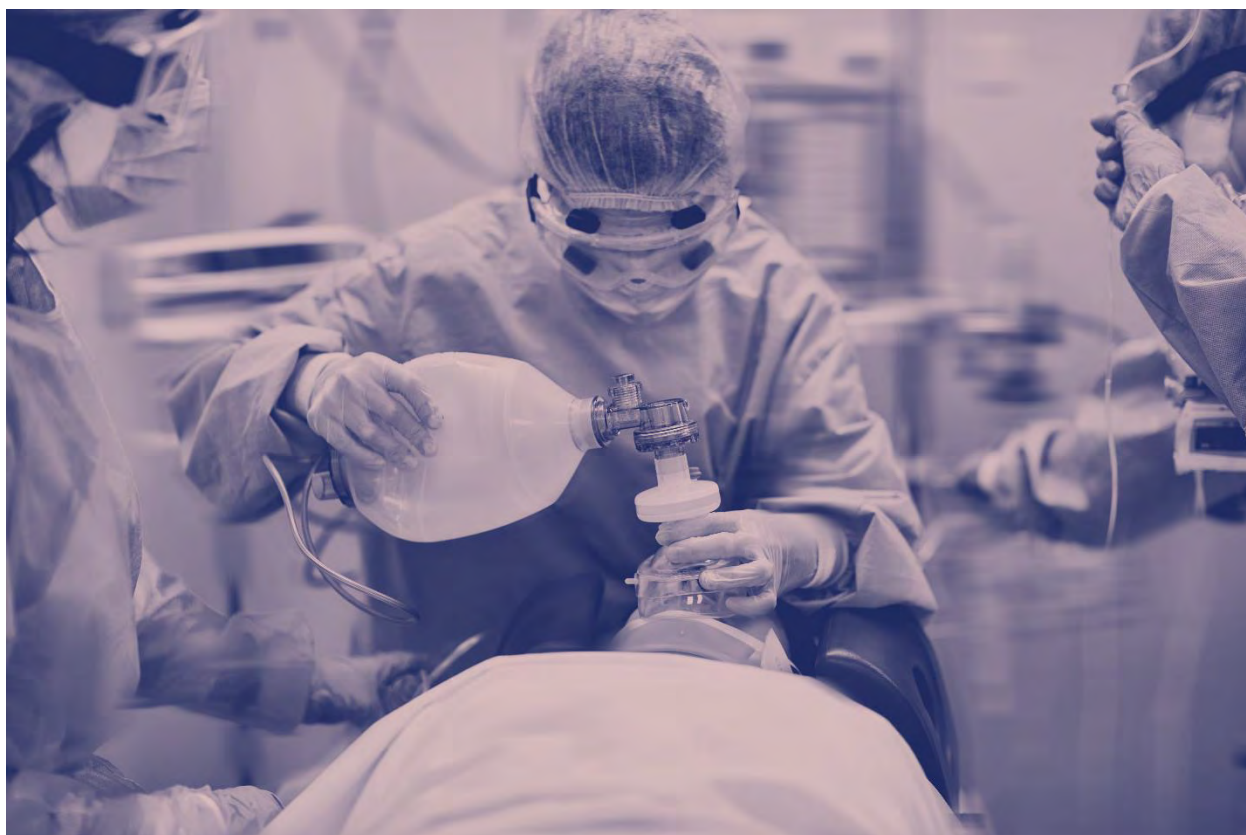


# PRESIDENT'S REPORT

**NO BACKING DOWN.**  
CFNU/2021





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## Message from CFNU President Linda Silas

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### **NURSES WILL NOT BE SILENCED – AND WE WILL NOT BACK DOWN!**

Dear Members,

Since our last convention, nurses have been engaged in an all-out fight: fighting for their health and safety, fighting for common-sense public health policy, and fighting to be able to provide the care our patients deserve. In my 18 years as president of the CFNU, this term stands out as the most challenging – not only for nurses' union leaders like myself, but for health care workers across Canada and around the world.



None of us could have predicted the devastating COVID-19 pandemic that has claimed lives, livelihoods, and put nurses in the line of fire every day. The pandemic has put an unprecedented strain on a system that was already underfunded and inadequately staffed. Yet, Canada's nurses have reported to work every day, facing a life-threatening virus and the reality of governments that too often fail to heed us.

Throughout this period, the Canadian Federation of Nurses Unions, in close collaboration with our Member Organizations, the Canadian Labour Congress and other allies, has been working double time to raise nurses' concerns. We have brought our fight to decision makers at every level, demanding they act to support and protect nurses and the public we serve.

Amidst great uncertainty, one thing is for sure: nurses will not be silenced. Now more than ever, the voices of health care workers need to be heard. As we battle a global pandemic, fight for safe and healthy workplaces, denounce the national nursing shortage, push back against privatization, oppose all forms of the systemic inequity, continue the quest for pharmacare and call out the insults we have been shown at so many bargaining tables, Canadians need to know: we will not back down!

As our governments look to the future, we will need to channel the frustrations, anger and struggle of this period into powerful fuel for change. We know that Canada's recovery from this pandemic will rely on our health care system and its workforce. With a federal election on the horizon, the time to support nurses is *now*, and this means putting us at the heart of any recovery plan.

This is our chance to be catalysts for change if we seize it. Together, we can be bolder and louder than ever and put our governments on notice that nurses will not give up the fight for respect, fairness and better health care for all.

Now is the time, and there's no backing down.

In unwavering solidarity,

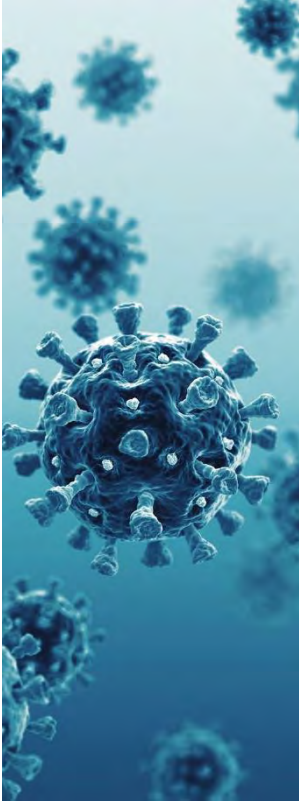
Linda Silas

President, Canadian Federation of Nurses Unions



# Pandemic Response

## COVID-19 RESPONSE



There has never been a more crucial moment to fight for workplaces with strong occupational health and safety. When COVID-19 hit in early 2020, our work pivoted, and the pandemic became the focus of much of our research and advocacy efforts. As you will read, the focus of these efforts remained unchanged from our work in the past – but COVID-19 added a new layer. We engaged with governments at all levels to fight for workplace safety and access to appropriate PPE, we curated information, we rang the alarm bells about staffing levels, burnout, the erosion of nurses' mental health and workplace violence, among many other things. The National Executive Board met, together with BCNU and FIQ leadership, on a weekly and then on a bi-weekly basis to share information and learn from each other as we all faced unprecedented challenges.

With early uncertainty about how COVID-19 was transmitted, for more than a year the CFNU has demanded that governments, employers and public health agencies follow the precautionary principle and protect workers at risk of exposure from possible airborne transmission. The CFNU called on authorities to be transparent about PPE supply and to work with unions to address any potential shortages. The CFNU advocated for the right to know, calling for transparency with respect to health care worker infection rates, the right to participate in decision making that directly affected workers health and safety, and the right to refuse unsafe work.

