



TAKING OUR PLACE

Stories from Leaders
of Canada's Nurses
Union Movement

Ann Silversides

Foreword by Linda Silas

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This book is dedicated to the courage of frontline nurses
who over the years committed to building strong nurses unions across our country,
and to our nurses union leaders who grew our movement to what it is today.

The CFNU further dedicates this book to Heather Smith, President of the United Nurses of Alberta
(1988 to today), whose years of service make her the longest-serving nurses union president,
and whose storytelling on how it was and how it is inspired this project.



CANADIAN FEDERATION
OF NURSES UNIONS

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CFNU MEMBER ORGANIZATIONS



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FOREWORD

I SEE, AND I WILL NEVER EVER BE SILENT AGAIN



Whenever we tell the history of nurses, it is difficult not to mention the name Florence Nightingale. Florence was undoubtedly a pioneer, not only as the founder of modern nursing but also as a trailblazer defining a professional role for women in Victorian England and beyond.

Florence's legacy for modern nurses is still as the "Lady with the Lamp"¹, a silent and comforting nighttime presence at patients' bedside. When I was a nursing student myself, I remember clearly the mantra we were taught: "I see and am silent." Being silent, our teachers argued, was all part of our role and of protecting patient confidentiality.

Believe it or not, nearly a century after Florence opened the world's first secular nursing school in 1860, nursing education in Canada was still mostly delivered by various religious orders. As you might imagine, the topics that concerned many of us as young nurses – working conditions, respect and fair wages – were not exactly part of the curriculum.

It was these real-world issues that were tinder to ignite a movement of nurses across Canada to reject our collective silence. Canada's nurses recognized that our silence was not protecting our patients or ourselves.

From coast to coast, nurses rejected the role of silent bystander, organizing to improve our working conditions and the quality of patient care inextricably linked to those conditions. Unionism spread, leading to the founding of provincial nurses unions and culminating in the creation of the National Federation of Nurses Unions, later renamed to the Canadian Federation of Nurses Unions (CFNU), in Winnipeg, Manitoba, on International Workers' Day, May 1, 1981.

Fanning the flames of this passion for justice through the years have been the working nurses who became leaders of our movement, making extraordinary contributions. They prove that we all have the capacity to lead if we commit ourselves to doing so. And they show us how working together through our union has incredible power to improve our lives, the lives of our patients and everyone in Canada.

¹ Ralby, A. (2013). The Crimean War 1853-1856. *Atlas of Military History* (p. 281). Parragon.

This book tells the story of nurses unions in Canada through the experiences of 32 of their key leaders, past and present, as told to author and journalist Ann Silversides. Our stories reveal how a handful of mostly women from across the country managed to change the profession of nursing, so that instead of being seen as handmaidens who are subservient to doctors, nurses are now recognized as highly skilled professionals unafraid to advocate for their work unit, their community and the world.

As Ann so elegantly captures in this book's fireside chats with leaders, we have experienced many challenges and won important victories over the years. We hear first-hand about the heady early days of founding our unions and negotiating first contracts, and the regressive political agendas that led to job action and organizing for unity in the 1980s and 1990s. Readers can follow along as we have fought for greater visibility for nurses, broadened our advocacy and gotten more political than ever before from 2000 through to today.

Throughout, as a profession overwhelmingly comprised of women, nurses union leaders have encountered overt and covert sexism, not only from employers and governments but also from within. Leaders encountered a broader labour movement dominated by men, many of whom shared the wider view that nursing was neither hard nor skilled work, and that nurses were simply fulfilling their gender role as compassionate caregivers. These views were sometimes even held by nurses themselves, especially in the early days. Nurses union leaders have had to earn respect for their expertise and prove themselves time and time again.

But prove it we did.

Since the CFNU was established in 1981, the vast majority of nurses have joined unions, with membership standing at over 90% today. We have worked together through challenges from employers and governments of every political stripe to build a strong and united union movement with an enviable level of public trust and respect.

We have built a solid and vibrant national movement through the CFNU, growing from representing a handful of nurses unions in 1981 to close to 200,000 members today, including nursing students from across Canada. The CFNU united with the broader labour movement by joining the Canadian Labour Congress in 1998, and brought our issues to an international



stage by co-founding the Global Nurses United in 2013. We have broadened our advocacy from our workplaces and our health care system to include the social determinants of health, human rights, Indigenous justice, and a broad range of issues impacting people in Canada.

Today the CFNU has taken its place as *Canada's nurses*, with a membership who exercise the professionalism and respect that a generation of leaders fought for, as they speak up every day for their patients and communities.

With women making up about 90% of its membership, the CFNU is one of the largest organizations of women in Canada. As many countries currently face a right-wing backlash that is threatening the hard-won rights of women and equity-seeking groups, there has never been a more important time for nurses to identify as feminists and to use our voices as a force for change in Canada and around the world.

It turns out that silence is not the best way to care for our patients after all.

On behalf of the CFNU, I would like to thank Ann, the CFNU team, and all the leaders and union staff who gave their time for this project. I would also like to thank the CFNU's National Executive Board for their leadership in capturing these important stories of Canada's nurses union leaders. Together, we are truly *Taking Our Place*.

In solidarity always,

Linda Silas

President, Canadian Federation of Nurses Unions

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

**Message from the Minister of Health
Canadian Federation of Nurses Unions (CFNU)
June 2019**

I know first-hand the important role that nurses play in our communities from the many years I spent working as a social worker in New Brunswick. As nurses, you are on the front lines of our health care system. Not only do you act as passionate advocates for both patients and their families, but you are also often best placed to recommend novel approaches and solutions to the issues we face as policy makers. We need your help to find innovative ways to sustain our health care system while adapting to the changing needs of Canadians now and in the future.

On behalf of the Government of Canada, I would like to thank the Canadian Federation of Nurses Unions and the nurses it represents for their contribution to our healthcare system as well as their continued compassion and dedication to patients.

A handwritten signature in dark ink, reading 'Ginette Petitpas Taylor'.

The Honourable Ginette Petitpas Taylor, P.C., M.P.

Canada

AUTHOR'S NOTE

It was my privilege to interview these impressive women and men who have been champions of nurses unions in Canada.

Their profiles, in *Taking Our Place*, constitute a partial oral history from the early 1970s through to today.

I hope their stories will inspire and engage you as much as they did me. I remain impressed by the challenges – both personal and political – that the leaders had to (and have to) face and deal with. Some of those I interviewed were clearly born leaders. Others had to overcome their self-doubt and, through opportunities such as being able to attend labour schools, come to recognize their own leadership abilities and their passion for their union.

I admit to being largely ignorant of the role and importance of nurses unions when I embarked on this project. One interviewee observed that nurses generally get into the “news” when there is a shortage of nurses, or when nurses threaten job action, or when they go on strike.

But I think perhaps that comment reflected an earlier time. More recently, it is nurses' campaigns on issues of workplace violence, health policy (for example, pharmacare) and social justice that have attracted attention. And this mirrors a broadening of concerns of the unions themselves.

I learned how many nurse leaders, particularly in the early years, encountered blatant sexism as they acted on behalf of members. All have had to be nimble enough, in their leadership roles, to adjust to the shifting political realities of health care delivery in Canada – from moves to regionalize and then de-regionalize care, to the cutbacks and layoffs imposed by governments, to the reality of serious nurse shortages.

What sticks with me is: Florence Ross's driving trips around Alberta to teach small groups of nurses how to use Apple computers, Debbie Forward's story of singing Solidarity Forever with police in St. John's, and Linda Silas's son, when he was just learning to talk, trying to mimic rally slogans. Everyone I interviewed had memorable stories, and you will find your own favourites.

The decision to profile leaders in Canadian nurses unions was not intended to serve as a blueprint for future nurse leaders, but I hope that younger nurses will be inspired by the stories of their colleagues.

In the emergence of nurses unions over the past almost 50 years and in the accomplishments of the extraordinary individuals (mostly women) who were instrumental in building up and leading their unions, there is much to celebrate.

Ann Silversides

EARLY DAYS





EARLY DAYS

Nurses had been bargaining collectively for many years before the 1970s, but it was during that decade that most of Canada's provincial nurses unions were established, as the timeline at the end of this document shows. Why then? A key catalyst was the 1973 Supreme Court decision that ruled the Saskatchewan Registered Nurses Association couldn't bargain on behalf of nurses because of the number of management nurses in its ranks. That ruling led most provincial nurses associations in Canada to cut loose their bargaining committees, which then reorganized into unions. In addition, long standing issues of poor pay and working conditions, and the influence of the developing women's movement helped nurses to accept the higher-profile designation of "union." As their stories reveal, early union leaders faced a great deal of sexism.

MADELEINE



New Brunswick Nurses Union Labour Relations Officer—1990 to 2002
President—1982 to 1990

STEEVES



Madeleine confronts Premier Richard Hatfield during an NBNU protest in 1987.

I'm a believer that if you are given something, you really have to give back.

Madeleine (Nonnie) Steeves

The times weren't particularly nurse-friendly when Madeleine Steeves graduated in 1958. "When you got pregnant as a nurse, you were terminated. There were no uniforms for pregnant nurses." And if, after having children, nurses returned to work as casual employees, management used the derogatory term "appliance nurses" to describe them. "The idea is they were only working for household extras."

Early in her marriage Madeleine and her husband had four children, so her nursing career was on hold for eight years, but by 1975 Madeleine was local president at St. Joseph's Hospital in Saint John.

Politicians and the public were very negative about "the fact that as a professional, a nurse might want an increase in salary or walk a picket line... Nurses and unions? We're not talking steelworkers here, but... going to labour school helped to build up that confidence."

The week-long labour school was taught by Glenna Rowsell, the director of employment relations for the nurses provincial collective bargaining council. "It was basic labour relations, and it was like I was shot with something. She taught in such a basic language [about] the need for us to be involved for our future. The message was there – 'You have to do this.' I met nurses from all over Canada, who were trying to do the same thing, and I learned from every one of them."

A low point in Madeleine's time as NBNU president came in about 1987 when the relationship between the provincial nurses association and union "really broke wide open. Leave it to me to be at the helm when it did." The association had passed a motion that the entry-to-practice nursing would only be a university degree. The union protested, concerned for the future of instructors at the schools of nursing, represented by the union, and the opportunities for diploma nurses to advance. "We said, don't make the degree as entry, we're not ready."

The union mounted a campaign, and the resolution was defeated, but the cost was high. "That annual meeting was terrible. There were a lot of hard feelings. We were accused of vote buying, and my picture was on the front page of the newspaper." The motion passed the following year after the union, and the association had worked out accommodations for nursing school instructors and support for recognition of experience for diploma nurses.

Another challenge came in 1987 when registered nursing assistants, members of the Canadian Union of Public Employees, got a settlement that left them making more money than NBNU registered nurses, under whom the assistants worked.





Madeleine (second from right) is recognized for 20 years of service.

“We wanted our contract opened up and realistic salaries, so we hit the streets and protested everywhere we could.” Nurses from St. Joseph’s and the General Hospital met after the day shift to march down to King’s Square to raise public awareness. “I remember one nurse who was the epitome of professionalism, the absolute picture of ‘The Nurse’ if you were going to do a public campaign, and when I saw her marching with her picket sign, I knew we were doing the right thing.”

I met nurses from all over Canada, who were trying to do the same thing, and I learned from every one of them.

Madeleine
(Nonnie) Steeves





BACKGROUND

A 1958 graduate from Halifax Infirmary, Madeleine Steeves was inspired to become a nurse by her father, a WWI veteran who had been disabled by war wounds. “The only thing he talked about was the [field] nurses, the level of regard he had for them.”

Madeleine had four siblings and a mother who worked outside the home, so after graduation she returned to Moncton to help care for her father. She accepted a job in the operating room at Hôtel-Dieu de l'Assomption but left in 1960 to raise her own four children.

After taking a refresher course in 1968, Madeleine worked at Moncton City Hospital, eventually settling into a regular operating room shift. She began attending meetings in 1969, when the nurses association formed a separate bargaining committee. After a 1975 move to Saint John, Madeleine became local president at St. Joseph's Hospital. By 1982 Madeleine was president of the NBNU. In 1990 she took a staff job with the NBNU as a labour relations officer.

She retired in 2002, a year after she was awarded the Governor General's Award in Commemoration of the Persons' Case, which honours Canadians who advance gender equality. Madeleine remains active in seniors' issues in New Brunswick.



Canada's nurses unions led by the CFNU are the guardians of Medicare for all and the voice advocating on behalf of those with no voice, especially the sick, the frail elderly and children. This makes them guardians of humanity.

Mike McBane
Executive Director of the Canadian Health Coalition, 1995-2014

WINNIE



Nova Scotia Nurses' Union Labour Relations Officer—1980 to 2001
President—1976 to 1980

KETTLESON

In her early days as a labour relations officer (LRO), Winnie Kettleson sometimes got it from both sides. She was forced, a few times, to leave bargaining because nurses at a local insisted that a man negotiate on their behalf. And when she did act as negotiator, the men across the table pulled the “now look little lady” line in an attempt to intimidate her. How did she react? “I can be quite sharp-tongued if I want to and I would sort of reply in kind.”

But word got around among nurses about her competence, “and after that it simmered down.” Still, at the bargaining table, “nurses wanted you to get them a good salary, to get them all the benefits, but they didn’t want you to be rude. You had to be nice.” At the time, many Nova Scotia hospitals were still run by nuns. “Nurses especially didn’t want you to make the sister cry” during the bargaining process.

Labour schools taught union members some of the particulars – and the strategies – of the bargaining process. When she was LRO, Winnie was a regular teacher at labour schools in the Atlantic area for more than 15 years.

The year 1996 was one of the most challenging ones for Winnie and the union. The NSNU isn’t the only union representing nurses – some nurses were and still are members of the Nova Scotia Government & General Employees Union (NSGEU).



Members of the NSNU executive in the year the union was formed, 1976

In a run-off vote between the two unions, the NSNU lost some big centres. However, in the wake of that setback, the NSNU organized long-term care facilities and invited licensed practical nurses (LPNs) into the union.

In 1980 the Canadian Nurses Association was set to vote on a new *Code of Ethics*, and “one sentence said it is unethical for nurses to leave the patient’s bedside for any reason.” Winnie and other union officials realized that sentence could be interpreted to deem strikes as violations of the *Code of Ethics*. She was among those who attended the Vancouver CNA meeting to oppose the clause, which was defeated. Union colleagues suggested that Winnie run from the floor for a position as a member-at-large, social and economic welfare. She defeated the official candidate and served two terms.

Winnie cites two key advantages of her work with the CNA: She brought “down to earth” recommendations to a group dominated by academics and administrators, and some union members trusted her more because of her additional role with the CNA.



BACKGROUND

A 1958 graduate, Winnie Kettleison moved from Alberta to Nova Scotia in 1971. “It was a time when nurses could pick up and get in a car and go somewhere else, and it was easy to get a job.” She settled in Truro, worked in the operating room at Colchester General Hospital and promptly joined the union. “Working conditions weren’t getting any better, you were completely at [the] employer’s whim as to whatever time you got off or didn’t get off and what you were paid.”

In 1976 she became the first president of the newly established Nova Scotia Nurses’ Union. Up to then, bargaining was done under the auspices of a committee of the professional body, the Registered Nurses’ Association of Nova Scotia. In 1980 she decided to accept a full-time staff job as a labour relations officer. Her early years involved working towards first regional bargaining and, eventually, establishing a provincial table. Winnie’s career with the NSNU came to an abrupt end on February 8, 2001, when, driving to a union meeting, she was in a head-on collision. She was blameless in the accident, but sustained injuries that have left her in a wheelchair.

...nurses wanted you to get them a good salary, to get them all the benefits, but they didn't want you to be rude. You had to be nice...

Winnie Kettleison



A portrait of a man with grey hair, glasses, and a mustache, smiling. He is wearing a light-colored button-down shirt and a dark patterned tie. A blue semi-transparent rectangular overlay covers the middle portion of the image, from his forehead down to his chest. The word "DAN" is printed in large, bold, black capital letters on the right side of the image, partially overlapping the blue overlay.

DAN

Ontario Nurses' Association Director of Labour Relations—1971 to 2017

ANDERSON



An early strike of public health nurses in Hamilton, Ontario

Dan Anderson graduated from McMaster University in 1971 with a commerce degree just when the negotiating arm of the Registered Nurses' Association of Ontario (RNAO) was looking to hire a research analyst. Two years later, in October 1973, the Ontario Nurses' Association (ONA) was founded and replaced the RNAO negotiating arm.

The professor who recommended Dan for the job told him, "It's a great opportunity to get on the ground of a union that has a lot of potential and is sure to grow." That prediction proved true in spades.

By the time Dan retired, membership had grown from 15,000 registered nurses who were members when he was hired to more than 65,000 nurses and allied health professionals. ONA staff had grown from eight to more than 250, and the number of ONA offices increased from one in Toronto to 10 offices around the province.

In his early years on the job, Dan wore many hats, including analyst, arbitrator and negotiator. Back then the firms representing employers "really hated unions, it was not easy to deal with them. Nasty people, they would try to intimidate you, your committee, the members." They showed little respect for nurse leaders: "I saw that a lot... you could tell the way they spoke about the women leaders, by and large very patronizing for sure."

Those attitudes changed over time, and Dan found his work – especially collective bargaining – to be very rewarding. “When you do an arbitration case you try to achieve something for a person that they already thought they had, but collective bargaining is really an opportunity to make things better for people, better wages, working conditions, benefits, ultimately better lives for them. That is what drove me. I love being able to make things better for people... that is partly why I stayed as long as I stayed.”

As for low points during his career, Dan only cited two: missing colleagues when they moved on from the ONA, and the 10-week strike by ONA staffers in the summer of 1982. The office was then at 415 Yonge Street in a fairly wealthy area of Toronto. “We had to picket on Yonge Street. You can imagine how popular we were with the Yonge Street crowd.”

As a high point in his career, Dan cited the Ottawa Civic Hospital arbitration award of 1974. Encouraged by questions from a union member, Dan agreed that he could justify asking for a starting rate wage increase to \$800 a month, up from \$650, even though the team had originally set a goal of about \$715. At the time, employers at most hospitals with ONA members were adamant in offering nurses a zero wage increase.

After talks went nowhere, a strike date was set for July 25. In advance of that date, the Ottawa Civic Hospital arbitrator awarded “by far the greatest interest arbitration award for nurses in our history... the increases in salaries alone were approaching 50%... You can imagine we had nurses lined up for miles to be organized. It was the greatest organizing tool we ever had.” Nurses from two large downtown Toronto hospitals, Mount Sinai Hospital and Toronto General Hospital, joined ONA.

He is also proud of getting ONA staff members enrolled in the Healthcare of Ontario Pension Plan (HOOPP), of which he is chairperson.

...collective bargaining is really an opportunity to make things better for people, better wages, working conditions, benefits, ultimately better lives for them. That is what drove me.

Dan Anderson



BACKGROUND

Dan's father was a member of the United Steelworkers at Stelco, and he made it clear that his work was not his life, but this was not the case for Dan. "My work did become my life, because you were always thinking about it, couldn't watch a newscast or read a newspaper without there being things related to work you did." Dan commuted from his home in Burlington to Toronto, travelled for bargaining, worked long hours, and was available at all hours to help during bargaining sessions.

As a result, he was away from his wife and two children during the workweek "and missed a lot of their growing up." He credits his wife as having been very supportive of his career.



