benefits to 300 hours and extend the eligibility period, implement eight weeks of 'use-it-or-lose-it' dedicated parental leave for a second parent or caregiver, introduce a 70% income replacement rate for maternity and second parent leave, and establish a minimum amount for all parental leaves that is not less than a full-time minimum wage.
Budget 2018 announced dedicated parental leave for a second parent or caregiver.
- ✓ 6. Fund gaps in coverage for the "black hole" in Employment Insurance for seasonal workers.
Budget 2018 committed \$240 million over two years.

DOMESTIC VIOLENCE AT WORK

- ✓ 1. Implement civil society's Blueprint for Canada's National Action Plan on Violence Against Women and Girls, including by amending the *Canada Labour Code* and Occupational Health and Safety Regulations to classify domestic violence as a form of workplace violence, and provide paid domestic violence leave and other workplace supports to workers experiencing domestic violence.
Budget 2018 announced five days of paid leave for workers experiencing domestic violence.

BANNING ASBESTOS

- ✓ 1. Comprehensively ban the use, import and export of asbestos in Canada.
The government banned the use and import of asbestos on January 1, 2018. Regulations for a ban on export took effect at the end of 2018.
- ✓ 2. Develop a federal registry of all buildings owned and operated by the Government of Canada that contain asbestos.

CLIMATE CHANGE



- ✓ 1. Convene a First Ministers conference—a follow-up to COP21—to agree to national emissions-reduction targets and a framework for mitigating climate change.
- ✓ 2. Introduce a national carbon-pricing scheme.
- ⚠ 3. Convene a Just Transition Task Force (JTTF) to design a Just Transition framework for inclusion into the National Climate Change strategy and ensure that any labour adjustment mechanisms include income support programs to help workers

and families affected by climate change and climate change policies.

Budget 2018 created a JTTF for coal power workers and communities, which included labour representatives. The budget also included a \$35 million for regional development agencies in support of the work of the JTTF. In November 2018, the government announced funding for Western Economic Diversification to convert two existing office spaces into transition centres in the communities of Forestburg and Castor, Alberta. The JTTF conducted consultations and submitted a report with final recommendations at the end of 2018.

Budget 2019 allocated \$150 million to an Infrastructure Fund supporting communities impacted by the phase-out of coal-powered electricity generation. However, Budget 2019 failed to announce support for affected workers and their families, including income support, training and re-employment services, and pension bridging—which were key recommendations in the final report of the JTTF.



ON-GOING PRIORITIES

LABOUR LEGISLATION, EMPLOYMENT STANDARDS, & HEALTH AND SAFETY



- ✓ 1. Repeal Bill C-377 and Bill C-525. *Bill C-4, which repeals both of the Conservative government's Bills' C-525 and C-377, received Royal Assent in June 2017.*
- ⌚ 2. Initiate a comprehensive review of federal public service labour relations to conform to the *Charter of Rights* and reflect the values of fairness and equality.
 - ✓ • Reverse the previous Conservative government's Bill C-4's changes to federal essential services, dispute resolution process and arbitration selection factors.
 - Repeal the previous Conservative government's Bill C-4's changes to the definition of danger in the *Canada Labour Code*, to ensure that workers can refuse unsafe work, and hire more federal health and safety inspectors.
 - ✓ • Repeal the Conservative government's Bill C-59's unilateral changes to federal sick leave system.
- ⌚ 3. Implement the recommendations of the 2006 Arthurs Commission examining reforms to Part III of the *Canada Labour Code*. *The Budget Implementation Act, 2018,*
- No. 2 included changes that are an important modernization of federal labour standards.
- ⌚ 4. Introduce new measures that will prevent employers from using contract flipping as a means of undermining the wages, benefits, and job security of workers. *C-86 provided protection for non-union workers. The government is holding consultations about how to expand the labour code provisions to protect all workers at Canada's airports.*
- ⌚ 5. Establish a federal minimum wage of at least \$15 an hour and index it to inflation. *The government announced it is creating an expert panel to examine this issue.*
- ✓ 6. Ratify ILO Convention No. 98: Right to Organize & Collective Bargaining. *Canada ratified ILO Convention 98 in June 2017.*
- ⌚ 7. Reinstatement a fair wages policy for federal procurement contracts. *The government is conducting consultations and is in the process of developing a new modern fair wages policy.*
- ⌚ 8. Work with provincial and territorial governments, Crown prosecutors, judicial educators, and law enforcement agencies to promote the criminal negligence provisions of the *Criminal Code* allowing prosecution of senior management when workers are killed on the job. *In April 2016, the government committed to ensuring better enforcement of Westray. The Congress continues to work with the applicable ministries for full enforcement.*

9. Implement Canada's responsibilities under the Canada-Colombia Free Trade Agreement, including the implementation of the 3-Year Action Plan to address violations of human and labour rights in Colombia.
10. Urge Canadian-based companies involved in the import or investment of garment products from Bangladesh to join the renewed Accord for Fire and Building Safety in Bangladesh, and assess the General Preferential Tariff for Least Developed Countries.
11. Reform the Temporary Foreign Worker Program and International Mobility Program to aggressively enforce the law and defend workers' rights, establish a pathway to permanent residency for low-wage migrant workers, and expand permanent immigration in place of low-wage temporary migration.
12. Eliminate the four in/four out requirement of permits issued for the Temporary Foreign Worker Program.
13. Establish an Anti-Scab Law that amends the *Canada Labour Code* to make it illegal to use replacement workers during a labour conflict.
14. Support the development of new ILO standards on global supply chains and violence in the workplace.