To support workers who did fall ill with COVID-19, the CFNU worked with other labour organizations to advocate for presumptive legislation with the assumption that health care workers who do fall ill are assumed to have contracted it at work, unless the employer could prove otherwise.

This is the message the CFNU brought to decision makers and voiced publicly countless times. We met regularly with the Public Health Agency of Canada (PHAC), federal Minister of Health the Hon. Patty Hajdu and others, and testified before the parliamentary health committee. We were among the first and loudest voices in national news, calling out our decision makers for moving too slowly and failing to listen to workers.

As this was happening, we knew that workers' requests for appropriate PPE, such as N95 respirators, were being denied, and that workers were being forced to reuse PPE in ways that directly contradicted occupational health and safety protocols and put them at risk. Stress and fear were running high. To address the urgent on-the-ground need for action, we worked with our Member Organizations and other health care unions to lobby provincial governments and employers. We demanded that they respect and adhere to health care workers' requests for the PPE they required based on their professional judgment.

To educate workers and dispel confusion, we created educational resources. This included a video "Safety is not negotiable" highlighting proper PPE, position statements on critical issues, and a resource hub on the CFNU's website with up-to-date information. We launched a series of live Q&A sessions, hosted by CFNU President Linda Silas, to answer nurses' questions and discuss important topics.

The fight is far from over. The reluctance of decision makers across the board to heed the concerns and warnings of nurses has resulted in tragedy. Canada's health care workers infection rate after the first wave was much higher than the global average, and much higher than countries like China, that followed the precautionary principle. This prompted the CFNU to retain Mario Possamai, former senior advisor to the SARS Commission, to conduct an independent investigation into why and how Canada failed to protect health workers during the first wave. The final report, *A Time of Fear*, published in October 2020 was a rallying cry for accountability and a road map for doing better. The CFNU will use this landmark report to continue our fight.

## WORKPLACE SAFETY – COVID-19



Throughout the pandemic, we have been closely engaged with the Public Health Agency of Canada.

We successfully pressured the PHAC to consult with labour unions representing health care workers regarding PHAC's national public health guidance. To ensure a united voice for workers, we convened a group of health care unions, including SEIU Healthcare, Unifor, the Canadian Union of Public Employees and National Union of Public and General Employees, working together with the Canadian Labour Congress, to jointly call for our governments to follow the precautionary principle.

- The CFNU, along with the OH&S representatives from Member Organizations, have participated in bi-monthly meetings with the PHAC to discuss updates and concerns with respect to the workplace safety and PPE.
- On November 3, 2020, after 11 months of lobbying by health care unions, and presentations on the science of aerosol transmission, the PHAC updated its information on the main modes of transmission of COVID-19 to acknowledge that close-range aerosol transmission could occur when an infected individual (asymptomatic or symptomatic) talks, breaths, shouts, sings, coughs or sneezes.
- On November 12, 2020, the Chief Public Health Officer of Canada Dr. Theresa Tam, the Deputy Chief Public Health Officer Dr. Howard Njoo, and Clinical Lead of the Public Health Agency of Canada Dr. Marina Salvadori held a teleconference with the CFNU.
- The PHAC released its embargoed updated interim IPC guidance on COVID-19 for acute health care settings (which was last updated on April 30, 2020) on December 8 for review by health care unions (as well as John Oudyk from OHCOW). The CFNU OH&S Network provided feedback which significantly impacted the content in the final document posted on PHAC's website in early January 2021. Significantly, the revised PHAC guidance

recognized that exposure to aerosolized virus can occur in the absence of AGMPs, and that nurses in performing PCRAs should consider this risk.

- In early January 2021, the PHAC released a guidance document on ventilation needed to help combat the build-up of COVID-19 aerosolized particles in indoor settings. This acknowledgement of the critical need to address ventilation in indoor settings was another victory for the CFNU and other health care unions' presentations on the science of COVID-19 transmission.

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## COVID-19 POSITION STATEMENTS

Since the beginning of the pandemic, the CFNU, working in conjunction with CFNU's occupation health and safety network, have produced the following position statements on COVID-19:

- [Nurses with conditions that make them susceptible to COVID-19](#) (April 2, 2020)
- [Provision and laundering of uniforms for nurses providing care to COVID-19 patients](#) (April 8, 2020)
- [The need for transparency regarding the PPE to protect health care workers](#) (April 17, 2020)
- [COVID-19 – the right to know, the right to participate and the right to refuse – every workers' right, including health care workers](#) (April 22, 2020)
- [Canada's nurses and presumptive legislation for COVID-19](#) (July 15, 2020)
- [Pregnant health care workers should not be forced to work in COVID-19 'hot zones'](#) (updated December 1, 2020)



- [Safety is not negotiable: pandemic preparedness – the coronavirus 2019 \(COVID-19\)](#) (updated December 16, 2020)
- [COVID-19 vaccination: time to speed up the rollout](#) (January 18, 2021)

## HEALTH CARE WORKERS AND COVID RESEARCH (PHAC/CIHI)

We have monitored carefully COVID-19 cases and deaths among health care workers in Canada, using data provided by CIHI. As of March 27, 2021, over 84,000 health care workers had contracted COVID-19.

National/provincial snapshot as of January 15, 2021

| Province/territory        | # of health care worker cases | % of cases among health care workers | # of health care worker deaths | # of CAF cases |
|---------------------------|-------------------------------|--------------------------------------|--------------------------------|----------------|
| Newfoundland and Labrador | 27                            | 6.8%                                 | 0                              | —              |
| Prince Edward Island      | 2                             | 1.9%                                 | 0                              | —              |
| Nova Scotia               | 204                           | 13.2%                                | 0                              | —              |
| New Brunswick             | 157                           | 17.8%                                | 0                              | —              |
| Quebec                    | 34,224                        | 14.3%                                | 3                              | 41             |
| Ontario                   | 15,680                        | 6.8%                                 | 15                             | 14             |
| Manitoba                  | 1,792                         | 6.6%                                 | 2                              | —              |
| Saskatchewan              | 998                           | 5.1%                                 | 0                              | —              |
| Alberta                   | 7,986                         | 6.9%                                 | 4                              | —              |
| British Columbia          | 4,850                         | 8.1%                                 | 0                              | —              |
| Yukon                     | 0                             | 0.0%                                 | 0                              | —              |
| Northwest Territories     | —                             | —                                    | —                              | —              |
| Nunavut                   | —                             | —                                    | —                              | —              |
| Canada                    | 65,920                        | 9.5%                                 | 24                             | —              |



Global infections – International Council of Nurses report (March 11, 2021):

ICN is aware of 3,000 nurse deaths related to COVID-19 but believes that is a gross underestimate due to a serious lack of data, an issue first raised by ICN a year ago.

The ICN data set reveals that more than 1.6 million health care workers have been infected in 34 countries. ICN has previously identified a wide range in health care worker infection rates (up to 30%), and rates vary at different points in time. However, ICN believes that on average around 10% of all confirmed COVID-19 infections are among HCWs.

## DOMESTIC PPE PRODUCTION



On August 7, 2020, the CFNU sent a letter to the Hon. Anita Anand, Minister of Public Services and Procurement, calling for the federal government to ensure adequate supplies of N95 respirators are produced domestically. The letter calls for the federal government to ensure N95 respirators are produced at the GM plant in Oshawa, which is what the grassroots campaign Green Jobs Oshawa (GJO) has been calling for over the past several months.