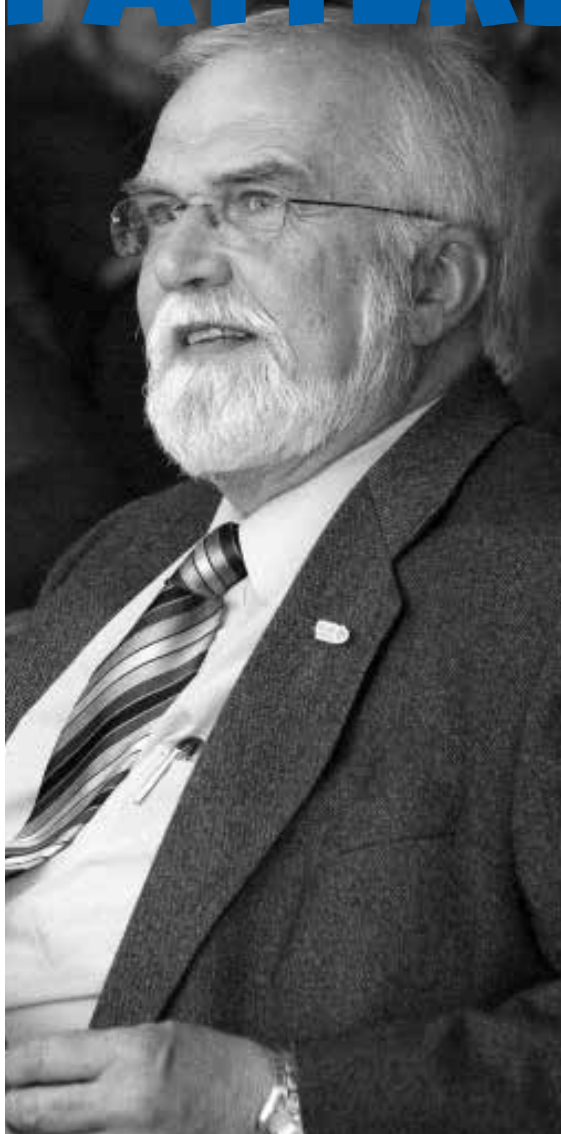
Delegates vote at ONA's annual meeting, 1976.

A portrait of an older man with a full white beard and glasses, wearing a suit and tie. A blue horizontal band is overlaid across the middle of the image. A microphone is visible in the lower-left corner.

TOM

Nova Scotia Nurses' Union Executive Director—1975 to 2003
Labour Relations Officer—1972 to 1975

PATTERSON



Tom Patterson's introduction to unions came when he was working part time as an orderly in a Halifax psychiatric facility through high school and later when he was studying commerce at St. Mary's University.

He discovered that all his fellow orderlies, none of whom had any training, were paid different amounts. Together they went to the hospital administrator to seek equal pay — and a raise. The administrator “took a piece of paper and let it float to the floor. He said ‘Step on that. It is the highest raise you will get.’”

The orderlies contacted CUPE, Tom helped CUPE to organize the orderlies and all other employees (except nurses), and he became secretary of the local.

In 1972, fresh out of university, Tom was hired as a labour relations officer for the Nova Scotia Nurses Staff Association. “Back in those days there weren't a lot of women involved in the labour movement in any of the unions... provincially there weren't very many women involved in labour relations.” His immediate boss was Peg (Margaret) Bentley, who was with the Registered Nurses Association of Nova Scotia, though he was employed by the Nurses Staff Association.

By 1975 he became executive director of what would, the following year, become the Nova Scotia Nurses' Union, and he remained in that position for 28 years until he retired in 2003.

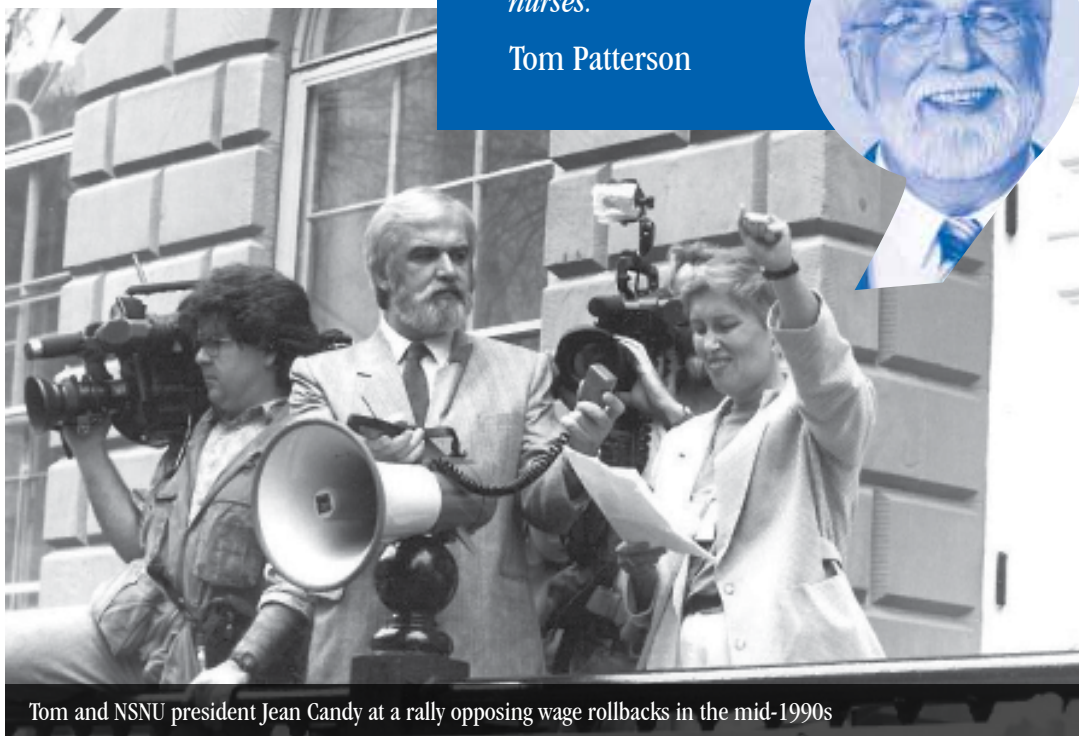
“One of the things I didn’t like about the job was that I would often have calls from the media and they would want an interview on what is happening in bargaining, and more often than not the [NSNU] president would be from out of town and possibly the vice-president and some of them, too, were reluctant to deal with the media. I didn’t like that because I thought those speaking on behalf of nurses ought to be nurses. Eventually we were able to make arrangements for the president to be on staff and be available.”

A major early challenge was the slow process of achieving centralized collective bargaining, replacing the slow and costly rounds of site precedent-setting multiple bargaining. “Each employer was a legal entity... the board of directors and administrations were reluctant to give up any authority, did not want to lose the ability to bargain.” Meanwhile governments didn’t want to interfere with the rights of the hospital boards. Tom envied other nurses unions that were able to deal more directly with government through provincial bargaining.

It wasn’t until the late 1980s and early 1990s that employers agreed to a central table, with individual agreements being signed. “Ultimately we moved from that to negotiating one agreement.”

*...I thought those
speaking on behalf
of nurses ought to be
nurses.*

Tom Patterson



Tom and NSNU president Jean Candy at a rally opposing wage rollbacks in the mid-1990s



Tom receives an award from the CFNU recognizing his contributions, 2011.

A low point in his time with the union came after the 1996 run-off vote with NSGEU, in which the NSNU lost badly – and unexpectedly. Salt on the wounds came afterwards, when the NSNU was in a strike position and the government assigned a junior, inexperienced conciliator to the union, while the NSGEU nursing component was assigned one of the most experienced mediators to assist in resolving their dispute. “The government didn’t show a lot of respect for our union.”

A high point was the negotiation of a first contract for nurses in Windsor in 1974. At first only about 50 of the 97 or 98 nurses joined the union, but after a long series of meetings the NSNU built up membership to 93 or 94 nurses. When bargaining stalled, a strike vote was called, with the strike set to begin, strategically, the day before Queen Elizabeth II was scheduled to open the new Windsor Regional Hospital. The employer settled.

Tom notes that when he began working with the union, salaries and benefits for nurses lagged those for unionized teachers. By the time he retired, “as a result of the work of some really good people”, the NSNU surpassed the teachers union in wages and benefits.

BACKGROUND

Tom was hired as a labour relations officer for the Nova Scotia Nurses Staff Association in 1972, after attending St. Mary's University. He became executive director the following year and held that position until 2003, when he retired.

Tom and his wife had three children, and for much of his career he “travelled an enormous amount.” He counted himself lucky that his wife, a teacher and union member, provided an anchor for the family.

After he retired from the NSNU, Tom was appointed to the provincial labour board and finds it “a nice challenge. I can go there and keep up-to-date on labour legislation, and be involved in a decision-making role, and I really enjoy that. I'm still on it.”

Evolving originally as divisions within professional associations across the country as early as the 1920s, Canada's nurses unions “left home” and really grew up as strong, independent organizations through the 1970s and 1980s. Evolving into an increasingly important political force, by the year 2000 nurses unions had exerted a lasting impact on the remuneration, hours of work and the major related conditions shaping nurses' work across the country's health systems. At the national level, Kathleen Connors, and later Linda Silas – by far the longest-serving nurses ever to hold the helm of the Canadian Federation of Nurses Unions – marshalled the energy of their provincial counterparts to develop a powerful and effective national lobby, developing and using the best evidence to position the voices of union members much more broadly in the arena of public policy issues important to Canadians.

Mike Villeneuve RN, M.Sc.
CEO of the Canadian Nurses' Association





A black and white portrait of a woman with short, curly hair, wearing glasses and a necklace. The image is split horizontally: the top half is black and white, and the bottom half is overlaid with a purple gradient. The name 'IRENE' is written in large, white, bold, sans-serif capital letters across the top right of the image.

IRENE

Manitoba Nurses Union Director of Negotiations and Chief
Negotiator—2000 to 2008; MONA/MNU Executive Director and Chief
Negotiator—1981 to 2000; Manitoba Organization of Nurses' Associations
Labour Relations Officer—1978 to 1981

GIESBRECHT

“It was one of the depressing things in my career, that whole thinking that men know better.” In her early days with the union, Irene Giesbrecht had to defend herself against nurses who believed that a man would be more effective doing her job. “It was hard to understand why one had to continually prove oneself, but with education and training and awareness raising among members, things did change... I didn’t have to keep explaining why I could do my job just as well, or better, than a man or a lawyer.”

Poor working conditions were what drew Irene into the union. “There was just a general lack of respect. We had to stand up when a doctor came to the desk, even if we were in the middle of charting.” Pay was very low, and nurses were sometimes required to work eight shifts in a row.

Also “in the olden days” many nurses appeared to believe that their “husbands would be more assertive with us.” Irene had to discourage the practice of men calling the union on behalf of their wives when the nurses had a workplace problem. “We educated nurses a lot about that. We only talk to the nurse.”



Vera Chernecki and Irene Geisbrecht during the MNU strike, 1991

IRENE GIESBRECHT: Manitoba Nurses Union Director of Negotiations and Chief Negotiator—2000 to 2008
MONA/MNU Executive Director and Chief Negotiator—1981 to 2000
Manitoba Organization of Nurses' Associations Labour Relations Officer—1978 to 1981



In March 1975 Irene sat in at the bargaining table when negotiators were armed with a strike vote. “I was a sponge, I couldn’t believe all these things that were happening, and it was very exciting. I think unionism got in my blood fairly quickly and it never left.” Those negotiations led to wage increases of between 32% and 36.5%, that put Manitoba nurses back into “a more equitable position” with other Canadian nurses.

Irene realized that many union members didn’t understand the strategies involved in the bargaining process, and that educating them would eventually help to get contracts ratified. She became a fixture at three-day labour schools in Manitoba and other provinces, teaching nurses the principles of bargaining. “It was just very satisfying, and many went on to be on bargaining committees.”


Her passion for union work also led to her 26-year tenure as chairperson (1982 to 2008) of the Manitoba Council of Health Care Unions (MCHCU). “Having a common-front position was very important to me, and I think it helped our union, and we were able to fight together for better pensions and health care.” Her MCHCU role led her to appreciate the importance of being “part of the umbrella group,” and she was keen when the CFNU joined the Canadian Labour Congress.

BACKGROUND

Irene Giesbrecht graduated in 1972 from the Grace Hospital in Winnipeg, and two years later, when the hospital was faced with cutbacks, she sought advice from Joyce Gleason, executive director of the Provincial Staff Nurses Council. Gleason helped to organize a local at the hospital. Irene became secretary-treasurer and soon afterwards president of her local.

She didn't come from a union background – she grew up on a farm about 100 km south of Winnipeg as the eldest of eight children – but her Mennonite family supported her. From 1975 to 1978 she was second vice-president, a volunteer position with the union, which was then called the Manitoba Organization of Nurses' Associations (MONA). In October 1978 Irene was hired as a labour relations officer with the union, and in 1981 she became executive director and attended the founding meeting in Winnipeg of the National Federation of Nurses Unions (later renamed the Canadian Federation of Nurses Unions).

In the first four years of her retirement Irene was a labour appointee on the Manitoba Labour Board, and she was on the Automobile Injury Compensation Appeal Commission until 2017.




*I think
unionism got in
my blood fairly
quickly and it
never left.*

Irene Giesbrecht



JEANETTE

A portrait of Jeanette, a woman with short dark hair, smiling. She is wearing a dark top with a floral pattern and a lanyard. A circular badge is pinned to her chest, and a name tag that says "Nurses CARE!" is visible. The background is a solid light blue.

Newfoundland and Labrador Nurses' Union (now RNUNL)
President—1986 to 1990

ANDREWS



Jeanette Andrews (*right*) and NFNU president Kathleen Connors

We may be angels, but we live on earth. — Jeanette Andrews

Jeanette Andrews is still proud of the catchy slogans – like the one above – that she created for the placards she held high on the picket lines.

Living on earth meant being able to survive financially, but when Jeanette was newly graduated and became a shop steward, “we weren’t paid very well. We were a female-dominated profession, and just to give an example, my first pay cheque was around \$225 for two weeks. I had a decision to make, we all did: get your own apartment or get a car, you couldn’t do both.”

Her early years of union involvement were turbulent times. The union’s first business agent was convicted of tax evasion. The second, a man she described as a loud aggressive bully, was fired after he accepted, contrary to union policies, a position on a controversial government committee.



Jeanette (top centre) with NFNU president Kathleen Connors and others

As a single parent (her son was born in 1983) Jeanette said she couldn't have risen in the union without the support of her parents. Her son had a second bedroom at his grandparents' house where he stayed when his mother was away on union business. "I often say my parents were more supportive than any husband would have been."

Jeanette is proud of her accomplishments while president. They include: the first educational leave program for nurses in Canada ("Nurses felt held back if they only had an RN [diploma], and this helped them work toward a degree."); the first contract with a clause about sexual harassment; and a pension plan for part-time workers.

I got so much valuable experience and learning that carried me through – how to run a meeting, public speaking, finances, the importance of personalities.

Jeanette Andrews



Jeanette (*bottom right*) at an event

After four and a half busy years as union president, Andrews stepped down, in large part because she felt she was short changing her young son. She had confidence in the union vice president, Joan Marie Aylward, and the timing seemed right: “We had just negotiated a good contract, we were getting a reasonable increase.”

Unfortunately, the situation changed suddenly. The provincial economy was in trouble. Clyde Wells became premier. Wages were frozen. “It was like the rug was pulled out from underneath us... We felt like we meant nothing. Our signed legal contract was just torn up.”

Her work with NLNU was the foundation for the rest of her career. “I got so much valuable experience and learning that carried me through – how to run a meeting, public speaking, finances, the importance of personalities.”

BACKGROUND

Jeanette Andrews' conviction about bettering the working conditions of nurses began early. She was elected president of the biggest local in the province less than a year after graduation, and this didn't make her friends in management. In 1978 she left Newfoundland to study for her BScN nursing degree at Dalhousie University, returning to work during the summers. During the June 1979 NLNU strike she served as a picket captain. When that job action ended, Andrews argued that the formula for payment in the period surrounding the job action was wrong.

"I was short-paid four hours, and I just dug in my heels." She eventually got the money, but management never admitted that the formula was wrong, and Andrews was "sort of blacklisted" and came to realize that a career in management was not to be. As an alternative, she focused her leadership skills on her union.

Nine years after graduation, having served as shop steward, branch president, regional board member, and finally vice president of the union, she was elected NLNU president, a position she held from 1986 to 1990.

After she left the union, Jeanette spent the next five years self-employed as a consultant and researcher – a more flexible schedule for the mother of a young child. During that time she was commissioned by the CFNU to write *Notes on the History of Collective Bargaining in Current Members of the National Federation of Nurses Unions* (1993), based on interviews with key informants.

She eventually served as executive director of the Association of Registered Nurses of Newfoundland and Labrador from 1998 to 2007.



Three NLNU Presidents: Debbie Forward; J.M. Aylward; and Jeanette Andrews

A woman with dark hair and a wide-eyed, shouting expression is shown from the chest up. She is holding a white rectangular sign with blue text. The background is a solid, vibrant blue.

HEALTH
CARE
WITHOUT
NURSE
?

A woman with dark hair is shown from the chest up, looking upwards and slightly to the right with a serious expression. She is holding a white rectangular sign with black text. The background is dark and out of focus, showing other people in the crowd.

A
HOSPITAL
WITHOUT
NURSES
IS
A
HOTEL



NATIONAL LEADERS



Sonny Arrojado (Manitoba), first president of the National Federation of Nurses Unions, at the founding convention in Winnipeg, 1981

NATIONAL LEADERS

Nurses in provincial unions found strength in numbers, and so for many union leaders it only made sense to create a “larger umbrella” – a federation of provincial nurses unions. At the end of the 1970s nurses laid the groundwork for such an organization, and by 1981 the National Federation of Nurses Unions was established, with five provincial unions signing on as the founding members. (In 1999 members renamed the organization “the Canadian Federation of Nurses Unions.”) Through the stories of federation leaders, this section tracks the organization as it developed a national presence and, working through the provincial unions, launched campaigns of national importance to both nurses and the Canadian public.

JANE



National Federation of Nurses Unions (now CFNU) Chair of the
1981 founding meeting; Prince Edward Island Nurses' Union
President—1978 to 1985

MURRAY



Nurses at the NFNU founding convention in Winnipeg, 1981

In 1979, when Jane Murray represented her hospital's local to PCBC (the Provincial Collective Bargaining Committee for nurses in Prince Edward Island), the annual salary for a full-time nurse in the province was the lowest in the Atlantic provinces. (In 1980 the starting salary for a registered nurse in PEI was \$13,005.)

Jane had joined the committee “because of the things we were all concerned about, like workload, staffing and the way the doctors treated you. Some of them couldn’t walk past without touching you, they called you ‘dear’ and ‘honey’.” When one surgeon asked her opinion about what he should do, “I was shocked because nobody had asked my opinion before.”

Throughout her union work, Jane honed her knowledge of *Robert's Rules of Order*, a skill that would serve her well when she became involved with organizing at a national level. In 1979 she became PEI's liaison to the group that was organizing what would become the National Federation of Nurses Unions (NFNU, now the Canadian Federation of Nurses Unions).

Jane chaired both the 1980 Montreal meeting of the group working to found a national nurses union and the founding meeting in Winnipeg in May 1981, which was a high point in her union career. At that meeting Jane recalls a male nurse from the floor “trying to trick me out” – challenging her knowledge of *Robert's Rules*.