15. Promote the ratification of ILO Convention 81, concerning labour inspections; Protocol 29, Protocol to the Forced Labour Convention, and Convention 189 (domestic workers); Ensure the implementation of ratified conventions including Convention 98 (right to organize and collective bargaining), and Convention 138 (minimum age).

INTERNATIONAL LABOUR RIGHTS, HUMAN RIGHTS & EQUITY ISSUES



1. Repeal the discriminatory Anti-Terrorism Act, 2015 (Bill C-51) and Strengthening Canadian Citizenship Act (Bill C-24).
2. Make the Disability Tax Credit refundable.
3. Reinstate the 5-Year Canada's Action Plan Against Racism (CAPAR) to comply with the requirements of the UN World Conference Against Racism.
Budget 2018 announced funding for a cross-country engagement on a new national anti-racism strategy.
Budget 2019 allocated \$45 million over three years to support the government's new anti-racism strategy.

4. Establish an independent human rights ombudsperson for the extractive sector that would regularly report to the public and have the authority to investigate complaints, issue binding remedy for violations and provide policy recommendations to government and companies to prevent their recurrence. *The government announced the creation of a Canadian Ombudsperson for Responsible Business Enterprise (CORE) on January 17, 2018.*

The government also announced the creation of a Multi-stakeholder Advisory Body (MSAB) on Responsible Business Enterprise.

The CLC and USW hold the two labour seats. This MSAB will provide a forum for better collaboration on the development of other CLC legislative priorities.

On April 8, 2019, the government appointed the Ombudsperson; however, this appointment was not accompanied by the promised power to investigate abuses and redress the harm caused by Canadian companies operating abroad.

5. Ensure labour rights and human rights violations throughout the world are addressed by lobbying the Canadian government as required to apply government-to-government political pressure.

SKILLS TRAINING



1. Establish a national multi-stakeholder skills development advisory board with union representation. *Budget 2018 invested \$225 million over four years, and \$75 million per year thereafter, to create the Future Skills Council and the Future Skills Centre, which will make recommendations to the Minister on priorities related to skills training and fund innovative projects. Labour has two representatives on the Future Skills Council.*
2. Invest new money in Labour Market Development Agreements to expand access to skills training programs for unemployed Canadians who are eligible for Employment Insurance.
3. Invest new money in Workforce Development Agreements to expand access to skills training programs for unemployed Canadians who do not qualify for Employment Insurance, and target this new money at groups that are under-represented in Canada's labour force.

- ✓ 4. Invest in a new program to strengthen union-based apprenticeship training.
- ✓ 5. Establish Community Benefits Agreements with provinces for federally funded infrastructure projects, procurement contracts and building maintenance.
As part of the Investing in Canada infrastructure program, the government negotiated voluntary Community Employment Benefits with the provinces and territories.
- ✓ 6. Take action to improve the timeliness, reliability, accessibility and governance of Labour Market Information in Canada.
- ✓ 7. Invest new money to renew and expand the Aboriginal Skills and Employment Training Strategy.
- ✓ 8. Invest new money to develop or expand pre-apprenticeship programs to help Canadians explore skilled trades and gain the skills they need to enter high-demand trades.
- ✓ 9. Invest in a new program to attract and retain more women in apprenticeship training and jobs in the skilled trades.
- 10. Restore funding for literacy programs and core funding for literacy organizations, and invest in a new national workplace literacy program in partnership with unions.
- ✓ 11. New initiatives to advance the goal of lifelong learning for working adult Canadians.
Budget 2019 invested \$1.7 billion over five years, and \$586 million per year ongoing, to create a new Canada

Training Benefit for working adult Canadians. We have concerns about the design of the new benefit and success will depend on funding and training opportunities reaching those Canadians who need it most.

- ✓ 12. New initiatives and investments to promote apprenticeships and skilled trades career options.
Budget 2019 invested \$40 million over four years, and \$10 million per year ongoing, for Skills Canada to promote apprenticeships and skilled trades careers to young people. It also invested \$6 million over two years to create a national campaign to promote the skilled trades as a first choice career option for young people.

ELECTORAL REFORM



- ✓ 1. Initiate a Parliamentary review of Canada's current electoral system and explore alternative models that reflect the principles of fairness, equality, representativeness and accountability.
- 2. Implement the recommendations of the all-party Parliamentary Committee of Electoral Reform to replace Canada's first-past-the-post electoral system with one based on proportional representation.