In September, the CFNU worked with GJO and the Ontario Council of Hospital Unions on a statement responding to the federal and Ontario governments' decision to have 3M manufacture N95 respirators in Brockville. While that decision is welcome, it does not fully account for the immediate shortage of N95s and the missed opportunity to produce N95s at the GM plant in Oshawa. The statement calls for the federal government to compel GM to produce N95s at their Oshawa plant.

In 2021, supplies of N95 respirators had significantly ramped up with domestic supplies of N95s widely available. However, some health care workers continued to experience access issues with respect to obtaining appropriate PPE to protect them from airborne transmission of COVID-19. These limitations to access occurred even as variants of concern that were highly transmissible, and more fatal, became dominant in many provinces during the third wave.



## CFNU'S RESEARCH SUMMARY ON COVID-19

From March 2020, the CFNU began documenting the evidence for airborne transmission of COVID-19. As the evidence mounted to counter the prevailing government narrative that COVID-19 was primarily spread by large droplets or fomite transmission, CFNU's research summary was one of the most accessed pages on our website as health care workers and the public sought out a reliable source of information. Undoubtedly, this focus on bringing together the scientific evidence from around the world into a single resource has helped to influence decision makers to accept the emerging consensus that the dominant mode of transmission of COVID-19 is through inhalation of aerosolized particles, particularly in close contact.

## CFNU'S *IN MEMORIAM* PAGE

Early in the pandemic, the CFNU began tracking health care workers in Canada who died as a result of COVID-19. Initially, this was done to record the impact of the pandemic on our workforce. As time went on, it became clear that the CFNU is the only organization maintaining a comprehensive list of health care workers who have died in Canada of COVID-19.

This information was published on an *In Memoriam* webpage at [nursesunions.ca/covid-memoriam](https://nursesunions.ca/covid-memoriam). The page records any publicly available information about the worker, including their name, age, job, location and union. The page is dedicated to fallen health workers – it is intended as a tribute, to tell their stories and to ensure that their names are not forgotten.



The information is likely incomplete; it represents only what has been gleaned from public reports. There may be more health care workers who have passed away from COVID-19 about whom we are not aware. Individuals with additional information are invited to submit it by emailing [cfnu@nursesunions.ca](mailto:cfnu@nursesunions.ca).

*The CFNU continues to track and record fallen health workers, and periodically shares these updates through our networks.*

**A TIME OF FEAR:  
HOW CANADA  
FAILED OUR HEALTH  
CARE WORKERS AND  
MISMANAGED COVID-19**



In the fall of 2020, the Canadian Federation of Nurses Unions released an independent investigation into Canada's pandemic response. The report, [\*A Time of Fear\*](#), details how Canada failed our health care workers and mismanaged COVID-19.

Investigator Mario Possamai chronicles the stories of frontline health care workers, so many of whom were needlessly imperilled by decision makers who failed to heed the lessons of the 2003 SARS outbreak.

The report makes 50 sweeping recommendations to improve safety for workers and the public while enhancing transparency and accountability of leaders. Armed with these landmark findings, unions are ramping up pressure on decision makers to take action.

It is clear from our expertise that the prior adoption of many of the proposed recommendations would have mitigated the devastating impact of COVID-19. Those recommendations included:

- That the precautionary principle be expressly adopted as a guiding principle throughout health, public health and worker safety systems by way of policy statement, by explicit reference in all relevant operational standards and directions, and by way of inclusion, through preamble, statement of principle or otherwise, in all relevant health statutes and regulations.
- That guidance on the safety of health care workers be made on a precautionary basis by workplace regulators, health care worker unions and worker safety experts working collaboratively, and that those decisions form the basis of health worker safety guidance issued by public health agencies.
- That a worker safety research agency be established as an integral part of the Public Health Agency of Canada, with legislated authority for decision-making on matters pertaining to worker safety, including the preparation of guidelines, directives, policies and strategies. It would be modeled after NIOSH, an essential part of the U.S. CDC, and would be focused on worker safety and health research, and on empowering employers and workers to create safe and healthy workplaces. Like NIOSH, its staff would represent all fields relevant to worker safety, including epidemiology, nursing,



medicine, occupational hygiene, safety, psychology, chemistry, statistics, economics and various branches of engineering.

- That federal and provincial/territorial governments collaboratively act on an urgent basis to ensure that there are sufficient supplies of N95 respirators or better to ensure that all health care workers can be protected at a precautionary level. This must include maintaining and regularly refreshing strategic stockpiles and developing a made-in-Canada supply chain.
- That governments and public health agencies be open and transparent on levels of PPE stockpiles.
- That federal and provincial chief medical officers of health be statutorily required, on an annual basis, to report to their respective legislatures and to the public that they are mandated to protect, on the state of their jurisdiction's public health emergency preparedness, and to make recommendations on addressing any shortcomings. This report should reflect the concerns and perspectives of health worker unions and safety experts.
- That Canada have the resources and capabilities for pandemic containment measures, including sufficient worker safety and aerosol expertise, to independently assess guidance from the WHO and formulate policies that meet the needs of Canada and of Canada's health care workers.
- That all jurisdictions be required to publicly report to their stakeholders and to the federal government — in a consistent, detailed, transparent and timely manner — health care worker infections in their jurisdictions.

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## MENTAL HEALTH SUPPORTS

In recognition of the extreme stress caused by the pandemic, the CFNU launched an online mental wellness resource page for nurses, *Supporting your mental health during COVID-19*. The page included tips for managing anxiety, getting support, and other resources.

Learn more: [nursesunions.ca/wellness](https://nursesunions.ca/wellness)

The CFNU is also working with partners to develop mental health resources and support tailored to health care workers, including through the free, government-funded WellnessTogether.ca portal. The two tools we are tailoring for health care workers are called Togetherall and Mindwell. Togetherall is a virtual peer-to-peer support community that allows for supportive forum discussions that are monitored 24/7 by mental health professionals. It also includes online courses and articles on typical mental health issues to help deepen knowledge and spur further discussion through the platform. Mindwell offers mindfulness workshops and other educational materials to help manage stress, anxiety and other mental disorder symptoms. The CFNU helped to co-design MindWell for Healthcare Workers, which is a four-week program offered for free through Wellness Together Canada, and which was promoted to CFNU members and other health care workers across Canada. It ran from April 12 to May 10 and is running again from May 31 to June 28.



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## **PRESUMPTIVE LEGISLATION**

The CFNU launched an initiative targeting provincial governments to provide presumptive coverage for health care workers who contract COVID-19. The CFNU wrote a position statement and sent its own letter to the federal government, calling for pressure on their part to be applied on the provinces and territories to ensure this coverage is enacted across the country. Thus far, responses have been received from Newfoundland and Labrador, Saskatchewan, Manitoba and the federal government. Newfoundland and Labrador notes that workers' compensation legislation already exists there, listing infectious diseases in the schedule of presumptive occupational diseases, which includes COVID-19. British Columbia brought in presumptive coverage for occupational illnesses, including COVID-19, in October 2020. No other jurisdictions have presumptive coverage for workers diagnosed with COVID-19.