JANE MURRAY: National Federation of Nurses Unions (now CFNU) Chair of the 1981 founding meeting
Prince Edward Island Nurses' Union President —1978 to 1985



(From left) Kathleen Connors, Jane Murray and Sonny Arrojado at the NFNU founding meeting, 1981

Jane was one of 13 delegates from PEI, while 58 delegates came from Newfoundland and Labrador. In contrast, Ontario sent 14 delegates, and Alberta sent seven. The high number of delegates from the eastern provinces was probably because “we were all earning less than nurses in the rest of the country” and therefore keen on united strength. There weren’t enough hotel rooms for delegates and, for example, many of the Newfoundland delegates “were crammed in six to a room.”

Although Jane lost her bid to become the NFNU’s first president – Sonny Arrojado from Manitoba was elected – she became PEI’s national officer (1981-1983) to NFNU and served as NFNU vice-president from 1983 to 1985. “It was very interesting, and there was great fellowship amongst the group, because we had been meeting together for several years with the same goals.”

A high point was being part of an NFNU presentation to a federal Parliamentary committee: “We were people all together from across the country in this big group saying, ‘This is what we think, this is what we know about health care, we are all doing it. This is how things are in a hospital in Vancouver or Charlottetown. This is what is going on.’ We had some weight to our opinions.”



Jane Murray (*right*) in Ottawa shortly after NFNU's founding



Canadian nurses unions have been in the forefront of the fight to preserve Medicare and to extend public coverage to pharmaceuticals, home care and other services. And they have tirelessly promoted Tommy Douglas's vision of sustainable Medicare based upon illness prevention, health promotion and social justice.

Dr. Michael Rachlis

Adjunct Professor, University of Toronto Dalla Lana School of Public Health; Co-author (with Hugh Mackenzie) of CFNU's report *The Sustainability of Medicare* (2010)

BACKGROUND

When Jane was 11, her eight-year-old brother died from kidney disease and pneumonia. She decided, at that young age, to become a pediatric nurse. The only other nurse in her family, her great aunt Nellie, gave Jane her silver nurses' belt buckles — a gift she still has and treasures.

Jane became a nurse, but not a children's nurse. After graduating in England and marrying, she moved with her young family to Montreal in 1965 and worked part time nights at the Reddy Memorial Hospital. All the nurses proudly wore caps that identified the place in Canada where they had trained. "You don't get caps in England, and I just went out and bought any old cap, and everybody said, 'What a strange cap you are wearing!'"

Her family moved to Prince Edward Island in 1976, which is where Jane's union involvement began. Her marriage had ended shortly after the move to PEI, and she began working full time on the surgical floor of the PEI Hospital. As a single parent of three young children, with no relatives nearby, she had to make arrangements for her children's care while she was at work and attending to union business.

Jane attended the Atlantic Labour School in 1978 and became vice-president of her local in 1978-1979, pension plan representative to PCBC (the Provincial Collective Bargaining Committee of Prince Edward Island nurses), and a member of the 1979 PCBC negotiating committee.

In addition to her work with the bargaining committee for nurses and with the National Federation of Nurses Unions, Jane was elected in 1980 to the Association of Nurses of PEI, the provincial registering body for nurses, and served as chair of the disciplinary committee from 1985 to 1987. "It was a good way to make sure the union was respected and acknowledged; there had been some tensions."

She remarried in 1985 — she is now Jane Edmonds — and left full-time nursing in 1989.



We were people all together from across the country in this big group saying, 'This is what we think, this is what we know about health care, we are all doing it.'

Jane Murray



KATHLEEN



National Federation of Nurses Unions/Canadian Federation of Nurses
Unions President—1983 to 2003; Manitoba Organization of Nurses'
Associations (now MNU) President—1976 to 1979

CONNORS



Kathleen at Building A Bridge, an international event in San Francisco, that included a Medicare for All campaign walk across the Golden Gate Bridge, 1995

Kathleen Connors sat in front of the Parliamentary committee, holding an address that she'd written at her kitchen table in Thompson, Manitoba. It was CFNU's first-ever presentation in Ottawa, and it was about the *Canada Health Act*, which had been introduced by Federal Health Minister Monique Bégin in mid-December 1983.

At first, Kathleen was nervous. "Then I realized, none of them [Members of Parliament] are nurses, none of them work in health care, and the nurses who are with me know more about health care than any of them." Kathleen's conviction about the important contributions that nurses make to health care and health care policy in Canada has been her guiding principle.

Her first (and only) nursing job was at the Thompson General Hospital in northern Manitoba. When she became involved in the union there, in the early 1970s, it operated like other nurses unions did in those days – elected nurse presidents were part time (in their role as president), and the senior staff effectively ran the unions. "Nurses being in control of their own destiny was something that was important, and I wanted to see nurses achieve their own leadership in their own organization."

Kathleen was keen to see the creation of a national organization that would unite all the nurses unions. From 1978 to 1980 she attended, as the representative for the Manitoba Organization of Nurses' Associations (MONA, later renamed MNU), all the meetings that lay the groundwork for the National Federation of Nurses Unions (NFNU, which was renamed CFNU in 1999). Kathleen then served as secretary at the 1981 founding meeting of the NFNU in Winnipeg.



Kathleen at a rally with PEI nurses, 1994



Kathleen on the picket line with NLNU nurses in 1999

The number of delegates at that meeting bore little relation to the number of members in the provincial unions: "Because it was a founding meeting, there were no rules. We were starting with definitely a clean slate... there was considerable discussion about what structure and what purpose the national body would take." The founding members were MONA (now MNU), the Newfoundland Nurses Union (NNU, later NLNU and now RNUNL), the Saskatchewan Union of Nurses (SUN), the Provincial Collective Bargaining Committee of Prince Edward Island nurses (PCBC) and the New Brunswick Nurses Union (NBNU).

In 1982 Kathleen penned a resolution that the NFNU join the Canadian Health Coalition, which works to maintain and improve a publicly funded and delivered health care system.

"When you bargain in a public system, you don't have to make profit for shareholders... It is easier to bargain in a publicly funded system, and why wouldn't we work hard to maintain a system where it is better for the nurses and their patients?"

Kathleen was first elected NFNU president in 1983. As the larger nurses unions had not yet joined, the organization was relatively small, and for the first four years of her presidency Kathleen was based at her home in Thompson. "It was a struggle to get everyone under the umbrella. The bigger unions were doing okay on their own, and the national body had a shoestring budget." But eventually the larger unions came on board: BCNU joined in 1992, UNA in 1999 and ONA in 2000.

Kathleen was firm on the importance and significance of nurses "taking their place" within the broader union movement. "The CFNU, as a federation of nurses unions with a membership of over 95% women, is one of Canada's largest unions, and it provides some different ways of looking at things and addressing issues." The CFNU joined the Canadian Labour Congress in 1998.

When the CFNU opened an office in Ottawa, in 1987, Kathleen moved there with her husband Cyril, whom she had married in 1974, and her daughter. Cyril made the unconventional decision to leave a high-paid steelworker underground miner's job and follow his wife, whose position was not guaranteed, as it depended on her being elected every two years. He found work as a municipal worker in an Ottawa suburb.



(From left) Maude Barlow, Shirley Douglas and Kathleen Connors at health care protest in Ottawa, 2004



Kathleen at a Canadian Labour Congress Convention

The advocacy and solidarity of nurses continue to strengthen the broader labour movement in Canada as we strive to uphold and defend the rights of all workers. Nurses have been a vital part of CLC campaigns, including successfully advocating for policies to address domestic violence and harassment in the workplace. The CFNU's decades-long efforts on pharmacare lay the groundwork for the CLC's current campaign to win universal prescription benefits for everyone, helping convert the issue from a lofty proposal to a common sense objective.

Hassan Yussuff
President of the Canadian Labour Congress



BACKGROUND

Kathleen Connors grew up in a farming family in rural southeast Manitoba, the eldest of three girls, and attended a one-room school up until high school. She went on to graduate from Nellie McClung Collegiate in Manitou and is proud to have gone to a high school dedicated to that early Canadian feminist.

Helped by a high school graduation scholarship that covered the cost of room, board and tuition, Kathleen enrolled in the two-year nursing program at St. Boniface Hospital in Winnipeg and graduated in 1972.

When she began work at the Thompson General Hospital in northern Manitoba, the union local had just been certified and a nurse co-worker took her to her first union meeting. Soon thereafter Kathleen was elected to represent Thompson on the provincial collective bargaining committee and to be president of the local.

She recalls going to a meeting of all the trade unions in Thompson. “A male miner said, ‘What do nurses know about unionism and work?’, and I said, ‘You lift a drill that is maybe 50 pounds. I have to lift 200 pounds. I think I know a little bit about work. You put your hands in rock – and just think of some of the things I put my hands in.’”

She faced a challenge early in her union involvement in Thompson in 1975, when nurses in southern Manitoba won a huge wage increase. The year before, Thompson nurses had finalized a three-year contract with significantly lower wages. “We were bleeding nurses.” The local made a decision to hold an illegal strike. Nurses were out for three days. “The hospital board and the administrator were apoplectic” and created a spectacle for the media. “They chartered a Boeing 737 airplane to fly into Thompson and transferred just about every patient in the hospital to Winnipeg. There was no need to do that.”

But the job action was successful. The labour board stepped in, and when the collective agreement was ended, the union won back pay equivalent to what the rest of the province had negotiated. Kathleen stayed in Thompson until 1987, along the way serving as president of MONA from 1976 to 1979 (MONA became the Manitoba Nurses Union in 1990).

She was elected president of the two-year-old National Federation of Nurses Unions (later renamed the CFNU) in 1983 and served in that position for two decades. In 1991 she became voluntary chair of the Canadian Health Coalition, a position she held until 2012.

Kathleen retired in 2003. Her husband was ill, and they moved to Pouch Cove, just outside St. John's in his home province of Newfoundland. Cyril died in 2006.

Nurses being in control of their own destiny was something that was important, and I wanted to see nurses achieve their own leadership in their own organization.

Kathleen Connors





RESTRUCTURING
IS
HAZARDOUS
TO YOUR
HEALTH



DOROTHY

National Federation of Nurses Unions (now CFNU) Secretary-Treasurer—1989 to 1997; Newfoundland and Labrador Nurses' Union (now RNUNL) Board—1988-1998

BRAGG

There was no union when Dorothy (Dot) Bragg began her career at the Grace Hospital in St. John's. "I remember you were afraid to piss off the head nurse. You'd be out of a job, and that happened to people. People disappeared because they didn't get along with somebody." A year later, in 1974, the union was organized and it brought job security and a reduction in fear.

She accepted a position as night clinical supervisor at the Health Sciences Hospital in St. John's in 1982. Three years later she arrived at work to find a letter announcing that her position would be eliminated in six months. "I said I need to get back to work in a union job. It'll give me the value of protection."

Management was "trying to just put us in a vacancy," which would have bumped a union member. "But I didn't want to be part of that." Instead, Dot gave two weeks notice and took a casual position in the emergency department. "I felt like I really couldn't take a [permanent] job in the bargaining unit and a union member not get it. I said I will work my way into a permanent position, and that is what I did."



(From left) Kathleen Connors, Maria Ward (PEINU), Dot and Vera Chernecki (MNU)

DOROTHY (DOT) BRAGG: National Federation of Nurses Unions (now CFNU) Secretary-Treasurer—1989 to 1997
Newfoundland and Labrador Nurses' Union (now RNUNL) Board—1988-1998



Dot (centre) with Maria Ward and Pauline Worsfold during a rally in PEI, 1994

Once in the emergency department, she went outside her comfort zone to become a union steward. “I didn’t like to speak out in front of groups, I had to really force myself as shop steward to have the courage to talk to the manager. This was brand new territory for me.” She was elected to the union’s provincial board and in 1989 was elected CFNU secretary-treasurer. Along the way she gained confidence: “There are labour schools, and educational sessions, and I even did an accounting course because I was doing budgets, and there was a learning curve. Whatever I wanted to do I could do.”

A high point in her time with the CFNU was going with president Kathleen Connors to meet with a federal health minister at his Ottawa office. Dot was very nervous. “And Kathleen in her lovely way said, ‘Now Dot listen here. Oh,’ she said, ‘he is only a yahoo. He doesn’t know anything about health care. We’re the experts, we have to go tell him.’ Took all my fear away, it was wonderful.”

Another highlight was being part of a CFNU delegation that presented to the federal government committee reviewing plans to cut Employment Insurance benefits from 52 to 39 weeks. This was shortly after the 1992 cod moratorium in which 20,000 Newfoundlanders lost their livelihoods. “I really felt so proud to be there because of the impact that it was having on people. You know we only have seasonal work in a lot of the rural communities, you know 20,000 are losing their jobs, and now you’re gonna cut EI benefits? And not put anything into mental health? We were speaking on behalf of rural Canada... Kathleen put the nurses’ slant on so many issues.” The cuts to EI went through, but “you just keep trying and hoping.”

“I had the most exciting career ever... Union involvement gave me a backbone and made me a better advocate for my patients. It was just so good to be a piece of what nurses were doing, there was so much the organization was doing for the public without them even knowing. We were behind the scenes, speaking to the ministers about how patients are affected by their decisions.”

BACKGROUND

Dot Bragg knew at age 12 that she wanted to be a nurse, inspired by having helped to care for her grandfather who had had a stroke. She graduated in 1973 from the Grace Hospital in St. John's. She had her first child in 1976 and she returned to work – maternity leave then was only six weeks long – after each of her four children were born. From 1976 to 1979 she was the breadwinner in her family, while her husband attended university.

By 1988 Dot was elected to the NLNU (now RNUNL) board (she was there until 1998), and in 1989 she joined the CFNU (then NFNU) as secretary-treasurer.

At age 49, after she had left the CFNU, Dot went back to school and became a nurse practitioner. Her husband, a geologist, had his eye on an upcoming job in Labrador, and Dot would be able to join him working there as an NP. Unfortunately, her husband died in 2003 before the job he wanted materialized. Dot worked in remote parts of Labrador for seven years, loving the work and serving as a shop steward. She returned to work in St. John's when her mother was ill, but returned to Labrador from 2016 to 2017 in order to end her career "in a happy place."

I had the most exciting career ever... Union involvement gave me a backbone and made me a better advocate for my patients.

Dorothy (Dot) Bragg



LINDA

A portrait of Linda, a woman with long dark hair, smiling and looking slightly to the left. She is wearing a dark, patterned jacket over a white shirt. A microphone is visible in the foreground. The background is a blue and white patterned wall.

Canadian Federation of Nurses Unions President—2003 to present
New Brunswick Nurses Union President—1990 to 2000

SILAS



Linda speaks to reporters during her time as NBNU president.



Linda announcing the results of a strike vote, 1992

“Imagine how bold and crazy,” Linda Silas says of her younger self. She was reflecting on her bid to join the bargaining committee of the New Brunswick Nurses Union (NBNU) “with honestly no experience.”

Linda got “the union bug” very early in her nursing career. “As soon as I got the feeling that union work was making a difference, then I was hooked.”

She didn’t hesitate to challenge the hierarchy. In the mid-1980s, as unit representative for all the hospital nurses, she led a campaign to reject a tentative agreement. “That is taboo in the union movement, but we were a group of younger nurses who thought the union wasn’t going far enough.”

Linda’s ascent was swift. She was elected NBNU president in 1990, when she was 29, becoming the youngest leader of a provincial union. At the time, she was married with an infant son, but the marriage ended soon afterwards. Her status as a single parent left her the subject of rumours and gossip about who she might be dating. “That was hard. I had to be better, cleaner than clean. I could never go out late, never drink in public. I had an image to protect.” In fact, her job and her son were her whole life.

But she used the example of her situation to politicize her members. To underscore the need for nurses to have better pensions, she noted that almost half of marriages end in divorce, like her own. She pointed to the example of her father, a member of the Canadian Paperworkers’ Union who retired at 57 on a pension of \$44,000, about the same amount as a nurse’s full-time salary. “I had to go and really shake nurses up... I had to convince nurses that we had to put more money into a pension plan.”

By 2003 Linda was elected president of the CFNU. When she gave her first address as president, in St. John's NL, her predecessor Kathleen Connors was in the audience. "I was so nervous, I thought I was going to die. Kathleen was my mentor."

In her national role Linda had to adjust to the reality that, compared to her experience in New Brunswick, she had little influence with federal politicians or the Ottawa media. She quickly realized that it's provincial organizations that can carry the "clout," so she turned key messages and campaigns, developed at the national level, over to CFNU's member organizations. CFNU's message needed to be voiced by all nurses and provincial nurses union leaders – "the key here is unity." This approach allowed for a united front in campaigns, such as safe staffing, as well as calling for an end to workplace violence – a pressing occupational health and safety issue for nurses.

As soon as I got the feeling that union work was making a difference, then I was booked.

Linda Silas



Linda (front centre) and the NFNU national executive board



Linda taking a photo with the crowd at a CFNU convention in Calgary, 2017

The CFNU joined the Canadian Labour Congress (CLC) in 1998, and Linda sits on the CLC executive. The strength that comes from a federation of interests was underscored when, two years ago, the CLC supported the creation of a national pharmacare program – something that nurses unions had been pushing for decades.

Linda is particularly proud that during her tenure the Canadian Nurses' Students Association (CNSA) joined the CFNU in 2007 at no charge and has a seat on the CFNU National Executive Board. The CFNU was the first national nurses organization to do so. "It was such a right thing to do. We are always talking about succession, always talking about human rights, always talking about not eating our young, which is a big thing in nursing... we did more than talk the talk, we walked the walk."

BACKGROUND

Linda Silas grew up in Dalhousie, New Brunswick, and wanted to follow her uncle's path and become a chiropractor. But her parents divorced during her last year in high school, and the chiropractic school was in the United States. "My decision to become a nurse was more practical." She attended the Université de Moncton, which was close to home. "I knew it would be a good job at the end of the four years."

Three months into her first nursing job, in August 1983, and she wanted to quit. She was working "in a med surg unit with way too many patients in my charge" at the Dr. Georges-L.-Dumont University Hospital Centre in Moncton. Fortunately, a two-month orientation course for working in critical care was being offered, and Linda enrolled. "I literally fell in love with critical care nursing."

In early 1984 Linda was chatting with a hospital cleaner and discovered that the cleaner was earning only a couple of dollars less per hour than she was. "I thought this doesn't make sense. So as my father, a union activist, always said: what do you do when you have a question about salary? You go to a union meeting. And if you're determined, it doesn't take long before the union will ask you to become involved."

By the spring of 1984 Linda was the second vice-president of her local, and her best friend, Cécile, was first vice-president. Together they took the train from Moncton to attend an expenses-paid week-long labour school in Montreal. "Imagine how attractive that was!" In 1987 she was elected to the bargaining committee, and three years later she became president of the NBNU.

She credits Bonnie "the miracle babysitter," an Anglophone who spoke no French, with helping to raise her son Alexandre from six weeks to eight years of age. Linda tells the story of when she took her 2-year-old son to a rally. The first sentence he ever spoke was during the rally: "No way trees!" In his car seat as they headed home, this had become "No way freeze!" His mother realized his first sentence was really the slogan that he'd heard repeatedly during the 4-hour rally, "No wage freeze."