SOCIAL & ECONOMIC POLICY



1. Reform the *Investment Canada Act* to ensure that the review of significant foreign investments and takeovers in Canada is open, transparent and rules-based and that the criteria used for the net benefit test are clearly defined and enforceable.
- ✓ 2. Restore the Labour-Sponsored Venture Capital Corporations tax credit.
3. Instruct Canada Post Corporation (CPC) to develop a plan to expand postal services, including restoring home postal delivery, instituting postal banking services, and reopening rural post offices to restore postal services in rural communities.
- ✓ 4. Establish a roundtable of stakeholders to develop a national automotive strategy to coordinate multi-level efforts to promote investment in the Canadian industry.
5. Create and invest in a steel industry action plan that encourages Canadian manufacturers to use Canadian made steel.
- ✓ 6. Commit to at least \$20 billion into infrastructure spending over the next decade.
7. Halt the privatization of public services and prohibit the use of federal funds that encourage the privatization of public services at the provincial, territorial, and municipal levels.
- ✓ 8. Establish a national fund to equitably compensate families of first-responders who die on the job. The fund should allocate baseline compensation regardless of the region, city, or province/territory in which they work.
9. Fully invest in Canadian cultural institutions and the creation of Canadian content. Ensure all Canadians have access to plentiful, high-quality Canadian film, television and news media; created-for and made-by Canadians; on all media platforms and that the government play an active role in ensuring this through financial contributions and robust regulation.
10. Create a balanced approach to broadcast regulation to ensure Canadians can produce and enjoy Canadian content, including requiring US and foreign digital media platforms with significant Canadian income (such as Netflix, Amazon, and Google) to pay corporate income tax and appropriate sectoral contributions on profits from products or services sold or rented in Canada.
11. Reform copyright laws to ensure all cultural workers receive fair compensation for their work.
- ⚠ 12. New measures and investments to support Canadian journalism.
Budget 2019 allocated \$595 million in tax credits and other incentives over five years but further details are still needed.





251 Bank St., Suite 212
Ottawa, ON K2P 1X3
613.688.4973

w healthcoalition.ca **t** @healthcoalition
f Canadian Health Coalition

Canadian Health Coalition

Report on Activities and Campaigns

2018

List of 2018 Canadian Health Coalition's Board and Staff

Executive

Pauline Worsfold, RN
Chair
Canadian Federation of Nurses Unions (CFNU)

Marie Clarke Walker
Vice-Chair
Canadian Labour Congress (CLC)

Rita Morbia
Co-Treasurer
Inter Pares

Shelly Gordon
Co-Treasurer
Canadian Union of Public Employees (CUPE)

Julie White
Secretary
Congress of Union Retirees (CURC)

Board Members

Pat Armstrong, PhD
Researcher

Sandra Azocar
Alberta Friends of Medicare

Morna Ballantyne
Public Service Alliance of Canada (PSAC)

Bill Blaikie/ Linda McLaren
United Church of Canada

Michèle Brill-Edwards, MD
Alliance for Public Accountability

Vanessa Gruben, BScH, LLB, LLM
Legal

Joel Lexchin, MD
Researcher

Anil Naidoo
National Union of Public and General Employees (NUPGE)

Keith Newman
Congress of Union Retirees (CURC)

Brent Patterson/Andrea Furlong
Council of Canadians

Fernando Reis
United Food and Commercial Workers Canada (UFCW)

Andy Savelle
Unifor

Pat Van Horne
United Steelworkers (USW)

Employees

National Director, Operations & Projects
Amélie Baillargeon

National Director, Policy & Advocacy
Melanie Benard (Sept. 2018 - present)
Amanda Wilson (May-July, 2018)
James Hutt (Interim – Feb.-April, 2018)
Adrienne Silnicki (January, 2018)

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Some of the CHC board members, staff and volunteers, October 2018

Overview

Dear Members,

2018 was an unconventional year for the Canadian Health Coalition (CHC). The pharmacare file became a priority for the federal government, bringing in lots of opportunities for advocacy, public education and policy development. This occurred while the organization went through several staff transitions for the position of National Director of Policy and Advocacy. Melanie Benard joined the team in September 2018, working alongside Amélie Baillargeon, the National Director of Operations and Projects. The CHC finished the year on a high note, calling for a National Seniors Care Strategy, addressing inequities in our health care system, defending public health care from increased privatization and warning that health care and international trade should not mix. For example:

- We met with the federal Health Minister Ginette Petitpas Taylor to discuss the need to stop the privatization of health care and enforce the *Canada Health Act*, to stop payment for plasma donations across the country, to implement a national pharmacare plan and to adopt a National Seniors Care Strategy.
- We coordinated the network's participation in the consultations of the Advisory Council on the Implementation of National Pharmacare. From coast to coast to coast, the voices of public health care advocates were heard at the various consultations and forums. We developed new public education materials and helped develop the Pharmacare Consensus Principles that have been supported by 80 national, provincial and territorial organizations. We also participated in some of the Canadian Labour Congress (CLC)'s townhalls promoting pharmacare.
- We researched, wrote and released a policy brief on seniors care that gives an overview of the current situation and calls on the federal government to develop a National Seniors Care Strategy.

- On February 27, 2018, 85 public health care advocates participated in our annual lobby. They met with 77 Members of Parliament and Senators on Parliament Hill to discuss the need to enforce the Canada Health Act and protect our public health care system. Our event inspired several parliamentarians to take concrete actions.
- We developed a national media and public awareness campaign around the Cambie trial in British Columbia. We prepared background material, developed an interactive “sign-on” campaign, published op-eds and wrote updates from the court house.
- We held a research roundtable with fifty researchers from community and academic contexts to discuss challenges within Canada’s health care systems.
- Our biggest win was in British Columbia, where the newly elected government introduced the Voluntary Blood Donations Act. This law aims to protect the security of our blood supply by banning payment for blood donations. British Columbia is the fourth Canadian province to enact such a ban. We responded to the report from the Expert Panel on Immune Globulin Product Supply, developed new campaign materials and published op-eds in the Globe and Mail, the Ottawa Citizen and the Toronto Star.
- We were very involved in building the Manitoba Health Coalition (MHC) and were thrilled to attend its launch in June 2018.