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## **OCCUPATIONAL HEALTH & SAFETY LOBBY OF FEDERAL GOVERNMENT**

### **COVID-19 – prior to the first wave**

In late January 2020, the CFNU began writing to the federal health minister and the chief public health officer, calling for the inclusion of the nurses unions in the discussion of any infection prevention and control (IPC) guidance in keeping with previous PHAC outreach during Ebola and H1N1. Initially, the CFNU met with outright refusal in asking to be involved with these discussions. When the CFNU and other health care workers unions were provided with an embargoed copy of the IPC guidance for acute care at the beginning of February 2020, this document was released publicly within two days, without allowing the CFNU any time to comment on and influence this guidance – which we strongly opposed. Nevertheless, on February 7, 2020, the CFNU sent our feedback on the first edition, indicating the absence of basic OH&S principles and hierarchy of controls, in particular, administrative and engineering measures (staffing, screening, PPE, training, risk assessments, etc.).



When the PHAC showed no signs of a willingness to engage with unions, or incorporate CFNU's constructive comments, the CFNU wrote to the federal health minister again in mid-February 2020 asking for her "direct intervention" recommending the precautionary principle and airborne protections for nurses and other health care workers. In response to this letter, a meeting was arranged with the federal Health Minister, the Hon. Patricia Hajdu, and the Deputy Chief Public Health Officer of Canada, Dr. Howard Njoo. Following this meeting, PHAC began holding weekly calls with stakeholders, including representatives of all the health care unions.



Working together in unison, the CFNU and other health care workers unions issued a joint statement in mid-March 2020 declaring that 'safety is not negotiable'. Public actions were held around the precautionary principle and PPE directed at MPs, the Prime Minister, the federal Health Minister and the Chief Public Health Officer of Canada (Theresa Tam). We asked her to respect the professional judgement of nurses in determining what PPE was needed as determined by the point-of-care risk assessment. While recognizing that the supply issue was real, the CFNU and its Member Organizations offered to work with employers on this, and rejected the idea that nurses' safety should be sacrificed because of PPE shortages.

In mid-March 2020, the CFNU and other HCW unions were provided with the second edition of the embargoed IPC guidance for acute care settings. Having built a working relationship with the PHAC, we were asked for a detailed response to this guidance. The CFNU responded, indicating that the guidance did not in any way reflect the reality of nurses' workplaces; recommending changes, including N95s in 'hot zones' and recognition of PCRA and HCW professional judgement to determine level of PPE needed. The CFNU updated its position statement on COVID-19 OH&S to reflect our priorities as identified in the letter to the PHAC, sharing this position statement with the federal minister of health.

In the midst of national negotiations on the IPC guidance, in late March 2020 the United Nurses of Alberta, along with other provincial unions, negotiated a joint agreement with its health authority, requiring that a PCRA be performed by health care workers to determine the appropriate PPE. A similar joint agreement was negotiated by ONA that same month, setting a precedent that would soon be adopted in most provinces as 2020 unfolded.

On April 30, 2020, when the updated guidance was finally released by the PHAC, while it did not contain all the changes the CFNU had requested, the updated guidance did include greater recognition of PCRA and the professional judgement of nurses and other HCWs, and the recognition that N95s must be available for 'anticipated' aerosol-generating medical procedures.

Throughout March, April and May 2020, the CFNU continued with a number of public actions to put pressure on the government to protect health care workers by invoking the *Emergencies Act*. The CFNU also wrote letters to the PM, federal health minister and other MPs about the tragedy taking place in long-term care.

Linda Silas, President of the CFNU, appeared before the HESA Committee on April 7, 2020, and told the MPs about the dangerous situation facing nurses on the front line, forced to ration PPE, in ways that were simply unsafe.

In the fall, the CFNU published *A Time of Fear*, which collected the stories of health care unions and nurses experiences during the first wave, and analyzed the governments' response, offering lessons intended to inform the government's response to the second wave.

Throughout the pandemic, the CFNU, along with other health care workers unions, has continued to hold bi-weekly check-ins with the Public Health Agency of Canada, and the CFNU and the Member Organizations' occupational health and safety experts have met regularly to coordinate a response and share resources. In addition, the CFNU has expanded its network to include a diverse group of scientists and occupational health and safety experts lobbying together with unions to protect health care workers.

It was this pressure, and coordinated response, along with the marshalling of the evidence, that led the Public Health Agency of Canada to finally recognize, in November 2020, that aerosolized transmission of the virus was happening. This update of the science translated into a recognition of the potential for aerosolized exposure to COVID-19 by health care workers in the absence of AGMPs in the revised IPC guidance published by the PHAC in January 2021. The PHAC also has issued a number of guides to ventilation in 2021, once again in recognition of the emerging scientific consensus that not only was airborne transmission of COVID-19 possible, it was likely the dominant mode of spread of the virus.



Nevertheless, the obstinance of public health authorities both federally and provincially has meant over 84,000 health care workers have contracted COVID-19 as of the end of March 2021. Some health care workers are still being denied access to N95s when there is a risk of exposure to aerosolized virus. Furthermore, health care workers have been severely impacted by the pandemic, physically and mentally, meaning much work remains to be done post-COVID to support health care workers over the long term.

The CFNU also made a [submission](#) to the parliamentary Standing Committee on Health (HESA) regarding CFNU's concerns related to COVID-19 on our members and their patients across the country, and how to build back stronger, with a central emphasis on improving and expanding our health care system, while ensuring we retain and recruit the tireless workers who sustain it.

The CFNU was invited to speak to HESA on April 23, 2021, as part of this study, where CFNU's Secretary-Treasurer Pauline Worsfold delivered a six-minute speech around the collateral effects of COVID-19 on the health care system, with a particular focus on the sustainability of the nursing workforce considering the many challenges nurses have faced.



Pauline Worsfold, RN  
CFNU Secretary-Treasurer

## Research

One of the means through which the CFNU works to influence public policy is through the creation of evidence-based research to inform our issues. This work has continued – and we completed several projects that were already in motion prior to COVID, and which COVID made even more relevant.

### MENTAL HEALTH AT WORK

Long before the pandemic, nurses and health care workers have been experiencing a silent mental health crisis. The everyday realities of working in our overburdened health care system are contributing to high levels of stress and trauma for workers.

Aiming to give voice to this crisis, the CFNU conducted a first-of-its-kind national study, *Mental Disorder Symptoms Among Nurses in Canada*, with researchers Dr. Nicholas Carleton and Dr. Andrea Stelnicki of the University of Regina. The disturbing rates of mental illness revealed by this study were recorded among thousands of nurses before the pandemic hit – we can only imagine how much more severe they would be now as nurses shoulder the stress of fighting COVID-19.



The study, released in June, found nurses reported levels of mental disorders at rates higher than the general population:

- One in three (36.4%) screened positive for major depressive disorder.
- More than one in four screened positive for generalized anxiety disorder (26.1%) and clinical burnout (29.3%).
- One in three nurses reported having suicidal thoughts (ideation) (33%), 17% reported planning suicide, and 8% reported attempting suicide during their lifetime.