Linda at a rally during a CFNU convention, 2015



The Canadian Federation of Nurses Unions, led by its president Linda Silas, has been a vital leader in the global nurses' movement. The CFNU was a co-founder of Global Nurses United, the first-ever global federation of nurses unions, which has been a powerful vehicle to advocate for the interests of nurses, their patients and communities. Linda's principled leadership is recognized the world over for promoting nurses' values of caring, compassion and community without regard to national borders. We are grateful for CFNU's important role as a leader in GNU and the global movement for economic and social justice.

Ken Zinn
Political Director, National Nurses United, USA

A black and white portrait of a woman with short dark hair, wearing glasses and a dark blazer over a patterned top. She is smiling and looking slightly to the right. A purple horizontal band is overlaid across the middle of the image. Two microphones are visible in the foreground on the right side.

PAULINE

Canadian Federation of Nurses Unions Secretary-Treasurer—2001 to present
Staff Nurses' Association of Alberta President—1997

WORSFOLD

Pauline Worsfold already had experience fostering cohesion when she was elected secretary-treasurer of the CFNU in 2001. Four years earlier she was president of the Staff Nurses' Association of Alberta (SNAA) when it merged with the much larger and more militant United Nurses of Alberta (UNA).

Relations between the rival unions had been acrimonious, and two previous attempts to join the unions had failed. But in 1997 the unions found common ground, and members voted to join together. "Not everyone was happy, and there was push back... But truly in our heart, we knew this was best for nurses." Pauline served as a transition officer on the UNA board for the next two years and considers her role helping to amalgamate the unions to be "hands down" the high point of her union involvement.

The SNAA had been a member of the CFNU, but the UNA hadn't, "so that was a big challenge for me. We wrote into the amalgamation agreement that someone continue on the CFNU board, and that was me."



Pauline (*front left*) with Heather Smith (*front right*) during the UNA-SNAA merger

PAULINE WORSFOLD: Canadian Federation of Nurses Unions Secretary-Treasurer—2001 to present
Staff Nurses' Association of Alberta President—1997



Pauline receiving the CFNU Bread & Roses award from Kathleen Connors



*Nurses
are
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it then and they
understand it now.*

Pauline Worsfold

To bring the UNA into the fold, Pauline and Kathleen Connors, CFNU president, “embarked on a tour of Alberta to sell the idea of the UNA belonging to the CFNU... We had meetings with nurses across the province because there would be a province-wide vote of all locals, all members would be eligible to vote.”

In 1998 UNA members voted to join the CFNU. “Nurses are very smart people, they understand the value of belonging to a national group, they understood it then and they understand it now.” Provincial nurses unions still address concerns particular to their province, but the CFNU will lend its help when asked and it keeps “an eye on what is happening on a national level... it does a great job on the collective stuff.”

In 2012 Pauline took over from Kathleen Connors as the voluntary chair of the Canadian Health Coalition (CHC). She took on the role because “it is part of building a bigger tent. When you work in coalition and partnership, you get people who are interested.” Significant changes in health care come from people working together — “even Tommy Douglas didn’t do it by himself.”

BACKGROUND

Pauline was a reluctant nurse. As she describes it, she only applied to become a nurse to get her mother “off her back.” And she only stayed in training because she and her good friend Lea Allen, also in training, regularly talked each other out of leaving. “Every two weeks one of us said we were going to quit.”

She graduated from the University of Alberta Hospital School of Nursing in 1981 and realized that, while she hadn't much liked nursing training, she loved nursing. Her first job was on a general surgery unit, and she later moved to recovery room nursing – where she's been ever since, still loving the work.

If nursing wasn't, at first, an obvious choice for her, union involvement was. Her father was vice president of the International Brotherhood of Electrical Workers in Alberta, and when he was on the negotiating committee, meetings were held at her home. “I would sit in the corner and listen to the discussions on equality, wages and benefits and fairness for all.”

She became the union's ward representative at her first job and went on to become vice-president of the local, board member of the SNAA and, in 1997, president of the SNAA. Along the way – she was married in 1980 – she had two sons (1988 and 1990) but kept on with her employment and union work. “You just dealt with it, I had babysitters and then I got smarter and had a nanny because we worked out of town a lot.”

After the SNAA merged with UNA in 1997, Pauline worked for the next two years with the UNA as transition officer to help smooth the amalgamation.

For the past few years Pauline hasn't had time to indulge in her stock car racing hobby. “It's on pause.” After all, in addition to her roles with the CFNU and CHC, she still works full time as a recovery room nurse in Edmonton. But for a long time she went from her female-dominated job at the hospital to her male-dominated hobby. “For years I was the only woman.”

Although she has hit the “pause” button, Pauline still has her fire-retardant suit and helmet, and her two sons, who are also stock car racers, are keen to get her car back on the track.



Pauline at a CFNU convention, 2017



**1980s
& 1990s**



1980s & 1990s

The 1980s and 1990s were challenging times for provincial nurse unions. Across Canada, governments were forcing drastic organizational and funding changes on health care systems, resulting in widespread cuts to nursing positions. Many nursing graduates were being forced to leave the country to find work. Term limits for union presidents were gradually being eliminated, and this allowed leaders to develop the institutional strength needed to weather turbulent times. Fed up with layoffs and employment changes, union members demonstrated their resolve by taking the difficult step of walking off the job. Notable actions included the 1988 illegal United Nurses of Alberta strike, the 1989 strikes by British Columbia Nurses' Union and Fédération des infirmières et infirmiers du Québec (later renamed Fédération interprofessionnelle de la santé du Québec – FIQ), the month-long Manitoba Nurses Union strike that began January 1st 1991, and the 1999 strikes by Saskatchewan Union of Nurses and by Newfoundland and Labrador Nurses' Union.

A portrait of a woman with long brown hair and bangs, wearing glasses and a white jacket with a black collar. She is smiling and looking slightly to the left. The background is blurred. A blue horizontal band is overlaid across the middle of the image.

HEATHER

United Nurses of Alberta President—1988 to Present

SMITH



(From left) Heather, David Harrigan and Sandie Rentz with a \$250,000 cheque to the government, that UNA was forced to pay following the 1988 illegal strike

Two facts about Heather Smith: 1) she is the longest-serving nurses union president in Canada and 2) she was an Eastern Ontario debating champ in high school.

Her lifelong willingness to refuse to back down from a challenge has stood her well as president of the United Nurses of Alberta.

Ralph Klein's tenure as Alberta Premier — 1992 to 2006 — presented a huge challenge to Heather and the union. "All hell descended on us in the form of the Conservative party led by Ralph Klein."

In early 1988, when Heather was still president of her local, the union staged a nineteen-day illegal strike against rollbacks. The government imposed heavy fines against the union (*left*). By the early 1990s, the UNA had recovered ground with significant wage increases. But then came Premier Klein's "wrecking ball" — the wage cuts of the mid-1990s and massive layoffs of nurses.

Heather is particularly proud of her union's "fight back" against Klein's bid to welcome private health care and two-tier medicine to Alberta. Near the end of his tenure, Klein launched an overt attack on public health care: half of the province's acute care beds were closed, and public assets were sold at "fire sale prices" to companies to open up private hospitals.

When the UNA called out the government's actions, Klein disparaged the union as "left-wing nuts." In response, "we immediately went to all the hardware stores, buying up wing nuts, put a little yellow ribbon through it and selling them for \$2 to raise funds for the Medicare fight back. That was our symbol, the wing nuts."



The 1988 UNA strike

"We had to expend a whole lot more money and energy into building coalitions in support of public health care." The campaign succeeded, and Klein, after only narrowly winning a non-confidence vote on his leadership, resigned as premier in 2006. "The high times carry the low, I've always felt that if people have the facts, there can be a positive outcome."

Heather's commitment to public Medicare predated Klein's attacks. When she was president of her local, from 1983 to 1988, both Heather and her husband David were on the executive of Friends of Medicare. (David, who worked with the Canadian Mental Health Association, died in 2016.)

Says Heather: "My perspective is that the reality of our work lives and the quality [of care] are very much dependent on public health care versus private." When she became UNA president, the union strengthened its relationships with labour and social advocates, such as Friends of Medicare. The UNA was a founding member of the Parkland Institute and Public Interest Alberta.



Heather speaking at a rally opposing health care cuts by Premier Ralph Klein, 1993



(From left) Linda Silas, Heather, Premier Rachel Notley and Pauline Worsfold, 2017

Asked about challenges, Heather said that the very day after she was elected UNA president, the executive director threatened to quit after submitting a critique of union operations. He resigned shortly afterwards. The UNA has since operated without an executive director, instead relying on two directors (labour and finance) and later adding a director of information technology, who all report to the executive officers.

The high times carry the low, I've always felt that if people have the facts, there can be a positive outcome.

Heather Smith

In addition to the Medicare fight back campaign, another high point for Heather was when the UNA and the smaller Staff Nurses' Association of Alberta union were finally – after a couple of earlier attempts – successfully amalgamated. It was 1997. Alberta nurses “stopped the divide and conquering that went on politically from government to us and brought a whole new strength to nursing bargaining.”



BACKGROUND

Back in grade eight, Heather wrote an essay about wanting to become a nurse. “I don’t remember a time when I didn’t want this.”

Heather graduated from Ottawa’s Algonquin College in 1976 and promptly moved from Ontario to Edmonton Alberta to be with David, a man she had met during an earlier trip west and who became her husband.

She was hired by the Edmonton General Hospital in the fall, and the first union meeting she went to, in 1977, turned out to be last meeting of the hospital’s staff association, which was a division of the Alberta Association of Registered Nurses. Shortly afterwards nurses at the hospital were organized by the newly created UNA as Local 79. Heather’s hospital then went on strike three times – in 1977, 1980 and, for 23 days, in 1982. (The last hospital strike was the 1988 illegal strike.)

An arbitrator after the 1977 strike denied the UNA’s bid to establish professional responsibility committees. “He wrote something like, ‘Sailors don’t tell captains how to run the ship.’” But after the second strike the committees, comprised half and half of employer and union representatives, were established. Heather was asked to join that committee and went on to be president of her local from 1983 to 1988 and, in 1986, she joined the provincial bargaining committee. Heather was elected UNA president in 1988 and has served as president continuously up to the present.



...I was reminded of the saying by the wonderful former Premier of Saskatchewan, former outstanding leader of the federal NDP, Tommy Douglas – who said many times in his speeches: ‘You can lock up a man, but you can’t lock up an idea.’ I said, because most of the nurses were women: you can lock up a woman, but you can’t lock up her ideas, her frustration, her anger and her right to a decent collective agreement...

Bob White (1935-2017)

President of the Canadian Labour Congress 1992-1999

From the President’s Address at the

22nd CLC Constitutional Convention May 3, 1999, Toronto



 *Nurses' Union of Australia*

- ✓ *Fair Pay*
- ✓ *More Nurses*
- ✓ *Permanent Jobs*

Nurses' Union of Australia

SMOKING
PROHIBITED

VERA

Manitoba Nurses Union (earlier Manitoba Organization of
Nurses' Associations) President—1981 to 1998

CHERNECKI



The 1991 strike of 10,000 Manitoba nurses held the record as the longest nurses' strike in Canadian history until recently.

During the bone-chilling month of January 1991, Vera Chernecki led the 9,500 members of the Manitoba Nurses Union through a month-long strike.

It was the largest strike in the province since the famous 1919 Winnipeg General Strike, and was recognized as one of the largest and longest strikes in the history of nursing in Canada.

In 1991 it was minus 26 centigrade in Winnipeg when the MNU strike began. "When I woke up on January 1 and realized we were on strike, it was not a happy feeling. But nurses were really ready for that strike... And it showed the strength and importance of unions for nurses."

Eight days later, more than 4,000 nurses crowded into a rally at the Winnipeg Convention Centre. As Vera walked into the Centre on January 9, the triumphal theme from the movie *Chariots of Fire* was blasting out from speakers. Nurses were standing, clapping and cheering. "That show of support is something I will never forget."

Manitoba nurses "were admired across the country by other unions and provincially because the nurses were so solid on the picket lines... they were on the picket lines every day in every local."



A MONA demonstration in 1988

To support nurses and heighten morale during the strike, the union executive “did something the nurses really loved.” Nurses from across the province would telephone union headquarters daily with stories about experiences in their locals.

...nurses were really ready for that strike... And it showed the strength and importance of unions for nurses.

Vera Chernecki



Vera, MNU’s executive director Irene Giesbrecht and communications officer Bill Crawford compiled the reports into a newsletter aptly named *Picket Lines*. They photocopied the newsheets, stuffed them into big envelopes and took them to the Winnipeg bus station to be distributed, by bus, to locals across the province. In one item a group of nurses stated that despite “conditions that were so horrific weather wise, they were mostly in their menopause and so were warm with the hot flashes. People enjoyed things like that.”

The 1980s had been tough for Manitoba nurses, who ranked 8th in the country in terms of wages. In 1988 the government imposed a rule of no financial deficits in health care, and the result was cutbacks and layoffs for nursing staff. Those conditions might have set the scene for the strike and for the fact that, after two failed attempts, Manitoba nurses voted in 1990 to accept the word “union” and MONA was renamed Manitoba Nurses Union.

The year after the strong showing in the 1991 strike, a newly elected government hired a Chicago-based consulting firm to consult on cutting health care costs, and the provincial government attempted to eliminate licensed practical nurses (LPNs) from the hospital units and replace them with nurse aides. “This placed added workloads on remaining RNs. We lost many qualified LPNs with many years’ experience, some of them left health care altogether.” The Manitoba Nurses Union launched an aggressive ad campaign: “We ran the consultant out of town,” Vera recalls, still relishing the victory.

BACKGROUND

Vera Chernecki grew up in Ethelbert, Manitoba, a village 270 km north of Winnipeg. A young farm girl named Sylvia had boarded with Vera's family in order to attend the local high school. Sylvia went on to become a nurse, and "her letters to me convinced me to try nursing." Vera graduated in 1962 and took a full-time nursing job at St. Boniface, later moving to work at a nursing home.

After the birth of each of her four daughters (1964, 1966, 1971 and 1972), she had to quit work (there was no maternity leave), and she returned to casual and part-time work. She was earning \$3.60 an hour. In 1974 she was elected president of the local at the nursing home. "When our contract expired, I was at the bargaining table. I just jumped in with both feet. I attended provincial staff council meetings every month... I couldn't have done everything I did without the support of my husband, who was a teacher, and I think it also helped my daughters become strong people."

Vera hadn't set her sights on becoming union president, but in 1981 she was second vice-president when then-president Sonny Arrojado left to head up the newly formed the National Federation of Nurses Unions (predecessor of the CFNU) and first vice-president Mary Lynn Brooks took a staff job with the union. Vera was re-elected annually for the following 17 years. Before her first television interview as union president "my knees were actually knocking." She grew more confident, and media interviews became easier, "but I was never totally comfortable – you never knew what the questions would be." After retirement Vera, who had run so many meetings, became certified as a Professional Parliamentarian (an expert in *Robert's Rules of Order*). She still consults with a dozen clients and teaches courses.



Vera (right) speaking at a press conference with Linda Silas on Parliament Hill

JOHN



Newfoundland and Labrador Nurses' Union/Registered Nurses' Union
Newfoundland & Labrador Executive Director, previously Lawyer and
Labour Relations Officer—1985 to present

VIVIAN

Before John Vivian took a job as a lawyer at the (then) Newfoundland and Labrador Nurses' Union, the union office had been plagued by a scandal, and the tumultuous time continued for a while after he joined.

"The only reason I hung in was because so many of my friends told me I was making a mistake, and I was just too stubborn to acknowledge that they were probably right, although 30 years later I think I have been blessed, I have had a great career and am still enjoying what I do."

A low point in his career was the 1999 strike. At the time outside workers employed by the city of St. John's were paid more than registered nurses. Brian Tobin was premier, the province was emerging from a period of wage freezes, and other unions accepted a 7% wage increase over 39 months. Presidents of NLNU branches had told the executive that members would accept the same package, but research said members wouldn't and that there would be a "spiral towards a strike."



John with RNUNL president Debbie Forward



"In fact, the tentative agreement was defeated by fewer than 100 votes, and in hindsight it would have been far more harmful for the organization had it been accepted." This led to "huge support" for a nine-day strike that ended with back-to-work legislation and the imposition of the original rejected settlement. A subsequent work-to-rule campaign ended with government launching a classification review that resulted in an additional (9%) increase. "In essence we won, we just didn't win it on the streets. We won it through the work-to-rule campaign and we won it through a classification review."

At the next election the government of Premier Tobin was defeated. In his 2002 autobiography, *All in Good Time*, Tobin wrote that his mother, Florence, had, in 1999, "showed up to pass around hot coffee to help the strikers stay warm." He added that she had "warned me that it wasn't a good idea to get into a fight with nurses."

The 1999 strike taught a vital lesson about the importance of research that can reveal differences between active union members and the rank and file. "We have never gone against the research since and have never regretted listening to research."

A high point was the 2009 contract negotiations that saw the union squaring off against Premier Danny Williams, whose government took out advertisements ridiculing the union's demands. "Government was confident members would accept their 'final' offer, but we knew from our research they were solidly behind us." Two hours before members hit the streets, president Debbie Forward crafted a solution that was accepted after a long night of back-and-forth discussions. "Premier Williams was a formidable opponent. It was an evening I will always remember and our finest hour as an organization to date."

However, not quite everyone got news of the settlement in time. Two registered nurses in St. Anthony, near the northern tip of Newfoundland, "picketed for about 20 minutes before they got the news."

When he first joined the union, during the early tumultuous time, "we flew by the seat of our pants. Now we run it like a business... we run a tight ship."



John with NLNU president Jeanette Andrews (*right*)

BACKGROUND

As a newly minted lawyer in Cornerbrook, John Vivian spent his first few years working for employers in labour relations cases. “I was winning cases that I didn’t feel good about winning. I saw very poor representation provided to many union members. Philosophically I did not feel all that comfortable with what I was doing.”

A representative from the Canadian Union of Public Employees (CUPE) told him that if he was interested in “crossing the floor,” she could guarantee work for him from CUPE and a number of other unions. He settled into a union practice and was eventually hired, in 1985, by the (then) Newfoundland and Labrador Nurses’ Union. (In 2014 the name of the union was changed to the Registered Nurses’ Union Newfoundland & Labrador.)

John is currently the RNUNL executive director.

*...30 years later I think I have been blessed,
I have had a great career and am still
enjoying what I do.*

John Vivian



NLNU nurses on strike, 1999



DAVID

United Nurses of Alberta Director of Labour Relations—1989 to present
Vice-President—1988

HARRIGAN

In the fall of 1988, David Harrigan was vice-president of the United Nurses of Alberta when he telephoned Heather Smith with a proposition. “I said Heather, I’m thinking of running for president. Why don’t you run for vice-president? And she said, ‘Huh. Guess again.’” He laughs at the memory.

Heather was elected president that year and every year since. David stayed on as vice-president in charge of labour relations, but in 1989 opted for a staff job, and Heather and David have worked closely together ever since.

“When we go into bargaining on a collective agreement, Heather and I have been at every table for the past 30 years. The people on the other side have no institutional memory whatsoever, and it [institutional memory] is just so effective.”

A challenging time was in 1994 when Premier Ralph Klein insisted on, but did not legally require, a 5% roll back in public sector wages. The union delayed capitulating to Klein’s demands, “but at the end of the day, sadly, we lost the hearts and minds of members. Eventually people said take the 5% roll back and we’ll move on, thinking there won’t be any layoffs...