At the beginning of 2018, the CHC developed an anti-harassment policy that covers staff, board members and participants at our events. It is now read at the beginning of all CHC events and meetings.

2018 also brought some changes to the CHC’s Board. We were sad to see Shelly Gordon retire and Bill Blaikie end his term. We are very grateful for both of their contributions. Rev. Linda McLaren joined the board on behalf of the United Church of Canada over the summer. After being vacant for a few years, the legal position on the board was filled by Professor Vanessa Gruben from the University of Ottawa.

Many thanks to our board members for their commitment and support!

Activities Update

2018 National Medicare Week and Lobby

Parliament Hill is typically a busy place, but February 27, 2018 was exceptionally busy with the federal budget being announced in the afternoon. Despite the frenzy, it was easy to spot our 85 public health care advocates from across Canada with their red folders.

An unexpected morning vote in the House of Commons led to changes in the schedule, but we still managed to meet with 77 MPs and Senators.

Advocates asked MPs to protect our public health care system and presented a recent poll showing that 9 in 10 Canadians want to see the federal government enforce the Canada Health Act.

The day before, our advocates attended a half-day policy conference with presenters Dr. Michael Rachlis, law professor Martha Jackman and researchers Natalie Mehra (Ontario Health Coalition) and Rebecca Graff McRae (Parkland Institute). They also received lobby training and heard about privatization issues across Canada: paid plasma donations in New Brunswick, the Cambie trial in BC and accessory fees in Quebec.

The lobby was an opportunity to join our many voices to advocate for the federal government to protect our public health care system to ensure the very best quality of care is available to everyone.



Research Roundtable

The CHC and the Research Centre for Social Innovation and Transformation at Saint Paul University held a research roundtable on November 30-December 1, 2018.

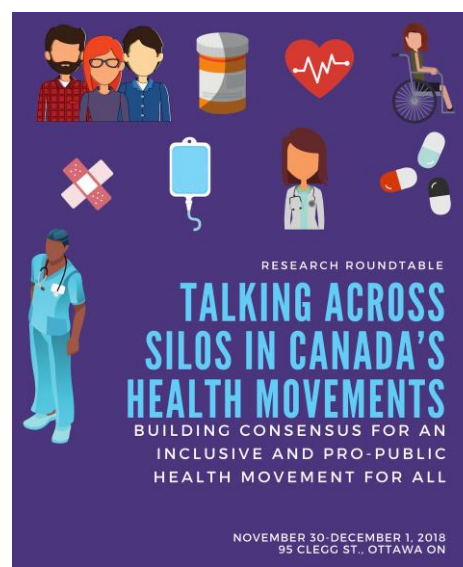
The goal of this event was to build an integrated network supporting a national pro-public health care movement grounded in equity and human rights. The event created a space to discuss timely issues, make connections and plan ways of moving forward.

Over two days, fifty researchers from community and academic contexts came together to discuss challenges within Canada's health care systems. Panelists shared their research around three themes: the commodification of health and bodies, the commercialization of health care, and forgotten publics. The event closed with a collective strategy session focused on the future of public health care in Canada.

While researchers presented on diverse issues and came from different sectors and regions, common concerns emerged about the state of public health care and the movements defending it. Among the many themes that surfaced were creeping privatization, barriers to accessing health care and enforcement of existing policies. All attendees indicated that they saw value in organizing more events like this in the future.

The roundtable was a useful opportunity for knowledge exchange and building future collaborations. Participants widely felt that more opportunities are needed for researchers, advocates, and policymakers to come together to share information, build consensus, and strategize. These opportunities are integral to advancing the common goals of protecting public health care and making it truly universal.

The CHC hopes to hold similar events in the future.



REGISTRATION AT [HEALTHCOALITION.CA/RESEARCH](https://healthcoalition.ca/research)



Meeting with the Federal Health Minister

In November, we had a productive meeting with Federal Health Minister Ginette Petitpas Taylor to discuss enforcing the Canada Health Act (Saskatchewan MRI legislation), payment for plasma donations and pharmacare. We also gave the Minister a copy of our new policy brief on seniors care.



Participation in Consultations

Throughout the year, we participated in a number of official consultations. For example:

- We prepared two submissions to the Standing Committee on Finance (FINA) and presented to the Committee in May and in September.
- We participated in an engagement session with civil society groups, Indigenous representatives and government representatives regarding Canada's response to the third Universal Periodic Review (UPR) by the UPR Working Group of the United Nations Human Rights Council (UN HRC). At the meeting, we outlined the need for the Canadian government to protect and expand public health care for everyone.
- We prepared a submission and presented it to the United Nations Special Rapporteur on the Right to Physical and Mental Health at a meeting with civil society organizations.
- We participated in the Advisory Council on the Implementation of Pharmacare's consultation in Ottawa.

Media Commentary

The CHC issued 6 media releases, participated in 2 media conferences and was invited to comment in the media about many important issues, including pharmacare and paid plasma donations.