The CFNU hosted a virtual launch event with the study's researchers to share this information with media and the public. In the summer, the CFNU met with Minister of Health the



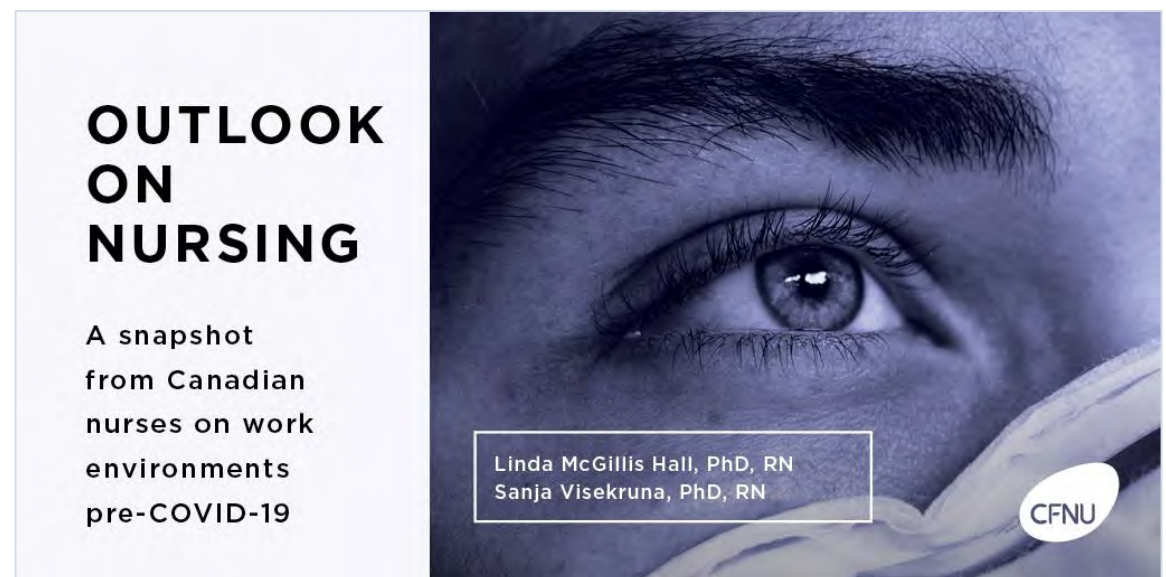
Hon. Patty Hajdu to highlight the study's findings and call for better mental health supports. We continue to meet and discuss how nurses and health care workers can be better supported during the pandemic and beyond.

## OUTLOOK ON NURSING

For years, nurses have faced heavy and unsafe workloads, a situation only made worse by the current pandemic. In many places, there simply aren't enough nurses and health care workers to meet the growing demands on our system. Chronic shortages of nurses and health care staff lead to burnout and other forms of mental distress, increased violence against workers, and compromised care for the patients who rely on them. COVID-19 has brought an already overstretched workforce to its breaking point.

In December 2020, the CFNU released a large-scale [national study](#) called *Outlook on Nursing: A snapshot from Canadian nurses on work environments pre-COVID-19*, conducted by Linda McGillis Hall, PhD, RN, and Sanja Visekruna, PhD, RN at the University of Toronto.

The project was built on the results of the Ontario Nurses' Association's RN4Cast project, which is based on the full four RN4Cast datasets (nurse survey, patient survey, organizational survey and discharge abstracts datasets), by undertaking a national survey of regulated nurses in all sectors, using Linda Aiken's existing nurse survey pioneered in the EU for all categories of regulated nurses (RN, NP, RPN, LPN) in all settings (hospital, home, long-term care).



Nurse survey data was collected, including the following:

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

Results included:

~60% of nurses intend to leave their jobs within the next year.

>27% of nurses who intend to leave their jobs plan to seek a non-nursing role.

>80% of nurses report facing physical violence from patients and families at work.

>66% of nurses rated the quality of their work environment fair or poor.

The *Outlook on Nursing* report had two major recommendations:

- 1) the reinstatement of the Chief Nursing Officer within a permanent national nursing office, and
- 2) that an annual standardized assessment of the quality and safety of health care environments be undertaken.

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## PTSD FRAMEWORK

After years of advocacy, the CFNU succeeded in getting nurses a seat at the table at the federal PTSD conference held in early April 2019. This was the manifestation of our successful efforts to get the Senate committee to recommend the inclusion of nurses in Bill C-211, which mandated the creation of a national PTSD framework. The CFNU subsequently worked with PHAC's PTSD Secretariat to ensure that nurses were included in the federal framework. The federal PTSD framework was subsequently published on January 23, 2020, and includes several references to health care workers and specifically references nurses. The CFNU intends on working with the

Public Health Agency of Canada on the implementation of the PTSD framework over the next five years. Implementation of the framework is more important than ever, given the 'mass trauma' predicted by the International Council of Nurses (ICN) in the wake of COVID-19,



and the likely long-term impacts on nurses' mental health, including potential increases in PTSD symptoms.

The full text of Government of Canada's publication, *Federal Framework on Posttraumatic Stress Disorder: Recognition, collaboration and support*, can be found here:

<https://www.canada.ca/en/public-health/services/publications/healthy-living/federal-framework-post-traumatic-stress-disorder.html>

## HEALTH HUMAN RESOURCES (REBUILDING THE WORKFORCE)

As a follow-up to the *Outlook on Nursing* study and its recommendations, and drawing on the results of the *Mental Disorder Symptoms Among Nurses* study, the CFNU is working with a leading expert in health human resources planning, Dr. Ivy Bourgeault, a professor at the University of Ottawa, who leads the Canadian Health Workforce Network to build a coalition calling for the following.

- a) The federal government to play a stronger leadership role by establishing a dedicated coordinating body to address critical health workforce data gaps. Reflecting international leading practices, this could be a health workforce agency, akin to the Public Health Agency of Canada. This agency would significantly enhance existing health workforce data infrastructure to standardize data collection and analysis across workers, sectors and jurisdictions, with links to relevant patient information, health care utilization and outcome data, for more fit-for-purpose planning at the provincial, territorial, regional and training program levels.
- b) In the interim, the coalition calls on the federal government to provide targeted funding to the provinces and territories to begin to immediately address critical shortages.



Launched on April 12, 2021, at <https://www.hhr-rhs.ca/en/petition.html>, this coalition of diverse groups of health care stakeholders is committed to ensuring that health human resources planning is on the agenda for the federal government as we move into the post-COVID recovery phase. The petition has over 200 signatures from individuals representing associations, educators, employers, unions, regulatory bodies and experts, including the CFNU, the Canadian Medical Association, the Canadian Health Coalition and HealthCareCAN.

In addition to calling for immediate investments in the health workforce for retention and recruitment initiatives to rebuild a workforce that has been eroded by the pandemic, the coalition's petition is calling for investments in a national health workforce body that will provide the necessary tools to provinces so Canada is better able to match its population needs to its health workforce. A federal body such as this could help ensure that Canada moves towards safe staffing for all Canadians. The CFNU is continuing to work with the coalition in conjunction with Health Canada to move forward on addressing the nursing shortage and the crisis in health care.

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### **Canada Beyond COVID Magazine**

In anticipation of CFNU's 40<sup>th</sup> anniversary, the CFNU has put together a very special magazine for the 2021 convention, which showcases some of CFNU's previous research as well as continuing CFNU's work to address equity issues that directly impact the health of Canadians. The CFNU interviewed a number of researchers whom it has worked with in the past, including Ivy Bourgeault, Nicholas Carleton, Pat Armstrong, Steve Morgan, Mario Possamai and Courtney Howard, to solicit their thoughts on what a post-COVID world should look like. Through highly accessible articles, the CFNU shows how Canada can learn the lessons of the pandemic and create a post-pandemic world that is healthier, fairer and more inclusive.



### VACCINATION CAMPAIGN



While most Canadians agree that a vaccine will have a positive impact on ceasing the spread of COVID-19, polls show a majority are concerned about the safety of currently available vaccines. Alarmingly, a national poll conducted by Earnscliffe in December 2020 found that 30% of Canadians *might not, likely will not, or definitely will not* get vaccinated. However, as nurses and other public health experts ramp up our efforts to communicate evidence-based information, there has been a promising shift in public opinion. A poll in mid-April 2021 by Leger and the Association of Canadian Studies found that 80% of Canadians intend to get the vaccine.