A rally to protest health care cuts by Alberta Premier Ralph Klein, 1993

Of course, it didn't save jobs; 10% of our membership was laid off the following year." Most nurses who graduated in Alberta in the 1990s headed out of province, primarily to the United States, and the result is that "there is a generation of nurses that doesn't exist in Alberta."

David is proud that the UNA has avoided strikes since 1988 but has, with the exception of those early days of Premier Klein's tenure, made continual gains. "Our collective agreement is very good. Because most of our members are female and have extra roles, we focus a lot on scheduling... we have the lowest number of full-time nurses. Most are part time, and they're satisfied because the compensation is significant enough."

A high point was the 1997 amalgamation, into the UNA, of the members of the Staff Nurses' Association of Alberta (SNAA). Relations between the two unions had previously been difficult. David realized that once the two were joined under the UNA banner, "I had to drop lawsuits [against the SNAA] as we were suing ourselves."

Over the years, the long hours and travel have taken their toll. "But people in our position tend to be workaholics."

In November 2001 David and Heather were in a head-on collision at highway speed. Both were badly injured. In David's case, it was questionable if he would even survive, and he was in the intensive care unit for a long time. One day, an ICU nurse who was about to go on holidays, and had already exited the hospital, decided to return. She came back in order to thank David for his work with the union. "I think about that when things get really bad."



When we go into bargaining on a collective agreement, Heather and I have been at every table for the past 30 years. The people on the other side have no institutional memory whatsoever, and it [institutional memory] is just so effective.

David Harrigan

BACKGROUND

David grew up in Trail BC, a strong union town, as the fifth of seven children. Although his father was a physician and his mother had been a registered nurse, it was a summer job as an activity aide that got him interested in health care. In 1984 he graduated from Douglas College as a registered psychiatric nurse, a program with about 20% male students, and was hired at Calgary General Hospital. As a long-time male executive in a provincial nurses union, David is an exception to the others since he started out as a nurse and an elected official before opting for a staff position.



David receiving the CFNU Bread & Roses award from Pauline Worsfold and Linda Silas, 2017



DEBRA

British Columbia Nurses' Union President—2000 to 2014 and
1990 to 1994 NFNU/CFNU Secretary-Treasurer—1997 to 2001
Vice-President—1993 to 1997

McPHERSON



British Columbia nurses demonstrating

Debra McPherson was already union steward in 1981 when she attended the founding of the British Columbia Nurses' Union (BCNU), but during that meeting she became even more enthusiastic about union involvement: "All those things I felt about the value of women's work and advancing women in society, and advancing respect for nurses and the understanding of what nurses do, all that was bubbling in my mind, and I thought 'This is a vehicle, and this is where I need to be.'"

By 1986 Debra was with "a strong crew of stewards" at Vancouver General Hospital. Angered by the lack of information the union office shared with members during the 12-day legal strike in 1989, she co-led a successful "Vote No" campaign that urged rejection of the proposed settlement. (Sixty-five per cent of members refused to ratify the proposal; members later accepted binding arbitration that led to a better package.)

Debra wanted the union to be more progressive and in 1990 put her name forward to run for BCNU president. She was elected, and "no one was more surprised than I." But it wasn't an easy time. Staff had dominated the union, and



Debra (*front, second from left*) with the NFNU national executive board

Debra had “views and values counter to the more conservative members... it was challenging to build common goals.” The union had a two-term limit for presidents, so Debra served until 1994. The limit was later eliminated, and Debra was re-elected in 2000.


She led a push for the union to be “working for greater inclusivity and equality within the organization and in general society, taking more progressive positions, and supporting things not directly related to nursing, including the Aboriginal community.”

She’s also particularly proud of the BCNU Campaign Bus, a big mobile home that is “wall-papered with images of our members and goes everywhere” to organize in communities and promote the union and health to the public. She lobbied for the bus in part to “counter the refrain that we don’t even hear from nurses until bargaining for themselves.” The highly visible bus helps the public “to see we are part of their community – 24/7, 365 days a year, we’re there.”

From 1993 to 2001, Debra served on the board of the CFNU and found the experience exhilarating. She learned “about all other unions and how they worked” and liaised with and visited international nurses unions. “One of the great pleasures I had was that the president at that time, Kathleen Connors, and I went to San Francisco and marched on the Golden Gate Bridge with Jesse Jackson in support of universal health care.” She worked, alongside Kathleen, to bring provincial nurses unions into the CFNU and into the Canadian Labour Congress (CLC).

Debra says a high point of her tenure with the BCNU was the integration of all BC nurses – including licenced practical nurses (LPNs) – into one contract. But the push to bring LPNs into the BCNU led to the end of the union’s membership in the CFNU. By 2011 the BCNU had already been suspended from the Labour Council, the BC Federation of Labour and the CLC for raiding another union to bring LPNs into the BCNU fold. In the fall of that year, the BCNU agreed to remove itself from the CFNU.

It's no surprise that Debra believes nurses who belong to a union should be active participants, for these reasons: "I come from a school that says that in order to be an autonomous self-regulated professional in your practice you must have control over your work environment. The way to maintain that control is to be a part of a union where you fight together with other nurses for hours of work, compensation, staffing levels, health and safety in the workplace, all part of what enables you to be an autonomous professional."



I have admired the CFNU's advocacy for a universal, equitable and sustainable national pharmacare program since the days of the National Forum on Health in the mid-1990s. Universal pharmacare is an essential but missing component of Canada's universal public health care system. I can say with confidence that no other organization has so steadily and effectively championed this cause on behalf of all Canadians. Even when others – myself included – were losing faith in the prospects of universal pharmacare coming to fruition, the CFNU kept on the cause. Over the past decade, the CFNU has commissioned important work that put pharmacare on the national agenda, they have hosted regular and influential pharmacare briefings for provincial premiers and federal MPs, and they have done the big and small things necessary to effectively mobilize the grassroots advocacy that is so important to policy development. When national pharmacare soon becomes a reality, it will be in large part because of the invaluable efforts of the CFNU.

Steve Morgan, PhD

Professor, Faculty of Medicine, School of Population and Public Health, University of British Columbia; Co-author (with Dr. Ruth Lopert and Elizabeth Docteur) of CFNU's report *Body Count: The human cost of financial barriers to prescription medications* (2018)


BACKGROUND

Debra McPherson grew up with five siblings and not much money. Her decision to go into nursing was pragmatic. She'd worked through high school, saved her money and made the calculation: "Okay, I've got enough money to pay tuition, I'll get my room and board and at the end of the day I can have a job. If I don't like it, then I can earn money and go to university."

She enrolled in the last year of the three-year diploma course, which saw students working in St. Boniface Hospital in Winnipeg. After graduating in 1972, she worked in Manitoba, spent two years in Zaire, returned to Alberta, got tired of the cold and was hired to start an intensive care unit at the new University of British Columbia Hospital in Vancouver.

By 1988 she was chair of the BCNU's Vancouver region and she became BCNU president from 1990 to 1994. Debra also served as acting CFNU president in 2000, CFNU secretary-treasurer from 1997 to 2001 and vice-president from 1993 to 1997.

In 2000 Debra was re-elected BCNU president, a position she held for the next 14 years.



All those things I felt about the value of women's work and advancing women in society, and advancing respect for nurses and the understanding of what nurses do, all that was bubbling in my mind, and I thought 'This [union] is a vehicle, and this is where I need to be.'

Debra McPherson



The BCNU campaign bus



Don't Privatize Health Care

Canadians are waiting

FLORENCE

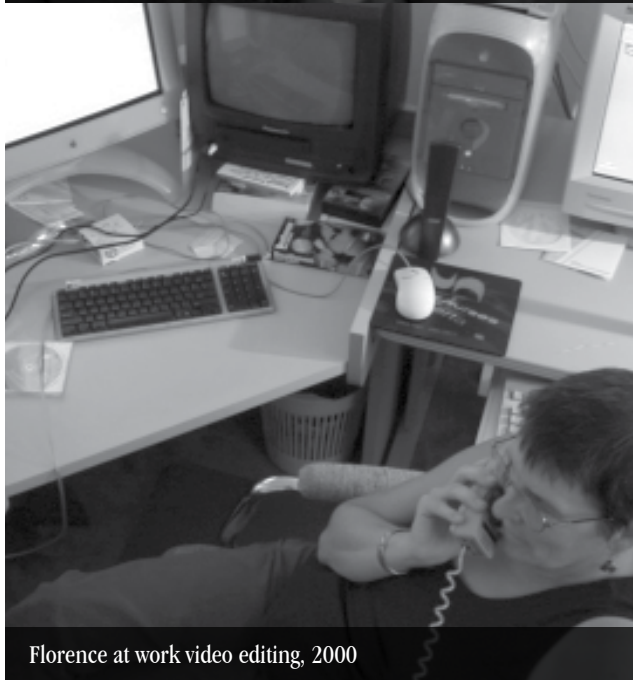


United Nurses of Alberta Systems Administrator/Director of Information
Services—1992 to 2012

ROSS



A computer training by UNA



Florence at work video editing, 2000

In the early to mid 1990s Florence Ross drove all over Alberta visiting United Nurses of Alberta (UNA) locals. Summer and winter, her Nissan Pulsar was loaded up with Apple computers, monitors, printers and modems, and she held small workshops to teach nurses the basics of computer use.

“I drove zillions of miles... At that time, women in their 40s – and the average age of nurses was about 45 – didn’t have the background to believe that they could do this. It was a challenge to convince people they could do this – log in, send emails – and our whole goal was communication, so that they would participate and to be part of the decision making.”

Florence, supported by UNA president Heather Smith, was given free rein to push the UNA into the computer age, connecting members with leadership, and placing the union at the leading edge of computerization among nurses unions – and ahead of hospital employers. By 1996 all UNA locals used computers and belonged to the UNA network, allowing for timely sharing of information during negotiations through group mailboxes.

UNA became the first Canadian nurses union on the Internet and with a website and, says Florence, “I wrote every line of HTML myself.” After working mostly alone for a number of years, Florence was able to hire some “young crackerjacks” and launch a comprehensive data management system for all the union’s business.

She encountered resistance to her early efforts. “It was new idea and it was expensive... I got a lot of flak for following Apple hardware and software, as it was not the common thing in the business world.” But Apple software was easy to understand and work with for women “who were not technically inclined.”

When she became UNA's full-time systems administrator in 1994, she went to all employers for information to help build databases of members. “I learned to design databases and learned interface design. We did everything in-house, we built our own data management system internally, and that is probably the biggest accomplishment: a huge infrastructure to manage the business of the union.”

Looking back on her 20 years as a staffer with the UNA, Florence reflected: “I had a lot of latitude to do interesting things because I took them on... and I put together a team of really smart people to carry it on.”



BACKGROUND

When she got pregnant at 17, Florence Ross married her oil patch worker boyfriend and dropped out of school. At age 30, with three children, she enrolled in Grant McEwan College in Edmonton for nursing and graduated in 1978. She chose nursing because she was “one very uneducated man away from poverty” and figured a nursing job would be secure and flexible for raising her children. By 1979 she was divorced.

In the mid-1980s, when she was working at Edmonton's Misericordia Community Hospital, she was elected secretary of her union local. She accepted the position on condition that it come with a computer. She then created a database of nurse members, using information from the employer, which was supplied on floppy discs.

The United Nurses of Alberta hired Florence Ross, on contract, in 1992 as a system administrator. In 1994, Florence became UNA's full-time system administrator and, eventually, director of information services.



It was a challenge to convince people they could do this – log in, send emails – and our whole goal was communication, so that they would participate and to be part of the decision making.

Florence Ross



DEBBIE

Registered Nurses' Union Newfoundland & Labrador (earlier
Newfoundland & Labrador Nurses' Union) President—1996 to present

FORWARD



Debbie during the NLNU strike of 1999

On the evening of April 1, 1999, nurses in Newfoundland and Labrador had been on strike for nine days. The provincial government was meeting to vote on return-to-work legislation. Led by president Debbie Forward, nurses were protesting on the steps outside the legislature. “We were the lowest paid in the country, and nurses were just fed up not being respected and valued for the work they did in health care.”

The front doors of the legislature were locked. Police from the Royal Newfoundland Constabulary were lined up just inside the doors. “We could see them, and they had their guns and their sticks. I don’t know what they thought nurses were going to do.”

While the nurses protested outside, the government legislated nurses back to work, overrode labour legislation that required it to engage in binding arbitration, and imposed a punishing settlement.

But then something happened to partly redeem that difficult day.

When the protest ended and nurses dispersed, Debbie spotted police getting into a bus at the back of the legislature. They had been supportive of the strike, and she decided to step into the bus and speak to them. “I said ‘I know what just happened here was because you were ordered to do this. I want to thank you for all the support you have given us on the picket line.’”



Debbie speaking to media



*Never give up.
Regroup and
rethink. There
are other ways
to achieve the same
goals.*

Debbie Forward

The police stood up and “they started to chant ‘Go Forward’. They took their hands and beat the top of the bus, and the bus was rocking, and then one of them started to sing ‘Solidarity Forever’. We all sang ‘Solidarity Forever’, and that was one of the most powerful gratifying moments I have ever had.”

The strike, which resulted in scores of nurses leaving the province, taught Debbie several lessons. First: “Trust the research.” The strike vote followed rejection of an offer supported by the executive, although research had warned that rank and file members would not accept that offer. Second: “Never give up. Regroup and rethink. There are other ways to achieve the same goals.” After being ordered back to work, nurses launched a work-to-rule campaign that led to better wages and conditions. “It brought us out of the basement... it kept people, I can’t say it brought people back.” Lastly: “Be prepared for tough questions.” One such question would be whether to defy return-to-work legislation. Debbie and the executive established a process to hear from the members on this issue.

These learnings led Debbie to successfully avoid another strike in 2009, when she forged a last-minute agreement with the government.

She is a strong advocate for the Clarity Project, with 75% of her members now wearing white and black to clearly identify themselves as registered nurses. “If we didn’t stake our claim to the piece of health care that we own, and only we can own, then we are at huge risk of someone else coming in and taking us over... If we are invisible in the health care system because we [health care workers] all look alike, then they can replace us and no one will know.”

BACKGROUND

Nursing “was always something I wanted to do. It just seemed that it was my path.” Debbie’s father died when she was an infant, and her mother raised Debbie and her older sister alone. Debbie graduated from Memorial University in 1980 and went to work at the Salvation Army Grace Hospital in the emergency department. At her first union meeting, in 1982, she became a shop steward and was “hooked” after that. “I felt if I was advocating for nurses, whether it was about work life or workload, it was about making it better for patients too.”

In 1988, she was elected to the provincial board as a representative for St. John’s, and in 1996 Debbie was elected NLNU (in 2014 renamed RNUNL) president after then-president Joan Marie Aylward resigned before the end of her term. The timing was challenging for Debbie, who was in the middle of a divorce, caring for two sons aged 10 and 11, still teaching nursing (she spent 11 years as a nursing instructor) and working on her master’s degree in education.

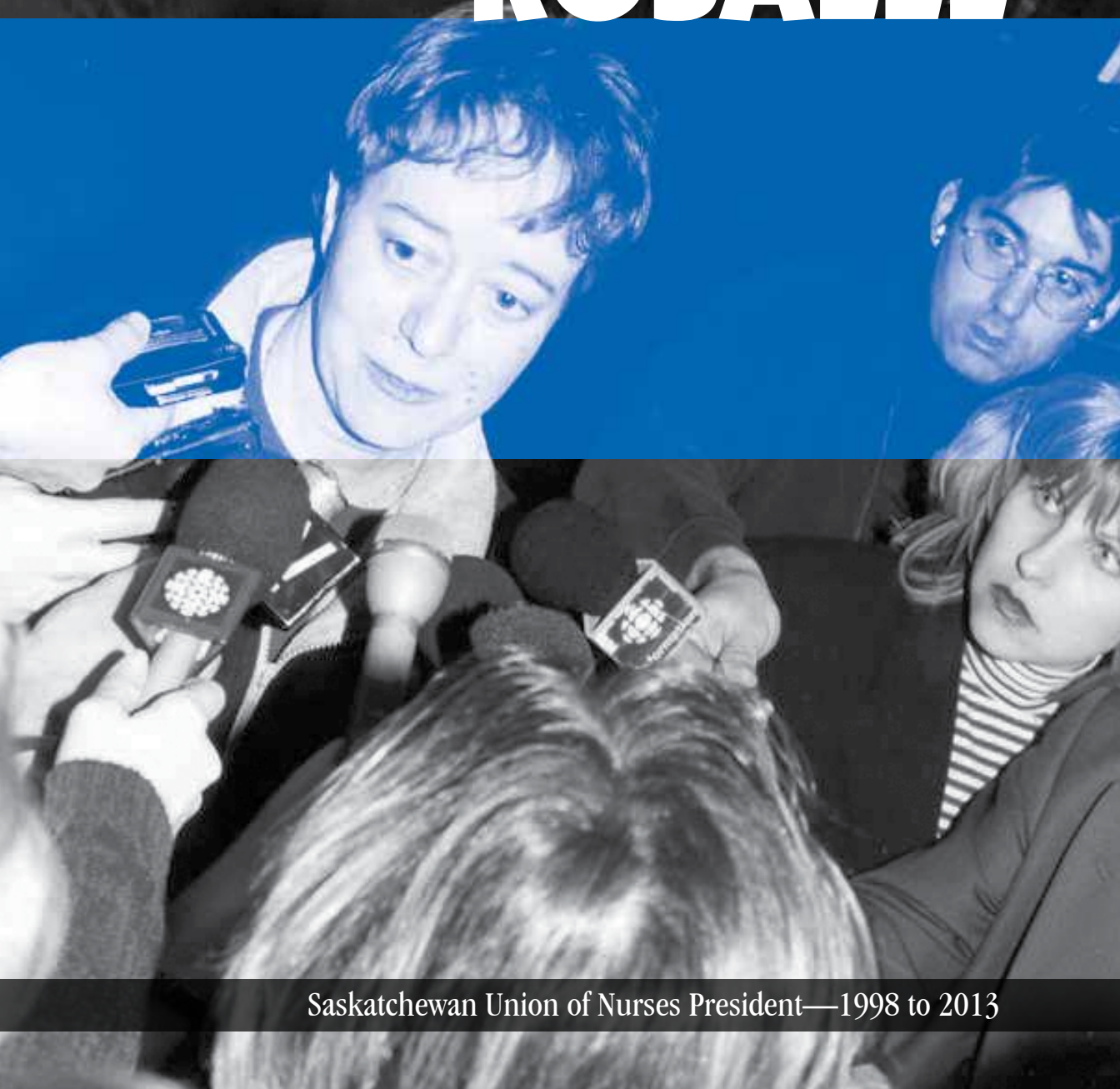


The CFNU recognizes the need for evidence-informed decision and policy making in our health care system, whether it be nurse staffing or broader system issues like pharmacare. I have witnessed first-hand how the rigorous research studies and toolkits the CFNU has commissioned are being used both nationally and internationally to shape health human resources policy and management.

Lisa Little, RN, BNSc, MHS

Health care policy consultant and lead researcher on several CFNU projects, including the largest ever national survey of nurse practitioners (2018)

ROSALEE



Saskatchewan Union of Nurses President—1998 to 2013

LONGMOORE

“It’s about solving a problem, and we are actors, making our case.” That’s how Rosalee Longmoore describes the bargaining table. “I just love collective bargaining.” The tone of the bargaining depends on who’s at the table, she adds. But clearly she wasn’t fazed by those on the other side of the table who tended towards the confrontational. It’s no surprise that she was a big fan of the labour schools that SUN regularly convened to educate members about collective bargaining and union-related matters. “Those events really bonded nurses together.”