Public Education

The CHC continued to participate in labour conventions, conferences and other national events. We also gave several presentations about our advocacy work, including presenting about our annual lobby for classes at the University of Ottawa.

Most of our public education is done on-line via our website, social media, campaign emails and quarterly newsletter.

A significant number of people continue to sign up for our campaign updates and quarterly newsletter at events, and through our website and social media.

Website

We continued to update our website, making it a place where people can easily get information about our campaigns, including actions they can take to help protect and expand public health care. The CHC and allies frequently share the website content on social media. This year, we posted blog-style feature updates more frequently on a variety of topics, such as responses to published articles and the Cambie trial.

5 most popular pages on the website (January 1 – December 31, 2018)

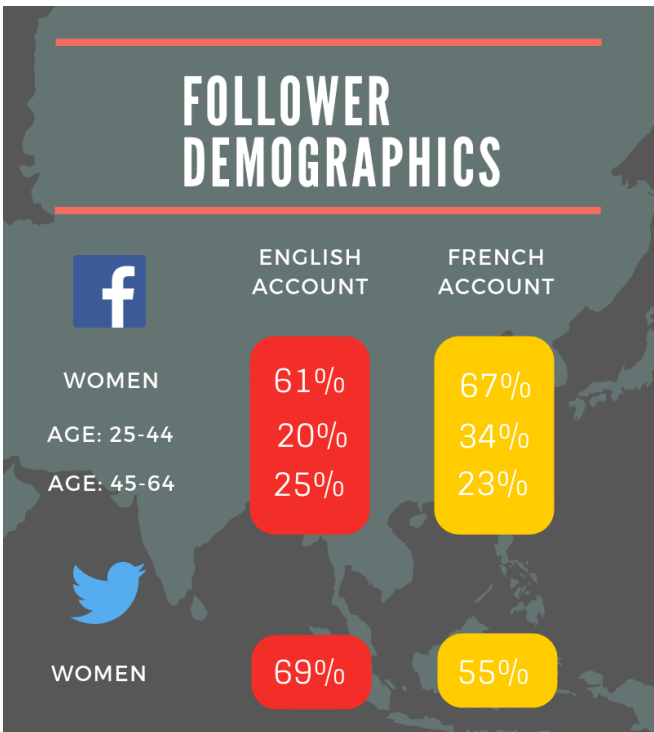
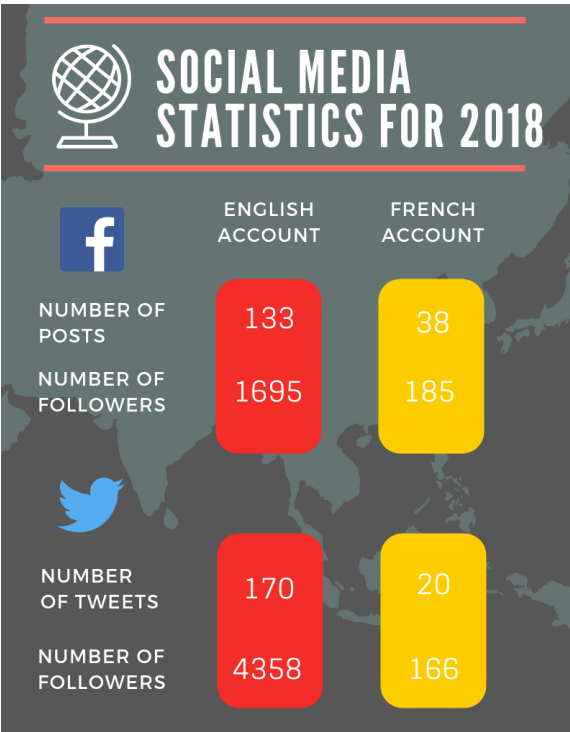
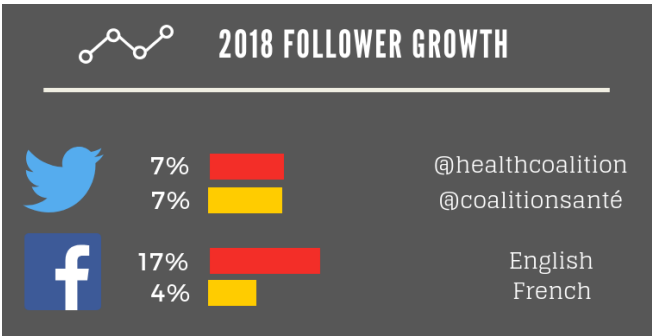
English website (healthcoalition.ca)	French website (coalitionsanté.ca)
1. History of Public Health Care in Canada	1. Main page (FR)
2. Main page	2. History of Public Health Care in Canada (FR)
3. Sign the open letter to Brian Day	3. Open letter to Brian Day (FR)
4. National Public Drug Plan	4. National Public Drug Plan (FR)
5. Cambie case	5. Cambie case (FR)

Social Media

The CHC continues to actively use social media as a source of information and for mobilization.

Our twitter accounts (@healthcoalition and @coalitionsanté) have seen a total increase of 322 followers this year.

Our Facebook pages (Canadian Health Coalition and Coalition canadienne de la santé) continue to grow considerably. We are pleased with the continuous interaction and broad outreach the pages provide.



Network Coordination

The CHC continued to coordinate the Canada-wide network of allies by holding monthly calls and coordinating multiple working groups.