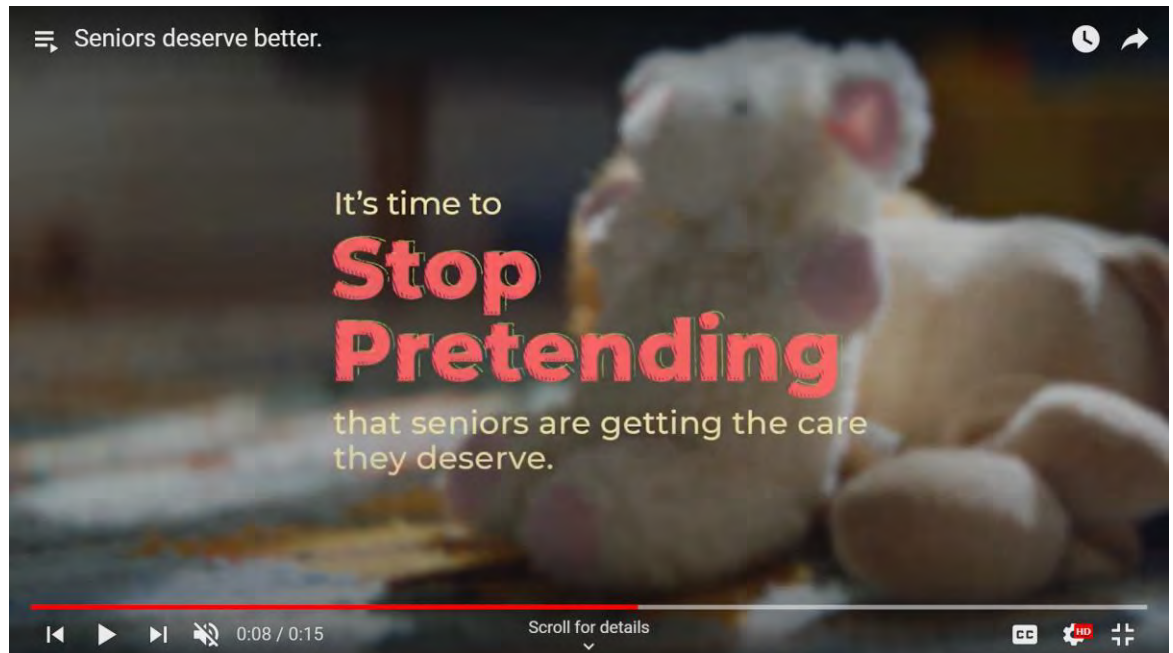
Nurses and experts know that the vaccine is our way out of the pandemic. We know lives and livelihoods are dependent on a safe, swift and effective solution to the pandemic. Recognizing that public trust in elected officials, government agencies and the pharmaceutical industry is dwindling as the pandemic rages on, the CFNU stepped up.

On April 7, World Health Day, the CFNU launched a national campaign aimed at encouraging vaccine willingness. Informed by facts and guided by empathy, the campaign features a light-hearted public service announcement (about sourdough!), social media promotion and a website where the public can access information, pledge to get vaccinated and easily share information with friends and family.

As the most trusted profession in North America, nurses have the opportunity to encourage the public to seek reliable, factual information about the safety and effectiveness of vaccines. The campaign's message is that vaccines administered in Canada are safe, tested and our best shot at getting out of this pandemic and back to the activities we've put on hold for a year – like seeing our friends and family.

The campaign invites the public to: *Trust Nurses. Get the Vaccine When It's Your Turn.* For more information, visit [TrustNurses.ca](https://TrustNurses.ca).

## STOP PRETENDING FEDERAL ELECTION CAMPAIGN 2019



In summer 2019, the CFNU launched a national engagement campaign to coincide with the fall federal election, with the aim of elevating nurses' concerns. The campaign called on politicians and election candidates to *Stop Pretending* our health care system isn't under attack from cutbacks, underfunding and chronic understaffing. Voters were encouraged to "Choose care, not cuts" to improve Canada's health care system.

The campaign presented extensive resources and online tools, including a microsite and email action. It featured video and graphic ads, drawing attention to key health care issues. The ads ran on social media in target regions throughout the election period.

Ongoing commentary on policy announcements was delivered through social media, e-newsletters, a live panel discussion of provincial nurses' union presidents, a Twitter takeover during the election debate, graphic videos, print materials and a host of other resources.

The campaign wrapped up with an appeal for all nurses and Canadians concerned about health care to vote. Custom videos were produced for CFNU Member Organizations to help drive this message home.

### Key metrics

- 6,939,397 impressions on digital advertisements
- 1,766,000 people were reached by digital advertisements
- 7,500 campaign emails sent to MPs and candidates
- 12,456 people reached on average by campaign posts on Facebook
- 501,000 impressions on campaign posts on Twitter

The flagship video from the *Stop Pretending* campaign was recognized during the 2020 awards cycle. It received an Award of Excellence for Electronic Media – Video Media from APEX (Awards for Publication Excellence), two Reed Awards for Best Canadian Online Video and Best International Online Video – National, and a prestigious Pollie Award from the American Association of Political Consultants for best Web Video (Gold) in the Digital – Public Affairs/Issue Advocacy Division.

Congratulations, CFNU!

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### THE NEXT CRISIS FEDERAL ELECTION CAMPAIGN 2021

With many political pundits predicting a federal election in spring or fall of 2021, the CFNU once again prepared to launch a national engagement campaign to promote health care. This election could determine whether or not Canada invests in sustainable, more resilient health care and post-COVID recovery, or if we continue to put band aids on critical gaps and shortages.

The pandemic has significantly worsened deep cracks in our health care system, in particular the dangerously inadequate levels of nurse and health care staffing across the country. With burnout of the existing workforce as a major concern, health care staffing is the key focus of the CFNU's campaign.

The CFNU worked closely with an external communications agency to develop the campaign, including key messaging, branding, a suite of image-based digital advertisements, paid media plan, campaign actions and landing pages.

The campaign concept recontextualized the terms and phrases that have grown in popularity during the pandemic, emphasizing that "We're already in the next health care crisis." This tagline highlights that we're in another, different type of health care crisis, one that needs the same attention and level of response. Visually, close-up images of nurses' faces communicate the impact of inadequate staffing on frontline workers, delivering the emotional gravity of the message.



With a minority government, it is less clear when the election will occur – but the CFNU will be ready to launch our campaign when the time comes. As a credible and trustworthy voice in our current pandemic reality, the CFNU will articulate a clear vision for improving patient care during Canada's recovery and rebuilding.

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## PROTECTING CANADA PROJECT

Anticipating a federal election in the coming months, the CFNU has joined numerous organizations contributing to a joint initiative called the Protecting Canada Project. It is led by high-profile communications strategist Kathleen Monk and has the support of a growing number of labour unions.

It centres on a media campaign highlighting the damage that cutbacks and austerity policies would have on the health and well-being of people in Canada – especially during a pandemic. The campaign was launched in response to public opinion research suggesting that the public did not know the new Conservative leader and did not associate him with his party's record on health care and other issues.



The campaign includes several video advertisements running on various media platforms. The majority of the advertisements focus on the dangers of cutting health care. The campaign was launched on January 22 and has been running since then, with data on impact and reach forthcoming.