Like other nurses union leaders, Rosalee juggled union work and family caregiving. But she had more challenges than most. When she married John, he was, as the result of a motorcycle accident, a quadriplegic. In all, they had three children. They adopted a baby daughter in 1984, and Rosalee gave birth to a son in 1986 and a daughter in 1988. Rosalee was the sole breadwinner in the family. She often relied on neighbours, friends and babysitters to allow her to travel for union work and believes it truly does “take a community to raise children.”

The 1999 strike, which came after a government commission led to the expansion of SUN membership, was one of the two highlights of her union career. The day the nurses walked out, the government passed back-to-work legislation and imposed settlement terms. Nurses defied the legislation.



Rosalee (centre) at a union event



White shoes were placed on the steps of the Saskatchewan provincial legislature to symbolize how many nurses had left the province, 1999.



"Never in our history were nurses so united. In that strike we had every single facility out. The whole theme was government doing more and more to nurses, and coupled with that there was a nursing shortage. It was the perfect storm to have nurses take action. And there was such support from the labour movement... we were known around the world."

Nurses faced fines for the illegal strike, but after 10 days on strike the government and union signed a memorandum of understanding to get back to the bargaining table and, in the end, a large settlement was negotiated.

A low point followed. After the 1999 strike "nurses went back to work with attitude, which wasn't necessarily a good thing... and I think some in the [Premier Roy] Romanow government wanted revenge and so gave more authority to other providers of health care... we saw a big increase in the scope of practice of licensed practical nurses."

But a second career highlight was the 2008 agreement, a kind of partnership that SUN signed with the province. Times had been tough, and nurses were leaving to Alberta for better pay and working conditions. Under the agreement, the government would hire 800 more nurses,

SUN members won significant wage increases and money to solve workplace issues, and the "bleeding" of nurses away from Saskatchewan stopped. "But it's like the effect was, they paid us to be quiet... We had no bargaining power left for other issues. We were frustrated but realistic."

Never in our history were nurses so united. In that [1999] strike we had every single facility out.

Rosalee Longmoore

BACKGROUND

Rosalee Longmoore was inspired to become a nurse when she was in grade 10 and watched nurses – “angels of mercy” – care for her father who was dying from kidney failure. She became involved with the Saskatchewan Union of Nurses (SUN) shortly after she graduated as a registered nurse in 1976.

Rosalee juggled union work and family caregiving and, like many other women, recalls key dates as they relate to the arrival of her children. She joined the SUN board in 1983. Her union involvement stemmed from a desire to “to work for what is fair and just. When I started to hear how some nurses around the province were treated, I was appalled.”

In order to accommodate her family's needs, she chose part-time work, mostly nights at a long-term care facility, for the first 22 years of her nursing career.

She was SUN's vice-president for finance when, in 1998, Premier Roy Romanow lured SUN's president into politics a year before her term was up. The board named Rosalee president just as SUN was about to embark on particularly tough negotiations with the Saskatchewan Association of Health Organizations. “Then I had to run, at the annual meeting, right in the middle of the [1999] strike.”

When she left SUN 14 years later, Rosalee returned to nursing in long-term care on a casual and then part-time basis. She was particularly gratified to have worked with and mentored a graduate nurse from the Philippines who successfully wrote his Canadian exams. Rosalee finally left the profession in 2017, when she turned 65.



Rosalee speaks to the media, 1999.

2000s





2000s

The decade beginning in 2000 saw provincial nurses unions recognizing the need to assert their particular place and importance within the health care system. The trend for governments to replace registered nurses with lesser-trained workers was continuing, and nurses unions saw the need to raise the profile of nurses and launch public campaigns to ensure that the public better understands their expertise and professional credentials. Unions also recognized the need for nurses to work as decision makers with hospital committees and to consult with provincial governments in order to improve conditions for nurses and for the public. Meanwhile, of course, unions continued to attend to the “nitty gritty” issues such as improving nurses’ pensions.

A portrait of a woman with short, wavy, light-colored hair. She is wearing a dark blazer over a light-colored top, a silver chain necklace, and a circular brooch. She is also wearing small hoop earrings. The background features a repeating pattern of a coat of arms with a lion. A horizontal blue band is overlaid across the middle of the image.

JANET

Nova Scotia Nurses' Union President—2002 to Present

HAZELTON



Janet Hazelton is very aware of the fundamental strength of a union comprised of members of just one profession – nursing. “We have rationales for all our asks, we can speak with authority because we know about nursing.”

And she sees political advantages to a full-time union president who, like her, has been in the job for a long time. “The Premier and the Minister of Health know they have to have a relationship with me, because I have been there for 16 years now.”

Concern over maternity leave was the catalyst for Janet’s union involvement in Truro in 1988. “We had very poor maternity leave, very poor, three months maybe. We had to pay benefits, and we lost our seniority... there were a lot of improvements to be made. I was on that cusp where there were a lot of young mums, and the older nurses seemed to be making the decisions.” As it happened, Janet was on maternity leave when the president of her local, a friend, asked her to attend a union meeting (her first) to ensure quorum.



Janet (*right*) with other CFNU national executive members at a rally in Newfoundland, 2016

From that low-key start, she went on to take positions with her local at the Colchester Regional Hospital in Truro. She was working full time, and nurses were subject to mandatory call back. “We could be ordered back night and day. We trained our kids to answer the telephone and lie, saying we weren’t home.”

Management went to rather extreme lengths to keep nurses on the job. Janet’s husband worked in her hospital’s purchasing department, and one time, when the hospital wanted Janet to stay at work, “they told my husband to leave work, to go home and take care of the kids.” Still, he wasn’t the type to take offence: “His mother was a nurse and his dad was a teacher, so he was used to seeing his father make meals and do laundry.”

Janet’s biggest challenge as NSNU president resulted from the decision, in 2011, to propose that uniforms (white tops and black bottoms) be mandatory for RNs, LPNs and NPs. (Unlike most other provincial nurses unions, the NSNU represents all three categories of nurses.) The move aimed to make nurses more visible to the public, which hadn’t been particularly sympathetic to concerns about nursing shortages, because it was hard to distinguish nurses from other hospital employees.

The membership barely ratified the collective agreement that included the uniform contract language, and Janet suspects that if she had been up for re-election that year, she might have been defeated. “After all, we are elected by the membership.” But her uniform initiative set a trend that is being followed by other provincial nurses unions and has gained international recognition.



*We have rationales for
all our asks, we can
speak with authority
because we know
about nursing.*

Janet Hazelton



BACKGROUND

When it came to her motivation to study nursing at university, Janet Hazelton was clear. She really wanted to graduate and wear a coveted “X” ring, given to all graduates of St. Francis Xavier University, the university in her hometown of Antigonish.

She picked nursing over teaching (her mother was a teacher), along the way discovered that she actually liked it, and graduated in 1984 with a Bachelor of Nursing. After working briefly at a couple of hospitals, she landed at the Colchester Regional Hospital in Truro, working in many different units.

At the time, nurses with degrees were not considered “real nurses” because diploma nurses had had a lot more clinical experience during training. “That was the pervasive attitude, not just at my hospital but at all hospitals at that time – that we got our degree so we could be managers or professors, certainly not bedside nurses. Until I got my union position, I was a bedside nurse throughout it all... We really had to prove ourselves as degree nurses.”



Her union involvement began early in her career, when she was treasurer and president of her local. “I found representing nurses at discipline challenging but also rewarding, especially when we were able to do our best and help nurses.” She soon became second vice-president and secretary-treasurer of NSNU and was elected NSNU president in 2002. She has been re-elected ever since.

I am very proud of the tireless work that ONA has achieved to advance human rights and equity issues in the workplace and society. Every day our members, leaders and staff support those who have experienced discrimination and marginalization in their workplaces. ONA has won many fights in protecting and achieving pay equity, maternity and parental leaves, spearheading new legislation on workplace violence and harassment, ensuring inclusive language is in our collective agreements, and so much more. We took on these challenges not just for our members but for all workers. We are truly stronger, together.

Pam Mancuso

Region 1 Vice-President, Ontario Nurses' Association
(Human Rights and Equity Portfolio)



A portrait of a woman with short, dark, wavy hair, smiling. The image is split horizontally: the top half is in grayscale, and the bottom half is a cyan-colored overlay. The name 'SHEILA' is printed in large, white, bold, sans-serif capital letters across the top half of the image.

SHEILA

Northern Territories Federation of Labour Treasurer—2018 to present
and Secretary—2011 to 2018; Union of Northern Workers Full Executive
(First Vice-President and regional Vice-President)—2002 to 2013

LAITY



Sheila (*top right*) at a meeting of the Public Service Alliance of Canada

A year after graduating as a nurse, Sheila Laity was elected to the provincial bargaining committee of the United Nurses of Alberta. “I was a kid in my early 20s, and everyone else was in their 40s... I was with like-minded people who were so enthusiastic, and they were so interested in helping and teaching me.”

Sheila was working as a public health home care nurse and “we ended up in a lockout, and I had no idea what that was. It was a huge learning curve. It was exciting – it wasn’t nursing but it was working with nurses and getting them involved.”

She spent most of her career in Yellowknife at the Stanton Territorial Hospital. By 1993 she was elected president of her local of the Union of Northern Workers (UNW) local and began mentoring others.

“We had a lot of nurses’ union problems. We couldn’t retain nurses, we were constantly getting a changeover, and that affects your work, when you are constantly getting new people.” She and some colleagues began to investigate forming a separate nurses union. “We needed to work on a strategy, and we’d do that best by having our own union. Our issues were getting lost in among clerical staff, plumbers, highway people and firefighters.”



Sheila at her nurse practitioner graduation, 2007

But the more she investigated, the more she realized a separate union for nurses “wasn’t a viable option.” Practical obstacles included the transience of health workers in the North – nurses would have to be signed up, which was difficult with all the changeovers, and long-distance phone calls to contact them all would be expensive, since the UNW would not be helping with costs.

In a bid to give nurses more prominence in the larger union, Sheila ran for UNW president in 2002, but she lost by one vote. She continued to hold positions with the union for another decade. “I really pushed at literally every level to get health care represented... I said on our bargaining team, we need to have one health care worker, we need to put a name forward to get everyone to push for it... if you want to get [your] voice heard, you have to be at the table.”

Almost four decades later Sheila remains an enthusiast. “I did shift work for 25 years while raising three kids, and I still think it is a great career... Unions set the bar. We don’t fight necessarily for today’s gain. We fight for the future and for the next generation. We enjoy the vacation we have now because someone else was on the picket line somewhere. And we fight for things that go beyond the union.”

She is proud that her daughters, who watched their mother work full time and be an active union member, weren’t discouraged about union work. One daughter is a nurse, while another is a teacher, and both regularly attend union meetings. Her son is a carpenter.



Unions set the bar. We don’t fight necessarily for today’s gain. We fight for the future and for the next generation.

Sheila Laity

BACKGROUND

Sheila Laity worked in Alberta, British Columbia and Yukon before finally settling in the Northwest Territories. A “tough farm kid” from rural Alberta, she graduated as a nurse in Edmonton in 1980 and worked for 12 years before she and her husband Tim (whom she met in Watson Lake, Yukon) and their three young children landed in Yellowknife.

She had been active with both the United Nurses of Alberta (UNA) and the British Columbia Nurses' Union (BCNU), but in Yellowknife there wasn't a nurses union for her to join. Instead, registered nurses, licensed practical nurses and allied health workers – almost all of whom are employed directly by the NWT government – are part of the large Union of Northern Workers (UNW), which represents “every public service worker in NWT, except teachers.”

She was active in her UNW local from 1993 and served on the executive of Stanton Hospital (local 11) from 1997 to 2002 (and again later, from 2013 to 2015). In 2002 she served for three years as UNW first vice-president, but when that became a full-time paid position she didn't want to leave nursing, so she stepped down and instead served as a regional vice-president from 2005 to 2013.

In 2004 she went back to school and graduated from Aurora College as a nurse practitioner in 2007, and then created a job for herself in orthopaedics. She retired in 2015 but continues to work on a casual basis.



Sheila (*right*) at a rally in Yukon, 2012



Sheila in February 2019



It was my very great pleasure to be the Project Manager for CFNU's very successful Research to Action: Applied Workplace Solutions for Nurses. With funding from Health Canada, RTA saw pilot projects developed at the local level in 10 provinces and territories, all with the objective of improving nurse retention and recruitment through innovative workplace solutions. These 10 pilots resulted in increased leadership, engagement and professional development, and decreases in overtime, absenteeism and turnover. RTA demonstrated that nurses unions, employers, governments, academics and other key stakeholders can successfully engage in collaborative partnerships to address workplace challenges. RTA also demonstrated that solutions developed at a local level can be modified and successfully applied in other workplaces and regions. Finding workable solutions to the challenges facing nurses in the workplace is a joint responsibility, one that requires ongoing commitment and leadership. The leadership of the CFNU has demonstrated that.

Arlene Wortsman

Researcher, CFNU's 2008-2011 *Research to Action* Project Manager;
CFNU Executive Director, 2013-2016



SVINB

MARILYN



New Brunswick Nurses Union President—2004 to 2016

QUINN



Marilyn (*second from right*) at a rally

When Marilyn Quinn left surgery wards to work at her hospital's new palliative care unit, her colleagues suggested she had gone "out to pasture early." But during her two decades at the unit she became a union activist and, eventually, "the voice of 1000 nurses" as local president at the Saint John General Hospital.

"By nature I was always very shy. In nursing school they told me I had to speak up more. I found my voice when I could use it for other people."

Marilyn had discovered she could hold her own with physicians in order to make sure that her patients got the necessary pain control, and she could speak up for families who couldn't speak for themselves. "I could argue because patients only had one chance to die. There was only one chance, and we had to work together to get it right."

With those experiences she realized that, like so many nurses, she had leadership skills. "We learned very early in our practice that if you're are going to survive, you have to advocate for your patients, so the skills were very transferable to advocate for each other and for the system as a whole."



Marilyn Quinn



Marilyn at a women's leadership gala, 2012

In 2004 Marilyn was elected NBNU president, and a year later she brought nurses from the nursing home sector to within minutes of walking a picket line. This was a significant accomplishment, given that nursing home nurses “have a different relationship with the people in their care,” and there was no provision in the contract for any nurses to remain at work (zero designation). “The team around the table was terrified out of their minds. One nurse said she wouldn’t be able to walk out.” Marilyn suggested that she wouldn’t have to walk out alone, and recommended that another nurse hold hands with her so they could walk out together.

The strike was to begin at 6:00 a.m. At 4:00 a.m. Marilyn made the call. A mere ten minutes before the deadline the province stepped in – the deputy minister had been sleeping in the hotel where talks with the nursing home association’s negotiator were taking place – and met the union’s demands.

Nurses cared lovingly for Jordan River Anderson during his short time with us and were amongst the earliest supporters for Jordan’s Principle. The CFNU and nurses unions continue to promote Jordan’s Principle to ensure that First Nations children have access to public services when they need them.

Cindy Blackstock, PhD

Executive Director, First Nations Child and Family Caring Society of Canada



A difficult period was in the mid-1990s when the province began restructuring health care and, as local president, Marilyn was handling constant phone calls from nurses, almost 100 of whom were losing their jobs. “My son was at that age when they could mimic anything they hear over and over. Once, we were at supper, interrupted I don’t know how many times, and he just put his fork down and said, ‘What part don’t they understand? It’s article 34 layoff and displacement.’”

Marilyn is proud of having the NBNU involved in the successful protests in 2009 when the province announced its plan to sell NB Power, a public utility. Premier Shawn Graham “didn’t want us involved because we legitimized the struggle. We’re not partisan, but this was bigger than that.”

During her tenure as president she also spent a “long hard slog” working to repair problems with the members’ underfunded pension plan. She was appointed chair of the Public Service Pension Plan as a union nominee in 2014 and after her retirement became a government appointee on the Certain Bargaining Employees Shared Risk Plan (CBESRP), the pension plan for nurses and other health care professionals.

Marilyn argues that social media is the union’s “best friend and worst enemy.” While useful for sharing information with members, she has been appalled at instances of nurses sharing patient photos on social media and publicly sharing statements such as “Chaching! – another overtime shift.”

She remains grateful for the CFNU and for friendships from the union staff and members. “We had a tight network across the country. The relationships you develop with people – whether the camaraderie, the fighting for the same thing, the supporting each other, or running something by ‘What do you think, am I missing something?’ – there was power in that.”



BACKGROUND

Marilyn graduated from the Salvation Army Grace Hospital in St. John's in 1977, when there were no jobs in that city, so she left home and accepted a job in Saint John New Brunswick. She began in a neurosurgical unit but went on to spend 20 years on the hospital's first palliative care unit.

Her daughter was born in 1981 and her son in 1986, and it wasn't until the late 1980s that she began her union involvement, a time when management at hospitals looked down on unions. "We were always seen as adversarial... I had to convince people that we had something to say." So she sat on strategic planning meetings and began to work more collaboratively. Marilyn was president of her local in the 90s, and later that decade was on the provincial negotiating team. She had been chair of the provincial negotiating committee, securing a 24% wage increase, just before she was elected NBNU president in 2004.



By nature I was always very shy. In nursing school they told me I had to speak up more. I found my voice when I could use it for other people.

Marilyn Quinn



Marilyn receiving the CFNU Bread & Roses award, 2011



Canada's
urses
G UP
TH CARE
CFNU

Vote for the
health care
we deserve.

Vote for the
health care
we deserve.

Canada's
Nurses
STANDING UP
FOR HEALTH CARE
CFNU

for the
health care
deserve.



LINDA

Ontario Nurses' Association President—2004 to 2017

HASLAM-STROUD

A three-year-old girl is dressed in her Sunday best, white gloves and a hat, and she's perched on a chair that is much too large for her. The photograph is stuck on a sheet of Bristol board, and the handwritten line below it reads: "Haslam-Stroud can fill the seat."

That homemade poster was a key part of Linda's first successful campaign to become president of the Ontario Nurses' Association (ONA).

Her union involvement began when she asked, a year in advance, to have her wedding day, June 2, 1979, off work. Management at St. Joseph's Hospital in Hamilton refused. She casually mentioned her frustration to a colleague who turned out to be a member of the ONA local. The union went to bat for her, and she got her wedding day off.

As a young newly married recent grad she had "terrible schedules, you were working seven eight-hour night shifts, then seven eight-hour day shifts, you got one weekend off in three so you never saw your family. I could never go to church, I was always working, and I am Christian, that is part of my life, and I am thinking this is crazy."





The workload was “horrendous,” and as woman who was raised as an equal to men she found it ridiculous that nurses were “kind of like handmaidens to physicians... We were basically told what to do, and we did it.” All these conditions led Linda into union involvement.

She credits former Health Minister Elinor Caplan (1985 to 1987) for amending the *Ontario Public Hospitals Act* to empower nurses to have more say in hospitals, for example, by being members of decision-making committees.

At the end of the day it is the little things that our members are going to remember that changed their life...

Linda Haslam-Stroud

Still Linda recognized that most members “don’t wake up thinking about the union... all they want to know is that they have a lifeline, that they have someone they can dial on speed dial if they have a problem.”