Throughout the year, we signed on to, shared or coordinated several joint letters and actions with allies across the country on important issues, such as the non-consensual sterilization of Indigenous women in Canada.

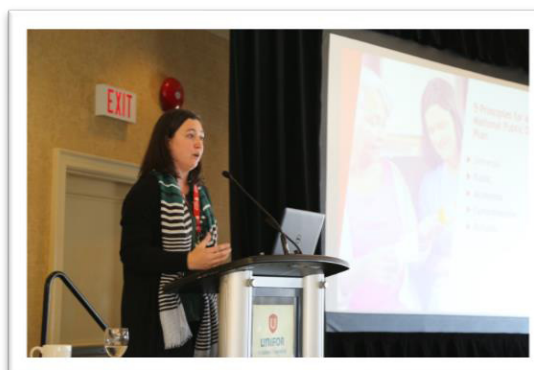
Services to Allies

The CHC continued to work closely with allies and provide presentations and campaign/policy updates.

CHC Chair Pauline Worsfold and Executive board member Julie White presented on our pharmacare campaign to NUPGE's Health Committee, to the National Pensioners Federation, and at the North American Solidarity Project Conference.

National Director of Operations & Projects Amelie Baillargeon presented to NGOs about lobby organizing in a workshop organized by Inter Pares and gave an update about the CHC's campaigns at Unifor's health care conference in Halifax.

Amanda Wilson wrote the health care chapter for the Canadian Center for Policy Alternatives' 2018 alternative federal budget.



The CHC filed several Access to Information Requests throughout the year, and shared the documents obtained with our network.

Fundraising

The CHC continued to work at expanding its fundraising program in 2018.

We are particularly pleased with the funds that were raised through our monthly donation program. We also tried a few new fundraising activities:

- We sent an outreach letter to friendly unions, which led the Canadian Association of University Teachers (CAUT) to make its first financial contribution to the CHC in recent years.
- We launched the new Guardians of Public Health Care program. It aims to involve like-minded organizations more closely in the CHC's work and to seek their financial support on an annual basis. Two organizations joined this year: the National Pensioners Federation and the Association of Canadian Retired Teachers.
- We emailed the CHC's annual report to the monthly donors with a thank you note and a personalized note at the end of the year.
- We reached out to individuals who signed on to an open letter.

Building/Strengthening of Provincial Health Coalitions

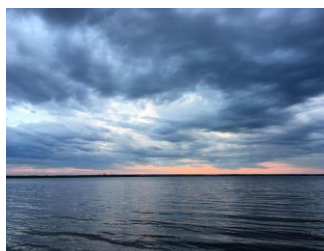
For the past few years, we have actively supported the building of a Manitoba Health Coalition (MHC) by local stakeholders. In June, we were pleased to be part of the launch of the organization. MHC Coordinator Brianne Goertzen said: “[MHC] comes out at a time when Manitobans need a voice that is fighting for them and their ability to access care, no matter what the dollar figure in their account.” We are looking forward to working closely with the MHC to protect, improve and expand public health care.



Volunteers

Thank you to University of Ottawa Professor Vanessa Gruben (Board member) and YY Chen for supervising Pro Bono law students from University of Ottawa this year. The students helped CHC staff with research around the Cambie trial, paid plasma donation and pharmacare.

Board members Keith Newman and Julie White hosted a fantastic social event for the CHC board and its friends in June. It was nice to reunite with former board members and staff.



40th Anniversary Campaign

2019 will mark the CHC's 40th anniversary. Our board, staff and volunteers worked at developing ambitious projects and activities to celebrate our accomplishments.

Our goal is to celebrate 40 years of Tommy Douglas' legacy and vision for public health care and to raise funds to support our ongoing work. To achieve this, we will be holding a Gala and Fundraising Dinner at the National Arts Center in Ottawa. We'll also be launching an award to recognize the tremendous work of individuals on an issue related to protecting and expanding public health care that has a national focus or implications. A board working group was established in 2018 to oversee these new projects.

Campaigns Update

Pro-Public Campaign

Our public health care system continues to be eroded across the country, whether it is through increased user fees in Nova Scotia, the opening of private MRI clinics in Saskatchewan, or the Cambie Clinic court case in BC. In response, the CHC coordinated two national campaigns throughout the year.

1. Enforcement of the Canada Health Act

The beginning of the year was busy for CHC staff as we prepared for the lobby and half-day conference. We also commissioned an EKOS poll to understand Canadians' opinions on the state of the public health care system. The results were overwhelming:

- 93% of Canadians said that access to a strong national, publicly-funded health care system is very important.
- More than 60% of people believe a two-tiered system is fundamentally unfair.
- 89% want the federal government to intervene in unlawful billing at private clinics.

The poll was shared with parliamentarians as part of our annual lobby on Parliament Hill.

Following the lobby, we were able to establish a list of pro-public health care champions and allies among MPs and Senators.

2018 Pro-Public Health Care Actions

- Commissioned a public opinion poll.
- Held a lobby and conference on pro-public health care.
- Coordinated a national campaign around the Cambie clinic court case.
- Through press releases, op-eds, submissions and letters, asked the federal government to enforce the Canada Health Act.

When the Premiers met at the Council of the Federation in St. Andrews By-The-Sea in July, we issued a press release in collaboration with the Nova Scotia and PEI Health Coalitions highlighting pressing issues facing public healthcare in the Atlantic provinces. We called on Provincial-Territorial Premiers to “Keep Health on the Agenda” and ensure progress on key priorities.