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## CAMBIE CASE

An important chapter in the four-year trial and a decade-long battle to protect universal public health care in Canada came to an end on September 10, 2020, with Justice John Steeves' ruling that the combination of long waits and limits on private care in British Columbia do not violate the rights provided to all under the *Charter of Rights and Freedoms*. The court further found that B.C.'s laws do not violate the right to life.

At stake in this landmark case was fair and equitable access to health care for all Canadians.

Plaintiffs – including Dr. Brian Day, orthopedic surgeon at Cambie Surgeries Corporation – sought to have the court overturn three key provisions of B.C.'s *Medicare Protection Act* (MPA), that protect fair access to care for all patients, and regulate extra billing and user fees, private duplicate insurance and dual practice. Over the years, the CFNU has helped to support the fight in court with financial contributions to the BC Health Coalition, an intervenor in the court case.



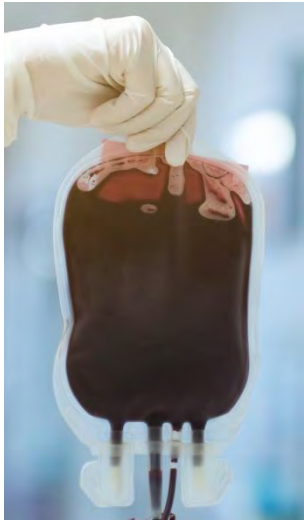
While this ruling represents an important victory for our public health care system and for all Canadians, this is not the end of our fight. Other legal challenges to Medicare are in the works, and any successful effort at the provincial or territorial level could have significant implications in other parts of the country.

Access to quality care for everyone in Canada – not just those who can pay – will be achieved through greater investment and enhanced coordination of health care personnel and services, not through changes in how we pay for care.

The CFNU will continue to advocate at the federal level for these concrete improvements to our universal single-payer Medicare system through campaigns and appeals to the government and parliamentarians, along with robust coordination with like-minded groups.

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## FOR-PROFIT BLOOD COLLECTION



We have hit an unfortunate setback around halting the expansion of paid plasma clinics in Canada. Bill 204, the *Voluntary Blood Donations Repeal Act*, passed third reading in the Alberta Legislature on November 16, opening the door to paid plasma clinics to open in the province. The CFNU and UNA issued a [joint media release](#) condemning the bill. Heather Smith spoke strongly in opposition to the bill in subsequent [media coverage](#).

We also saw some positive developments: in December 2020, Canadian Blood Services (CBS) opened its first plasma donor clinics in Sudbury, Ontario, and Lethbridge, Alberta. The third of its plasma donor clinics is opening soon in Kelowna, BC.

Budget 2021 has committed funding toward increasing the domestic supply of plasma in Canada through the public system: \$20 million over three years, beginning in 2021-2022, to Health Canada to construct eight plasma collection sites across the country.

This is a positive development for building the public voluntary plasma donor community in Canada, and it may have an effect on the expansion plans of the for-profit paid plasma industry.

The CFNU has called upon Health Canada to issue a moratorium on licenses granted to paid plasma clinics over the course of the pandemic, and will continue to apply pressure on the federal government to stem the expansion of the for-profit plasma sector.

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## LONG-TERM CARE

The pandemic has made the chronic issues in our long-term care sector impossible to ignore. The fact that close to 70% of all deaths during the pandemic have taken place in long-term care facilities has not been lost on Canadians.

The federal government has now put into action the process of developing national long-term care standards, though it has chosen to do so through an arms-length process. The government has empowered Health Standards Organization (HSO) to undertake the work of creating national standards. HSO is a non-profit affiliated with Accreditation Canada with a focus on developing health care standards, assessment programs and other tools. HSO is the



only standards development organization in Canada solely dedicated to health and social services.

In March 2021, Dr. Samir Sinha, Director of Geriatrics at Sinai Health and University Health Network of Toronto, was announced as Chair of the HSO National Long-Term Care Services Standard Technical Committee. Dr. Sinha is a passionate advocate for the needs of older people, as well as a regular CFNU collaborator.

Some health care advocates have criticized the federal government for outsourcing the development of much-needed and long-overdue standards in long-term care, arguing that an

arms-length process will not bring about the robust standards required to ensure that profit is eliminated from the care of Canada's seniors.

In keeping with our efforts to foster broader conversations around the care of older adults, the CFNU recently unveiled a proposal that reimagines what aging in Canada can look like going forward.

*Aging Reimagined* proposes a vision of aging in Canada that treats seniors with respect and dignity, giving them the opportunity to remain healthy and active in their own homes and communities for as long as possible, while offering integrated access to care – including home care, assisted living, long-term care and palliative care.

With Canadians living longer, our focus must be to ensure a high quality of life for all seniors going forward.

As part of the broader conversation on aging, the CFNU hosted a virtual summit during Nurses Week in May, inviting three experts to share their insights on how Canada can reshape its approach to aging to better respond to the complex and changing needs of older adults, and create opportunities for healthy aging.



## PHARMACARE

COVID-19 has exposed many weaknesses in our health care system, including a lack of universal prescription drug coverage. With one in five Canadian households unable to afford their medications before the pandemic, millions more lost their jobs and the private drug plans that accompanied them. No one should be forced to choose between filling their prescriptions and feeding their family – especially under the vulnerable circumstances of a global pandemic.

For decades, nurses have been talking about the benefits of pharmacare. It will save lives every day, reduce suffering, improve health outcomes, and save the system billions of dollars every year – money that is sorely needed elsewhere.

Given these realities, in January of 2021, the CFNU partnered with Heart & Stroke and the Canadian Labour Congress to press for action. We launched a joint campaign calling on federal decision makers to take concrete steps towards building a national universal prescription drug program ahead of the 2021 federal budget. Thousands of people participated in the campaign, which for the first time brought together patient advocates, health care workers and labour unions in the fight for pharmacare. Unfortunately, the Liberal minority government failed to include funding in the budget that would enable the implementation of pharmacare.

After convention 2019, the CFNU helped initiate consensus-building and broadening statements and joint letters to government alongside our allies, which followed the release of the final report of the federal government's expert advisory panel on pharmacare. That report recommended a national, universal, public, single-payer pharmacare program based on the same principles the CFNU has been advocating for over many years.

In a minority parliament where three major parties – including the governing party – have stated their support for universal public pharmacare, the CFNU will continue pushing hard along with our allies to make it a reality.

**Take action:** [nursesunions.ca/pharmacare](https://nursesunions.ca/pharmacare)



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## PATENT MEDICINE PRICES REVIEW BOARD (PMPRB)

The federal government is expected to be bringing in regulatory changes to the Patented Medicine Prices Review Board (PMPRB), aimed at lowering the cost of patented prescription drugs in Canada. The CFNU has been pushing for these regulatory changes for several years, so this was regarded as an important victory for Canadians.

The major reforms include: a new list of comparator countries, that the PMPRB will use to set drug prices in Canada, which have similar populations and health care systems to Canada (thereby excluding the U.S. and Switzerland from the new list); and ending the secret deals that prevented the PMPRB from seeing the actual market prices of prescription drugs.

The CFNU made a [submission](#) to HESA for their study into the PMPRB final guidelines for the new regulations. Unfortunately, industry pressure successfully led the government to keep delaying the coming into force date of the regulations: it was originally meant to be July 1, 2020, then postponed until January 1, 2021, and then again until July 1, 2021. This marks an entire year of delay to regulatory changes designed to save Canada \$13 billion over ten years on patented medicines.