Linda says she took on her role as ONA president at “150 miles an hour with lots of energy” with a pledge to make the union active “to improve the quality of work life through collective bargaining and become a voice in health care and health care policy.”

A low point was the death of two nurses during the second wave of the severe acute respiratory syndrome (SARS) outbreak in Toronto, when nurses “were thrown into the fire.” Nurses had warned that SARS wasn’t over, but were told to take off their masks and isolation protection. Linda’s first press conference was held to announce a lawsuit against the government.

ONA lost that lawsuit, but the province learned that it couldn’t push nurses around, and the Ministry of Labour and the Ministry of Health and Long-Term Care started talking to each other. When concerns arose about the possibility of the deadly Ebola virus arriving in Ontario, in late 2014, ONA was the lead voice on the Ebola Task Force.

Linda is proud of the great contracts that were signed during her tenure, including gains like being the first nurses union to get weekend premiums and student mentorship.

But she adds that meaningful victories also include seemingly smaller wins. “At the end of the day it is the little things that our members are going to remember that changed their life – getting an extra RN on night shift on a busy emergency or medical unit. Those are the things that make a difference in us being able to offer professional care.”



Linda speaking during a home care nurses' strike, 2015



Linda poses with student nurses, 2017.

BACKGROUND

Linda graduated from Hamilton's Mohawk College in 1977, at a time when many of her registered nurse colleagues were heading south to the United States because of the lack of jobs in Ontario. Her grandmother had suggested nursing as a profession. Linda's grandmother played a significant role as she grew up, because her mother had a schizophrenic disorder and was from time to time unwell.

After graduation Linda lucked into a full-time job at St. Joseph's Hospital in Hamilton and, after some time in a surgical unit, spent most of her career in the renal transplant unit. She became the local secretary at St. Joseph's, then local president (until 2004) and, beginning in the early 1980s, chair of the provincial negotiating team. She recalls attending provincial meetings while still breastfeeding. When her mother was well, she often accompanied Linda to out-of-town meetings to help with the babies.



Linda's daughters were 14 and 16 by late 2003, when she was asked to run for the ONA presidency and faced the reality of living weekdays in Toronto, away from her family. Her husband Murray, who ran a plumbing business, encouraged her to run for the position and "became Mr. Mum."

SARS and ONA member Lori Dupont's horrific workplace murder were health and safety consciousness raising moments for nurses unions across the country and beyond. Used to caring for others, not themselves, nursing union members awakened to the realization that the conditions of work are the conditions of care. Justice Campbell said it best when he said, if workers aren't safe, neither are their patients. Driven to put their grief to purpose, in recent years nurses unions have used the findings from the SARS Inquiry, the Dupont Inquest and other tragedies to forge alliances, lobby governments, work with employers and develop programs, tools and legislation to raise everyone's awareness and drive progress. It's because of the work of nurses unions that people are understanding just how dangerous health care work has become, and how important to society's well-being it is to make sure nurses, the noblest profession, are protected at work.

Nancy Johnson

ONA (retired) Labour Relations Officer, Occupational Health and Safety



Breaking the Social Contract
la rupture du contrat social

LABOUR COLLEGE
of CANADA



I NEED
Education
In Exchange for My
Aboriginal Rights
One Education

A black and white portrait of a woman with short, dark, curly hair, wearing glasses and a patterned jacket. A bright blue horizontal band is superimposed over the middle of the image. A microphone is visible in the lower right foreground.

RÉGINE

Fédération interprofessionnelle de la santé du Québec
President—2009 to 2017

LAURENT

Régine Laurent is proud of how Quebec nurses reacted to the heavy-handed actions taken by the government when she first got involved with the union. “In 1989 I was a young union fighter, and we went on strike for seven days... Following that strike, the government adopted an unbelievable government law preventing us from collecting union dues, and even more terribly still, for each day or part of a day we were on strike we lost a year of seniority.”

The nurses reacted in a spirit of solidarity. “We agreed to respect the true seniority. So instead of having these lost years of seniority come divide us, we made it into a strength. We countered what the government wanted to do, and they never tried that again.” The government “wanted to completely eradicate the FIQ [then FIIQ – Fédération des Infirmières et Infirmiers du Québec]. The slogan for our negotiations was ‘Being there tomorrow’. It would prove to be farsighted.”

The spirit of solidarity among the nurses also motivated the union members to pay their union dues by cheque, in addition to sharing the burden for the heavy fines levied by the government. “Nurses unions from across Canada, with the help of the Canadian Federation of Nurses Unions (CFNU), lent us millions of dollars to make sure the FIQ survived. In 1989 and again in 1999 this sense of solidarity did not falter. The solidarity of the members of the FIQ as well as the other nurses unions in Canada remained firm.”





Régine Laurent speaks to the media.

More recently, the FIQ adopted a policy to engage in “proposal-oriented unionism.” For instance, the union funded a clinic run by nurses in Quebec City for a year and a half and had this initiative evaluated by professors from the Université Laval and Université de Montréal. The results revealed that 95% of the people who went to this small clinic were able to have their health problem treated at the clinic, and only 5% were referred to a doctor or the emergency department. The success of this pilot project “sent shockwaves to the very core of the system that said that everything must go through a physician in Quebec. We really shook things up. The general public understood and agreed with this kind of clinic.”

This action was the culmination of a communication strategy that had begun years before. The FIQ adopted these strategies to make sure that the general public understood “that the purpose of our demands was to provide better care. We were successful in making people understand that we were a union of health care professionals who cared deeply about the general public.”

Régine's involvement in the union gave her the opportunity to defend the social justice values in which she believes. “As I've always said, a union is a big school that teaches about life.”

Since my work with the CFNU in 2014, they have remained wholly committed to workforce policies based on the evidence. As a Canadian nurse researcher, I believe that the CFNU and provincial nurses unions keep my published work alive at policy tables and during bargaining negotiations as they advocate for nurses, patients and a quality, safe public health care system. I offer my thanks and appreciation to the CFNU, provincial nurses unions and their courageous nurse leaders.

Maura MacPhee, PhD, RN

Professor of Nursing, University of British Columbia

Author of CFNU's paper *Valuing Patient Safety: Responsible Workforce Design* (2014)



BACKGROUND

Régine Laurent immigrated from Haiti to Montreal with her parents when she was 12. Both her mother and father were teachers, but Régine particularly admired her mother's friends who were nurses. They inspired her to study nursing in Montreal. Régine received her diploma in 1979 and began her career in 1980 at the Santa Cabrini Hospital in Montreal. Four years later, she contacted the union after management had arbitrarily changed her vacation dates. "It was really about the feeling of injustice that I had experienced. I found some real support with the union." She was able to get her original vacation time back.

In 1985 Régine was elected president of the local representing the hospital. Before these initial meetings with the employer, "I hardly slept at night I was so stressed out." In 1991 Régine became a member of the executive committee for the union representing Quebec's nurses. At the time she had separated from her husband, who returned to Haiti, and was a single mother to her two sons. When her mother retired, she began helping Régine with the boys. "She was a very precious help to me." From 2005 to 2009 Régine was president of the Alliance interprofessionnelle de Montréal, an organization that is affiliated with (then) FIIQ. She was elected president of the FIQ in 2009 and occupied this position until her departure in 2017.



...the purpose of our demands was to provide better care. We were successful in making people understand that we were a union of health care professionals who cared deeply about the general public.

Régine Laurent

POUR ÊTRE
la Demain,
il nous Faut des
GAINS

POUR
ÊTRE LA
DEMAIN...



A portrait of a woman with curly blonde hair, wearing a grey blazer over a black top. She is wearing a lanyard with the Ontario Nurses' Association (ONA) logo and the text "Ontario Nurses' Association RN". The background is a blurred office setting. The name "VICKI" is written in large, bold, white capital letters in the upper right corner.

VICKI

Ontario Nurses' Association President—2018 to present
First Vice-President—2006 to 2018

McKENNA



Vicki (right) with ONA first vice-president Cathryn Hoy



(From left) Linda Haslam-Stroud and Vicki McKenna at a meeting of Global Nurses United, 2014

Vicki McKenna went to visit her aunt in a nursing home. A young woman with a stethoscope draped around her neck was sitting with her aunt. After a brief chat, Vicki asked the young woman where she had trained. “What do you mean?” the woman asked. “Where was your nursing education?” said Vicki.

“Well, I don’t have any nursing education,” said the young woman. “What’s with the stethoscope?” Vicki asked. “Oh, sometimes I just want to hear someone’s heart or something,” the young woman replied, who revealed that she was a health care aide.

After she left the room, Vicki’s aunt whispered, “I thought she was a nurse.” Vicki later spoke with the facility’s manager, who was unaware of the young woman’s behaviour.

Vicki has been immersed in addressing provincial-level policy and advocacy issues since she became ONA first vice-president in 2006. The episode with her aunt underscored Vicki’s concerns about the management of long-term care (LTC) facilities in the province and “the public’s confusion about who is providing their health care.”

Her concern has been heightened by recent events. As ONA president, she has followed the public inquiry into the deaths of eight LTC residents at the hands of rogue nurse and serial killer Elizabeth Wetlaufer. The inquiry revealed that some LTC managers don’t know what behaviour they must report, and haven’t even read the legislation governing their facilities. “Employers,” Vicki emphasizes, “have an obligation to uphold the law.”



The inquiry has also put a spotlight on problems at the institutions, such as outdated staffing models based on the typical resident population of years ago. “We are really hoping this is an opportunity to improve staffing and care. The truth of long-term care is shocking, and we should never accept it.”

Another concern is why so many nurses leave the profession. “It’s a very big question that has been studied, but I think it needs more study.” Vicki’s job involves liaising with the almost 18,000 student affiliates of the ONA. The challenges that face new graduates stem from issues facing all nurses – workload, shortages, vacant positions, access to resources – factors which have contributed to a situation where more senior nurses often don’t have the time or energy to mentor and support new graduates. “We know newly graduated nurses leave because they don’t feel confident in their practice. Their education has not prepared them for the practice of nurses today in the real world.”

Vicki says the growth and evolution of the provincial union is a high point in her nursing and union career. “I say to the staff and to our leaders, this isn’t your grandmother’s union any more.” She’s proud of the union’s public advocacy on behalf of patient care and “being at tables that we never would have dreamed of, not even ten years ago.” For example, ONA works with other like-minded organizations, such as the Registered Nurses’ Association of Ontario. Common concerns include funding for and access to health care, and the dangers of hallway health care. “Also the role of nurses in health care. It’s our story, so we have to tell it.”

Vicki graduated from London Ontario's Fanshawe College as a diploma nurse in 1979. After a year spent nursing in North Carolina, she landed at Victoria Hospital, where she had trained. (Victoria Hospital later became absorbed into the London Health Sciences Centre.) Her father was a member of the Teamsters Union. Growing up, she saw him go through bitter strikes and "knew about unions and assumed everyone was in one." Still, it was only after her father suggested that she speak to her union representative about a scheduling problem that she became active in the union.

Vicki took on “every role in the local” and became president of her local, which led her into meetings at the provincial level and, in 2006, she was elected ONA first vice-president.

Vicki and her husband have two children, and it was only after her youngest child was off to university that she ran for provincial office. She didn't relocate to ONA's Toronto office, but instead she spends weekdays in the city and returns to her home in the village of Belmont, outside London, on weekends.



Vicki McKenna



Vicki with striking public health nurses in Thunder Bay, 2018

A black and white portrait of a woman with short, dark, wavy hair, wearing glasses and a dark blazer over a dark top. She is speaking into a microphone. A horizontal purple band is overlaid across the middle of the image. The name 'JANE' is written in large, white, bold, sans-serif capital letters in the upper right corner.

JANE

United Nurses of Alberta First Vice-President—2013 to present
Second Vice-President—1999 to 2013

SUSTRIK



Karen Craik and Jane Sustrik at the Alberta Legislature

Why did you get involved with the union?

I attended meetings within the first two years of my employment, but the real involvement came for me after my grandmother, who was very important to me, became ill. She was in Scotland and had suffered a stroke. I wanted to go to see her, but my manager kept delaying giving me approval. I finally asked the union for advice. They met with my manager, and I got the time off. While I was in Scotland, seeing my grandma for the last time, I knew I needed to repay the union. When I was back home, I got more involved and worked to provide other members the kind of privilege the union so kindly and respectfully provided me.

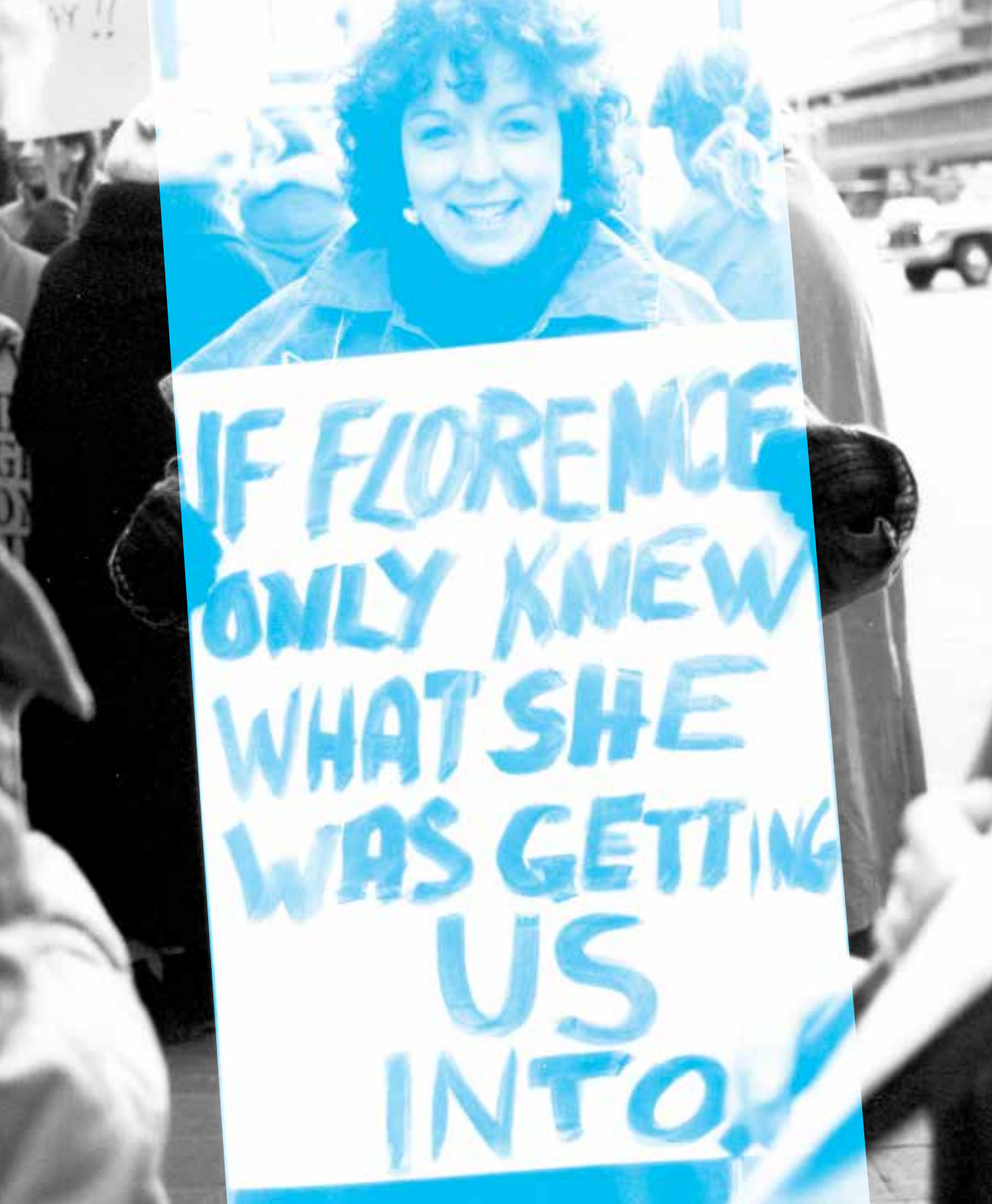


Jane speaks to the media, 2016.



What are you most proud of?

What I am really most proud of is keeping American-style health care out of the University of Alberta Hospital (UAH) here in Edmonton. Back in the early 1990's an American consulting firm, headed by Connie Curran, was hired by the UAH to redesign patient care. She was paid millions of dollars. I brought together the unions at the UAH for a common front to fight this Americanization. We called ourselves "Unions in Action." We challenged them at every turn... they never expected us to talk with each other, let alone work together! The hospital also put out weekly newsletters about their patient care re-design project. They called it "Straight Talk." As the local president at the UAH, we put out our own newsletter to counter theirs. We called ours "True Talk." We kept them and the Americanization at bay... it was a fight, but we won!

A black and white photograph of a woman with curly hair, smiling and holding a large protest sign. She is wearing a dark turtleneck and a light-colored jacket. The sign is held in front of her, partially obscuring her chest. The background shows a crowd of people and a building, suggesting a public demonstration or protest.

IF FLORENCE
ONLY KNEW
WHAT SHE
WAS GETTING
US
INTO.



**2010 TO
TODAY**



2010 TO TODAY

Canada's nurses unions have become more aware than ever of the importance and strength of the union movement. More recently elected leaders, who have benefited from the achievements of their predecessors, are widening their concerns, becoming champions of research and evidence in health care. Nurses unions have an increasingly important voice on pressing issues facing Canadian society such as technological transformation, growing income inequality, Truth and Reconciliation with Indigenous peoples, mental health, human rights and climate change. On a national level, the CFNU registered, for the first time, as a third party advertiser in the 2015 federal election and in 2018 became registered federal lobbyists. The challenges facing nurses unions are not easing up, but nurses are gaining more political clout and recognition, and taking their place on a national and international stage.

A black and white portrait of a woman with short, dark hair, looking slightly to her right. She is wearing a light-colored, patterned sweater over a collared shirt. A small, dark, oval-shaped object is clipped to her sweater near the collar. A name tag is visible on her sweater, but the text is illegible. The background is dark and out of focus. A solid blue horizontal band is overlaid across the middle of the image, partially obscuring her face and the sweater. The word "MONA" is written in large, white, bold, sans-serif capital letters across the top right of the image, partially overlapping the blue band and the background.

MONA

Prince Edward Island Nurses' Union President—2010 to present

O'SHEA



Just let me know.

That's Mona O'Shea's motto and her key to keeping on top of business as president of the Prince Edward Island Nurses' Union (PEINU).

Mona firmly believes that “all nurses have leadership ability, that is within all nurses, but some nurses just don't recognize it. I think if you recognize it, you should become involved, because it is a good thing. I recognized leadership in myself.” Before becoming president she was an evening charge nurse on a 12-bed ICU/CCU unit and notes that “delegation was a large part of that role.”

“Just let me know” is Mona's polite request to get a heads up – through a quick email or a phone call – about any planned changes that will affect her members, such as a change in their master schedule on a unit, denied temporary leaves, or the number of vacant positions.

With a population of fewer than 150,000 people, PEI is Canada's smallest province, and this allows for more direct, personal communication. Yes, a grievance could be filed if the union member isn't given the four week's notice of a master schedule change, “but our union is not known to have a lot of grievances. We try to work through them and come up with a resolution before filing.” It helps that Mona knows all the human resources managers where her members work.



Mona and the president of another PEI union expressing concerns over privatization

Everything is more intimate in a smaller province. During her tenure as president she has worked with three health ministers: the first one went to high school with her husband, and the third, the current one, was a guest at her wedding.