At our meeting with the federal Health Minister in the fall, we reiterated our concerns about the proliferation of for-profit clinics in Canada. Since 2016, Saskatchewan has been allowing patients to pay out of pocket for MRIs and other diagnostic tests at private clinics. Many Canadians are now paying to jump the queue for medically necessary services that should be covered by provincial health insurance. This is a clear violation of the Canada Health Act.

2. Cambie Clinic Court Case – National Campaign

The core values of Canada’s public health care system are being challenged in a lawsuit against the British Columbia government brought by Dr. Brian Day, the founder and medical director of Vancouver’s Cambie Surgery Centre. Day is billing the province for services patients already paid for. He and other privatization proponents claim provincial health legislation and the Canada Health Act violate the Canadian Charter of Rights and Freedoms by restricting private, for-profit health care. The CHC is leading the national campaign to inform Canadians about this important Charter challenge.

The Cambie Surgical Centre and Day want to see more private, for-profit diagnostic, surgical and medical clinics, even though these facilities poach needed medical practitioners from the public system, reduce access, increase inequality and lengthen public wait times. If Day wins, doctors will be allowed to charge patients additional fees on top of what they charge the public system, for whatever amount the market will bear.

Although the case was first brought by Day in 2006, the trial only began in 2016 and continued until April 2017. After some procedural delays, it resumed in April 2018.

The CHC worked with Communications Consultant Pam Beattie again this year to bring attention to the trial, particularly about how it is about profit. In the spring, we launched an open letter to Brian Day and encouraged mobilization on social media. Using the tool Thunderclap, hundreds of public health care supporters posted on Facebook and Twitter in unison and dominated coverage.

When Day took the stand in the Fall, we posted updates from the court house on our website and shared them broadly. Day’s testimony ended with the provincial lawyer accusing him of fraudulent billing activities at his private clinic. The provincial lawyer came to that conclusion after Day gave three days of testimony in which he avoided questions and contradicted himself and the evidence.

Pro-Public Blood and Plasma Donation

The introduction of paid plasma centres in Canada poses a serious safety risk to the security of our blood supply. In 2016, a private, for-profit company opened a centre in Saskatoon, paying people with \$25-\$100 gift cards in exchange for their blood plasma. They opened a second centre in Moncton shortly thereafter. The CHC has been actively involved in the national campaign to ban payment for plasma ever since.

2018 Pro-Public Blood and Plasma Donation Actions

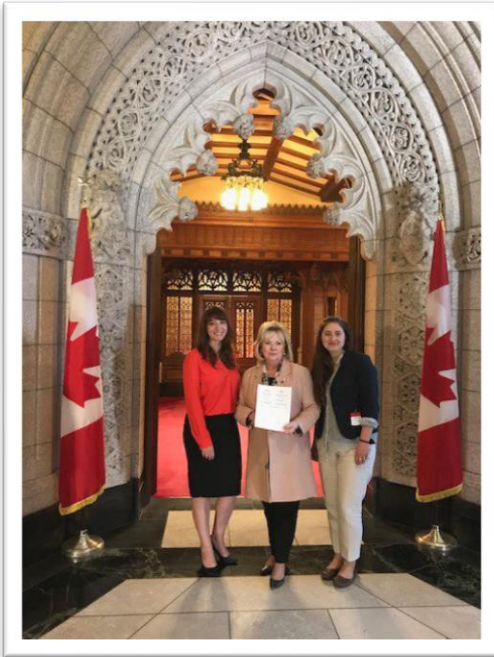
- Through press releases, op-eds, submissions and letters, urged the government to ban payment for blood and plasma.
- Took part in a lobby on Parliament Hill in support of Bill S-252.
- Participated in the introduction of Bill S-252.
- Developed a national campaign to show support for the bill.

Voluntary donations of blood to Canadian Blood Services have significantly decreased since these private centers opened. This demonstrates that allowing payment for plasma in Canada threatens the sustainability of our blood supply.

We wrote to the Federal Health Minister in January 2018 to express our concerns about the make-up of the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada. Two of Panel's four members come from the U.S., the country leading the charge on paid plasma. One of these members has clear ties to the paid plasma industry. We were not surprised to see that the Panel's report, which was released in May, failed to seriously consider the many concerns Canadians have with private, for-profit plasma collection. The report repeated many of the flawed assumptions put forth by the commercial plasma industry. We responded about this in the media, including by publishing an op-ed in the Toronto Star.

The CHC participated in the press conference and attended the introduction of Bill S-252 (the Voluntary Blood Donations Act) in the Senate on May 29, 2018. This legislation is crucial to secure the sufficiency of Canada's supply of voluntarily donated blood and blood components, which is a national resource essential to the health of all Canadians.

The CHC launched a national campaign around World Blood Donor Day on June 14th, encouraging our allies and broad network to show their support for voluntary blood donations and Bill S-252. In the fall, CHC Chair Pauline Worsfold, board member Michele Brill-Edwards and National Director of Policy and Advocacy Melanie Benard participated in a lobby organized by Blood Watch to raise awareness and support for the Bill on Parliament Hill.