The year that Mona became president, she faced an immediate and difficult challenge. Health PEI began to implement a new model of care, and legislation was changed to allow, for the first time, licensed practical nurses (LPNs) to administer medications. “We lost a little over 100 FTEs [full-time-equivalent positions] in the transition over a period of four to five years. So it was a challenge to be positive during that time.”

There were no layoffs, and some nurses were transferred to other jobs, but a large number of vacant positions were lost. “A lot of meetings were held, tears were shed,” and nurses who didn’t lose positions experienced a lack of clarity about their new role.

Because of its relatively small size, PEINU is the only union without a labour relations officer – Mona is both president and LRO, and she knows “a large percentage of the nursing population here.”

The good news is that the union later gained back many of those positions in other places, such as primary care. “We now have a large number of primary care sites through the province, that are nursing-led, by registered nurses and nurse practitioners. We have a lot of patients unaffiliated with physicians.” RNs and NPs also operate women’s wellness clinics that provide reproductive and sexual health services. Union membership climbed from 1,080 to 1,260 positions. And in 2014 the union won one of the biggest wage increases in the country – a 9.9% raise over four years.

...all nurses have leadership ability, that is within all nurses, but some nurses just don't recognize it.

Mona O'Shea



Mona (centre right) with leaders of nurses unions and premiers of the Atlantic Provinces

BACKGROUND

Mona grew up in PEI and graduated as a diploma nurse in 1983. She worked at the Queen Elizabeth Hospital in Charlottetown for 21 years and then shifted to home care. She was drawn into union involvement by curiosity about her rights as a union member and by Margaret Duffy, PEINU president from 2002 to 2008. “She was a great leader, she was very matter of fact, she was able to get her point across in a very positive yet effective way and respectful. I would like to say that that is how I am able to deliver a message.”

She was provincial secretary-treasurer from 2000 to 2008 and in 2010 became PEINU president and a member of the CFNU National Executive Board.

Mona and her husband Matt have three sons, the youngest of whom was 14 when she became president. She credits Matt with providing a huge amount of support on the home front.



The CFNU has demonstrated a commitment to exploring intergenerational issues in the nursing workplace in order to best support, retain and recruit nurses of all generations. Over the course of 10 years and three separate research reports, the CFNU has enabled a greater understanding of the experiences and issues facing nurses across generational cohorts and career stages, while proposing evidence-based recommendations to ensure a healthy and sustainable nursing workforce and the best care to patients.

Sheri L. Price, PhD, RN

Associate Professor, Dalhousie University

Affiliate Scientist, IWK Health Centre

Author of CFNU's report *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care* (2016)



A portrait of a woman with short, wavy brown hair, wearing black-rimmed glasses and a multi-strand necklace of light-colored beads. She is smiling and wearing a dark-colored top. The background is a blurred indoor setting. A horizontal blue band is overlaid across the middle of the image.

TRACY

Saskatchewan Union of Nurses President—2013 to present

ZAMBORY



Tracy (centre) at an HIV awareness event, 2018

When Tracy Zambory got on the bus with fellow nurses and travelled to Regina on April 8, 1999, she didn't know what that trip would mean to her. A 1985 diploma-prepared registered nurse, she'd been working full time for seven years as an RN at the New Hope Pioneer Lodge in her hometown of Stoughton (population about 800). She was married, raising two boys, and deeply involved in her local community.

But the Saskatchewan Union of Nurses (SUN) had just begun a strike, so she joined thousands of nurses who travelled to a mass rally at the Centre of the Arts in Regina. CFNU president Kathleen Connors and Bob White, the legendary president of the Canadian Labour Congress, came and spoke to the nurses.

The government of Premier Roy Romanow legislated the union back to work four hours after the strike began. "Big mistake! We went from being a union that represents people and does the mundane stuff. We gelled, we became trade unionists in that moment. That is when we understood what it meant to be in the bigger, broader union picture because of all the support. It opened my mind up to what a union can accomplish."

Before 1999 Tracy says her union involvement focused on tending to everyday union issues. But after the rally "it was so exciting. There was so much solidarity and togetherness on the bus home."

Before this time no one had ever walked a picket line in Stoughton. Back home, she was cutting the grass when “Tap tap tap. It nearly gave me a heart attack. It was an old fellow I knew who was so angry about ‘how could you walk out on the poor people up there?’” The rally had taught Tracy how to think and talk about the big issues. She now “had the opportunity and braveness to talk about it,” though she didn’t change the old fellow’s mind.

We gelled, we became trade unionists in that moment... It opened my mind up to what a union can accomplish.

Tracy Zambory



Tracy grew up steeped in the politics of cooperatives and collective action; her grandmother Violet was an original member of the Cooperative Commonwealth Federation (CCF) party in Saskatchewan and had worked with Tommy Douglas, then Premier of Saskatchewan, widely recognized as the founder of medicare in Canada. “I was raised with my grandmother’s heavy influence, so that when you talk about TC [Tommy C. Douglas], it is with your hand on your heart.” This understanding of the collective good informs her thinking when, as SUN president, she has to make decisions that may be unpopular.

Tracy says that, similar to her experience in 1999, many younger nurses awoke to the strength of the union movement in 2016. Nurses had been without a contract for two years, and the government had recently passed the Saskatchewan Employment Act, which made it next to impossible to call a strike. When bargaining was going nowhere, the union called an impasse. Tracy and other union executives were subsequently placed under gag orders, but more than a thousand nurses took up the torch to explain the issues to the public. “Everyone came together as members.” In both 1999 and 2016 the government of the day stood up and took notice of the strength of the nurses union.

BACKGROUND

A 1985 nursing graduate, Tracy Zambory was working at the New Hope Pioneer Lodge in her hometown of Stoughton when, in 1994, it was organized by Saskatchewan Union of Nurses (SUN). Soon after, Tracy became president of her local. In 2010, building on this experience, Tracy was elected 1st vice-president of SUN, and her family moved to Regina. In 2013 she was elected as SUN president. Since she joined SUN, “We have gone from being a collective bargaining agent to being a thousand times more... We are professional practice, we are involved in community, we are champions of research and evidence, we work with many, many stakeholders, we are innovative. It has been good growth, natural growth, and that growth has got us to be one of the most respected and powerful unions in Saskatchewan.”



Tracy with SUN members, 2018

A black and white portrait of a woman with long hair, smiling. A horizontal blue band is overlaid across the middle of the image. The name 'PAULA' is written in large, white, bold, sans-serif capital letters across the top right, partially overlapping the blue band.

PAULA

New Brunswick Nurses Union President—2016 to present
Vice-President—2003 to 2016

DOUCET



Paula (*right*) on Parliament Hill to mark the anniversary of the inquiry into the Tainted Blood Scandal, 2017

Why did you get involved in your nurses union?

I grew up in a family where being involved in the labour world was second nature. Dad was the president of his local (United Steelworkers) and president for the New Brunswick Federation of Labour. As soon as I started working as a registered nurse I attended a local union meeting at my hospital, and they required a vice-president, so I stepped up. I quickly gained experience representing the 350 nurses, and within three years I became president of my local, which I remained for 16 years.

The opportunities were endless, and I was able to gain the confidence, trust and respect of hospital officials over the years and felt that I was able to make the work life of my members better. I've always been the type of person that needed to be involved, because my philosophy is that if changes and decisions are to be made and have an impact on me, my family, community, province and country, I want to be part of that and not have someone make those decisions for me.

What do you see as the high points in your involvement with the union?

A high point was the year we were able to negotiate a 24% wage increase for our members. We had a 96% mandate to strike. It was exhilarating to be part of that and to get back to the negotiating table for a "marathon" five days of intense bargaining before coming out with a huge wage increase.

More generally, high points include the strong friendships I have made through the union and the ability that my union experience has given me to see other points of view. I am able to debate passionately about what is in the interest of the members I am privileged to represent, and also what I believe is in the best interest of society.

A black and white portrait of a woman with shoulder-length, wavy hair. She is looking slightly to the right of the camera with a serious expression. She is wearing a dark jacket over a patterned scarf. Her hands are clasped in front of her. A solid purple horizontal band is superimposed over the middle of the image, partially obscuring her face and the scarf. The name 'CATHRYN' is printed in large, white, bold, sans-serif capital letters across the top of the purple band.

CATHRYN

Ontario Nurses' Association First Vice-President—2017 to present
Previously ONA Region 2 Vice-President

HOY

Why did you get involved in your nurses union?

I had no plans to get involved with the union. I read my collective agreement and understood my rights. I wanted to make sure I understood what I was entitled to. Then my work environment changed. I had to start working in other units and I discovered that my colleagues did not understand the rules of the collective agreement. I would lean over and say to someone, “You need to sign in for that overtime,” or “You should be paid overtime for this shift as you are short-shifted.” People started coming to me if they had questions.

One day there was a union meeting where the bargaining unit president announced her retirement. I looked up from my desk, and six nurses were standing there asking me to go for it. I thought, “Why not!” It really feels good to help someone get back to work, or make sure they get what they are entitled to.



Cathryn on the picket line with public health nurses in Thunder Bay, 2018

What are you most proud of?

My father was a plant manager. When I was young, I went with him to the plant on Saturday mornings. He would do a walk of the plant to make sure everything was running smoothly. He told me that a leader's job was very important as the decisions you make can and will affect your employees' lives and, in turn, their families' lives. I took this to heart. I feel as union leaders we have a responsibility to our community and families. I am proud that the Ontario Nurses' Association always puts the safety and care of Ontarians first. Our message is about taking care of the Ontarians who need access to timely and safe health care.

From day one of my CNSA presidency, when Linda Silas joined us at our first board meeting, I was made aware of the support from the CFNU at the beginning of our nursing careers and throughout. Linda and the CFNU have been a cornerstone of advocacy for students, encouraging us that we are right to fight for ourselves, and that the small differences we make pave the way for years into the future. I was honoured to attend my first UNA meeting as a registered nurse this October, and I know I will have the voice of solidarity behind me, and that I can join those experienced voices and be celebrated for my experience.

Caitlin Wiltshire

Canadian Nurses Students' Association President—2018 to 2019





A portrait of an older woman with short, dark, spiky hair, wearing glasses and a light-colored blazer over a dark top. A blue horizontal band is overlaid across the middle of her face. The name 'DARLENE' is printed in large, white, bold, sans-serif capital letters across the top of the image, partially overlapping the blue band.

DARLENE

Manitoba Nurses Union President—2018 to present
Secretary-Treasurer—2016 to 2018

JACKSON



Darlene prepares to testify before the federal health committee about the impacts of illicit drug use in Manitoba, 2018

Why did you get involved with the union?

My involvement with the union was actually spurred when I was a new graduate nurse being bullied in my workplace. It was my first job, and my manager began to question my every decision. I felt as if I had a bullseye on my back and dreaded going to work. I seriously considered leaving nursing right after graduating. I was advised by a co-worker to go to my union rep, and the issue was sorted out (the manager ended up being fired a few months later). Thank God I followed my co-worker's advice. It saddens me to think I may have missed a wonderful career doing what I love because of bullying.

What is your favourite story about your union involvement?

When the Manitoba Nurses Union was on strike in January 1991, my local was well supported by the other unions in our small town. We had contacted the union that represents the sanitation workers and asked them not to cross our picket line to go onto the hospital property to pick up the garbage. We were advised that if we were picketing across the driveway they used, the garbage truck would not cross our line. We had 50 nurses walking across that driveway at 7:00 am in minus 45°C weather, and you have never seen such excitement as when the sanitation workers refused to cross our picket line.

A portrait of a woman with curly hair, smiling, wearing a dark cardigan over a dark top. The image has a blue tint overlay. The name 'LEANNA' is written in large, bold, white capital letters across the top of the image.

LEANNA

Canadian Nurses Students' Association Director of Communications—2018
CNSA representative on the CFNU National Executive Board—2018

GUSTAFSON



Leanna speaking with the federal minister of health at a CFNU event in Winnipeg, 2018

Why do you think is it important for students to be represented within the CFNU?

Student voices are important because they are the next generation of nurses, most of whom the CFNU will be representing and speaking on behalf of in the future. If students are able to hear from and connect with the CFNU, they will be able to see and understand the impact of the issues the CFNU fights for and addresses on behalf of nurses. They will also be able to recognize that they have a voice through the CFNU, and the opportunity and the platform to make change.

Should nursing students and nurses be health care advocates? If so, why?

Nurses and nursing students are in a prime position to be health care advocates and to assist families in navigating health care because they have the ability to recognize all facets of health care. Nurses have it in their scope, and they also have the tools to be able to work with families right from the start of their journey. Importantly, nurses understand and demonstrate empathy and compassion for many families who are in need of long-term health care.

What issues do you think this next generation of nurses will need to address?

I think that we will need to focus on carrying the torch forward in advancing the Truth and Reconciliation Commission's Calls to Action, and we'll need to work on addressing LGBTQ2SI+ health, as our current health care system isn't adequately supportive, neither is our curriculum. I also feel that we will have to be ready to continue discussions about universal pharmacare or to put those discussions into action to best support our patients. Technology in health care is rapidly advancing, and this next generation has much of the know-how and has a lesser learning curve, which could be helpful when integrating technology and patient care.

TIMELINE

CANADA'S NURSES UNION MOVEMENT





TIMELINE

CANADA'S NURSES UNION MOVEMENT

Led by Saskatchewan and Prince Edward Island, a committee was formed in 1978 to discuss the creation of a national organization to represent unionized nurses across Canada. Discussions led to a founding convention at the end of April 1981.

On International Workers' Day, May 1, 1981, the National Federation of Nurses Unions (NFNU) was created as an organization to represent unionized nurses at the national level. More than 300 delegates representing every nurses union in Canada voted unanimously to form the organization, which was renamed to Canadian Federation of Nurses Unions (CFNU) in 1999.

Founding members:

- Manitoba Organization of Nurses' Associations
- New Brunswick Nurses Union
- Newfoundland and Labrador Nurses' Union
- Prince Edward Island Provincial Collective Bargaining Committee
- Saskatchewan Union of Nurses

CFNU PRESIDENTS

| | |
|--------------|-------------------------------------|
| 1981-1982 | Sonny Arrojado, <i>MB</i> |
| 1982-1983 | Mary Dwyer, <i>NL</i> |
| 1983-1999 | Kathleen Connors, <i>MB</i> |
| 1999-2000 | Debra McPherson (acting), <i>BC</i> |
| 2000-2003 | Kathleen Connors, <i>MB</i> |
| 2003-present | Linda Silas, <i>NB</i> |

VICE-PRESIDENTS

| | |
|-----------|------------------------------|
| 1981-1982 | Mary Dwyer, <i>NL</i> |
| 1983-1985 | Jane Murray, <i>PE</i> |
| 1985-1987 | Madeleine Steeves, <i>NB</i> |
| 1987-1989 | Barbara LeBlanc, <i>AB</i> |
| 1989-1993 | Maria Ward, <i>PE</i> |
| 1993-1997 | Debra McPherson, <i>BC</i> |

SECRETARY-TREASURERS

| | |
|--------------|-----------------------------|
| 1981-1989 | Jill Jones, <i>SK</i> |
| 1989-1997 | Dorothy Bragg, <i>NL</i> |
| 1997-2001 | Debra McPherson, <i>BC</i> |
| 2001-present | Pauline Worsfold, <i>AB</i> |

For more details on the emergence and history of Canada's nurses unions, visit nursesunions.ca



Ontario Nurses' Association (ONA)
founded



Manitoba Organization of Nurses'
Associations (MONA) founded
(in 1990 renamed Manitoba
Nurses Union – MNU)



Newfoundland Nurses Union (NNU)
founded (later Newfoundland and
Labrador Nurses' Union – NLNU,
and then since 2014 Registered
Nurses' Union Newfoundland &
Labrador – RNUNL)



Saskatchewan Union of Nurses
(SUN) founded



Nova Scotia Nurses' Union (NSNU)
founded



New Brunswick Nurses Union
(NBNU) founded



United Nurses of Alberta (UNA)
founded



British Columbia Nurses' Union (BCNU) founded



NFNU joins the Canadian Health Coalition.



National Federation of Nurses Unions (NFNU) founded by Prince Edward Island, New Brunswick, Newfoundland, Manitoba and Saskatchewan



Staff Nurses' Association of Alberta (SNAA) joins NFNU.



NSNU joins NFNU.



NFNU opens a full-time office in Ottawa and president becomes full-time position.



Prince Edward Island Nurses' Union (PEINU) founded



Fédération des Infirmières et Infirmiers du Québec (FIIQ) founded, in 2006 renamed Fédération Interprofessionnelle de la santé du Québec (FIQ)



BCNU joins NFNU.



NFNU joins the Canadian Labour Congress.



ONA joins CFNU.



United Nurses of Alberta joins CFNU,
after merging with SNAA.



National Federation of Nurses
Unions (NFNU) renamed to
Canadian Federation of Nurses
Unions (CFNU)



The Canadian Nursing Students' Association (CNSA) joins CFNU as associate member.



Global Nurses United (GNU) is formed with CFNU as a founding member.

Credit: Br. Lawrence Morey



About the Author

Ann Silversides is a journalist, author, editor who specializes in health policy. A former staff newspaper reporter (*Calgary Herald, Globe and Mail*), she has been an independent journalist for more than 25 years, and has also written and edited reports for Canadian health research organizations and universities, and created radio documentaries for the CBC program IDEAS. More recently, Ann has been a volunteer communications advisor with World University Service of Canada (WUSC) in Sri Lanka and Guyana, and she earlier travelled around Ghana as a journalist for CUSO International. Her book about early Canadian AIDS activism (*AIDS Activist, Michael Lynch and the Politics of Community*, 2003) continues to be a key resource in university courses, and *Conversations with Champions of Medicare*, which she wrote for the CFNU (2007), is available in most libraries. Her other CFNU publication is, sadly still relevant, *Long-Term Care in Canada: Status Quo No Option* (2011). Ann's journalism awards include a gold National Magazine Award for First Do No Harm (2013), her *Maisonneuve* magazine feature on opioid misuse, and NMA nominations for her feature "Nunavut's Nursing Crisis" (2014, also for *Maisonneuve*) and an earlier feature on Canadian women with AIDS (*Elm Street* magazine).

ABOUT *TAKING OUR PLACE*

This book tells the story of nurses unions in Canada through the experiences of 32 of its key leaders, past and present. Our stories reveal how a handful of mostly women from across the country worked to change the profession of nursing so that, instead of being seen as handmaidens who are subservient to doctors, nurses are now recognized as highly skilled professionals, unafraid to advocate for their work unit, their community, and the world.

Linda Silas

President of the Canadian Federation of Nurses Unions

In its important new contribution to the literature of Canadian nurses history, Taking Our Place, the Canadian Federation of Nurses Unions profiles many of the leaders who organized and grew nurses unions across Canada over the past 40 years, sharing insights about their professional passions, tenacity and courage, backed up with telling glimpses into their personal lives and histories. A must-read for anyone interested in the storied history of the union movement in Canada!

Michael Villeneuve

Chief Executive Officer, Canadian Nurses Association

It was my privilege to interview these impressive women and men who have been champions of nurses unions in Canada... Their profiles, in Taking Our Place, constitute a partial oral history from the early 1970s through to today... Everyone I interviewed had memorable stories, and you will find your own favourites.

Ann Silversides

Journalist, editor and author of *Taking Our Place*

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