This campaign saw another big win this year with the Government of British Columbia introducing the Voluntary Blood Donations Act. This law aims to protect the security of supply of blood and plasma by banning payment for blood donations in the province. BC is the fourth Canadian province to ban payment for blood, following Ontario, Alberta and Quebec.



Pharmacare

The CHC’s pharmacare campaign took a big turn this year.

In February, the federal government appointed former Ontario Health Minister Eric Hoskins to lead the Advisory Council on the Implementation of National Pharmacare. Two days later, federal Finance Minister Bill Morneau backed away from a universal public drug plan, saying the government’s future pharmacare plan would just “fill in the gaps” in coverage. The CHC quickly issued a statement opposing Morneau’s plan. Interim National Director of Policy and Advocacy James Hutt gave numerous interviews to tv, radio and written media outlets including CPAC and CTV.

2018 Actions on Pharmacare

- Contributed to development of the Pharmacare Consensus Principles and encouraged organizations to endorse them.
- Developed public education materials and sent national campaign emails.
- Participation in the CLC townhall tour
- Actively monitored the issue and participated in policy discussions.
- Held briefing sessions for allies ahead of the consultations of the Advisory Council on the Implementation of Pharmacare.
- Wrote media commentaries, press releases and op-eds

In May, the CHC’s Board created a working group on pharmacare. It has been meeting monthly to strategize, clarify the CHC’s position on new and emerging issues, and direct CHC staff.

The development of campaign and public education materials on pharmacare was prioritized throughout the year, including writing op-eds, handouts, social media material, a guide to assist people in filling out the Advisory Council’s online questionnaire, etc. These tools were shared broadly with the network, on our website, on social media and at events with allies. One of the key tools that we developed was a set of principles that should form the basis for pharmacare. This document was updated and turned into a consensus document signed on to by more than 80 national and provincial organizations.

CHC staff and board members presented on pharmacare at various events. For example, the Interim National Director of Policy and Advocacy James Hutt spoke at townhalls organized by the CLC in Winnipeg, St. John's, Halifax and Calgary. Board member Julie White presented at the Kingston townhall. In September, CHC board member Keith Newman presented to the Standing Committee on Finance (FINA) as part of its Pre-Budget Consultations.



The CHC attended pharmacare events throughout the year, such as the launch of the Body Count report on Parliament Hill and the breakfast with the Premiers at the Council of the Federation organized by the Canadian Federation of Nurses Unions.

As Hoskins' Advisory Council held consultations across the country, CHC staff and board members briefed our allies and partners ahead of the regional roundtables. CHC board member Keith Newman participated in the Ottawa consultation on behalf of the CHC. He also prepared the CHC's written submission to the Advisory Council.

The CHC continued to work with allies and promoted joint actions on this file. For example, we organized an event at the Health Ministers' meeting in Winnipeg with Action Canada for Sexual Health and Rights. We encouraged like-minded organizations to sign on to the Pharmacare Consensus Principles and collected half of the signatures. We also actively participated in a pharmacare network with unions, community groups and academics.

1. Trade Agreements

Canada's public health care system is based on the values of Canadians, including the belief that health care should be based on need, not the ability to pay. Trade agreements are in blunt opposition to these values. The principles that regulate the market support the ability to profit. Health care and international trade should not mix in Canada. That is why we recommend a strong general carve-out for all areas of health care in every trade agreement.

The CHC continued to keep a close eye on the various trade agreement negotiations in 2018. In November, we organized a briefing session for the network with board member Dr. Joel Lexchin to clarify the implications that the new trade agreement USMCA will have for pharmacare.

Seniors' Care

The Federal government is responsible for ensuring all people in Canada have access to public health care. Unfortunately, seniors care often falls outside the scope of public health care, which only covers “medically necessary services” provided by doctors and hospitals. Much seniors care has been privatized and it differs dramatically from one province/territory to another. Not everyone is getting the care they need.

In November 2018, the CHC launched a campaign calling for a National Seniors Care Strategy. Most Canadians will rely on seniors care at some point in their lives. Our public health care system is currently ill-equipped to address the health care needs of the aging population. We need a National Strategy to ensure that all seniors can access quality care, regardless of where they live in Canada. Our campaign seeks to ensure consistent funding, standards of care and staffing levels across the country.

At the heart of this campaign is the CHC’s policy paper on a National Seniors Care Strategy. We also made two videos in which CHC board members talk about the need for a National Strategy. One of the simplest ways of moving this issue forward is to start a discussion about seniors care. We used the videos to inspire individuals to keep this conversation going.

Conclusion

Our coalition has worked since the inception of public health care to ensure all people in Canada can access the care they need regardless of where they live or how much money they have. It is because of your commitment and support that this work is possible. Thank you so much!

Please continue to check our websites (healthcoalition.ca and coalitionsanté.ca), Facebook pages (Canadian Health Coalition and Coalition canadienne de la santé) and Twitter accounts (@healthcoalition and @coalitionsanté) for regular updates.

We look forward to continuing to work with you in 2019 and to celebrating 40 years of Tommy Douglas’ legacy and vision for public health care.

2018 Seniors' Care Actions

- Researched, wrote, edited, laid out and translated a policy paper.
- Issued a campaign email with videos around the launch of the policy paper.
- Collaborated with national organizations that work on Seniors issues.
- Met with the Policy Advisor of the Minister of Seniors to discuss our policy paper.