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## VIOLENCE

At the July 2019 Council of the Federation meeting, which took place in Saskatoon, Saskatchewan, the CFNU held an event on violence against health care workers, consisting of a panel of three leading experts on the issue. The event was attended by a broad diversity of health care stakeholders and by a large majority of premiers, with the latter seated alongside the nurses union president from their respective province. Attendees were presented with solutions to address rampant violence against nurses and other health care workers, echoing



the findings of a parliamentary report into violence against health care workers, which was released a few short weeks before the event.

As governments have grappled with COVID-19, the issue of violence against health care workers has sadly been put on the backburner – this despite a likely increase in violent incidents due to the pandemic. Following the House of Commons health committee's landmark study into violence in health care in 2019, there has been little movement from the federal government to implement the committee's recommendations, including:

- Creating a pan-Canadian violence-prevention framework;
- Holding perpetrators of assault accountable;
- Better data and tracking;
- Targeted funding for violence-prevention infrastructure;
- Updating Canada's health human resources strategy to address major staffing shortages across the country.

In 2020, MP Don Davies reintroduced his bill, *An Act to Amend the Criminal Code (assault against a health care worker)*, to require a court to consider assault against a health care sector worker as an aggravating circumstance for the purposes of sentencing. The bill died on the Order Paper with prorogation but was reintroduced in the second session of the 43<sup>rd</sup> Parliament. As this bill has the potential to receive all-party support, the CFNU will continue to work with Don Davies to advocate for its adoption by the federal government.

A similar bill focusing on violence against health care workers and first-responders was introduced by MP Todd Doherty in 2020. Like Don Davies' bill, it also failed to make its way through the House and Senate before prorogation. To date, this bill has not been reintroduced in the second session of this Parliament. The CFNU will continue to work with MP Doherty and his team to support the reintroduction of this proposed legislation.

On the international stage, the CFNU has supported the Canadian Labour Congress' (CLC) campaign for Canada to ratify international labour convention 190, the first-ever global treaty to end violence and harassment at work, including gender-based violence. Although Canada adopted ILO Convention 190 in 2019, the federal government has yet to ratify the convention, which would turn the global treaty into law.

The CFNU joined the CLC's 2020 federal lobby effort, during which ILO Convention 190 was a key focus. CFNU representatives met with Minister of Labour the Hon. Filomena Tassi to press for ratification. Minister Tassi assured us



that most provinces and territories were in favour of ratifying the convention, however, there has been no further movement since the onset of the pandemic.

Despite the dominance of the pandemic as a central focus for governments at this time, the CFNU continues to work with key allies in parliament to advance the health committee's recommendations, amendment to the *Criminal Code*, and the ratification of ILO Convention 190.

## HUMAN RIGHTS AND EQUITY

The CFNU continues to work to advance equity as an important focus area for our organization, and to better incorporate a human rights lens into our core work. While we have much work to do, we have made strides in this endeavor. At the CFNU's last biennial convention, delegates resolved to incorporate equity representation into the organization's structure, and work to accomplish this is ongoing.

In June 2020, the CFNU [released a statement](#) condemning anti-Black racism and violence and calling for change. We also supported the Canadian Labour Congress' call to dismantle all forms of racism, tackle police violence and advance equity within our unions. From the CFNU's statement:



*Nurses affirm the fundamental value that Black Lives Matter. As nurses, we are committed to acknowledging and fighting racism, bias and discrimination, all of which enable an unacceptable disregard for Black lives, drive health disparities and sustain economic injustice.*

On National Indigenous Peoples Day, the CFNU released [a statement](#) calling for justice and committing to doing our part. From the statement:

*We must all take responsibility for the systemic and individual racism that drives devastating social and economic marginalization, leads to significant health disparities and enables a shameful lack of action on widespread violence against Indigenous peoples.*

In particular, the statement highlighted the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and its more than 230 Calls for Justice, including for individuals and health providers.

In September 2020, news of disturbing racism endured by an Indigenous woman, Joyce Echaquan, prior to her tragic death at a hospital in Lanaudière, Quebec, near the Atikamekw community of Manawan, sparked national outcry. Echaquan recorded the overtly racist abuse she experienced from workers and staff, which stands as an indictment of systemic racism in health care and a call to action Canada's nurses must respond to.

The CFNU immediately released [a statement](#) expressing outrage and condemning the racism Echaquan faced. We affirmed our commitment to fight for justice and confront implicit biases and systemic racism throughout our health care system.

During this Biennial Convention, delegates will have the opportunity to consider whether the CFNU will endorse "Joyce's Principle" ([principedejoyce.com](http://principedejoyce.com)) – a campaign which aims to guarantee to all Indigenous people the right to equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.

The CFNU is committed to continuing advancing equity education among our membership and in our communities through our Equity Toolkit project. This toolkit was developed to assist nurses and unions in making equity a priority, and ensuring that every strategy and action is implemented with equity at the forefront. This toolkit consists of definitions for terminology, workshop templates that can be implemented within organizations, sample human rights and equity vision statements, an environmental scan checklist and an event accessibility checklist. We will be expanding our Cards Against Inequity educational game launched at the CFNU's previous convention, and exploring new ways to promote these resources.

Canada's nurses are steadfast in their commitment to building an equitable society where everyone has access to public services and can live in safety, free from the fear of violence and oppression.



## CLIMATE CRISIS

We have continued to advocate for our governments to take bold action on climate change, and have furthermore continued our efforts to educate our members and the general public on climate change and health, including most recently through a webinar hosted in collaboration with the Canadian Association of Nurses for the Environment (CANE). Linda participated in the global climate change gathering, COP25, as a delegate of the Canadian Labour Congress, and recently co-wrote an [oped](#) with Dr. Courtney Howard to build pressure on Canada to increase our climate ambition ahead of COP26 summit, to be held this November. We are also active in a burgeoning network of health care organizations and practitioners who are using the health lens to push for bolder action on climate change and greater awareness of the issue at various institutional levels.

Once we emerge from the pandemic, we aim to focus greater efforts on involving our Member Organizations in climate action, including through supporting the establishment of 'green teams' in workplaces across the country.



# NURSES AND CLIMATE CHANGE

## From Awareness To Action

**EARTH DAY, APRIL 22, 12 PM EST**

 **Tyler Levitan**  
CFNU Government & External  
Relations Officer

 **Jessica Madrid**  
President of the Canadian Association  
of Nurses for the Environment



## MEDICAL ASSISTANCE IN DYING (MAID)

In February 2020, the federal government introduced new legislation to respond to the Quebec Court's Truchon-Gladu decision on medical assistance in dying (MAID). The bill made its way through the parliamentary process with a number of significant delays due to the COVID-19 pandemic and prorogation, as well as three requests from the government for an extension of the deadline.



The MAID legislation (most recently named Bill C-7) was the subject of considerable debate in both the House of Commons and the Senate, with a number of parliamentarians proposing significant amendments.

On March 17, 2021, Canada's MAID legislation became law, with new changes to eligibility criteria, procedural safeguards, final consent requirements, and data monitoring and collection.

Among others, new changes include: eliminating the requirement for a person's natural death to be reasonably foreseeable; extending access to MAID to Canadians whose only medical condition is a mental illness and who otherwise meet all eligibility criteria – though this provision will only come into force in March 2023; requiring that two independent doctors or nurse practitioners provide an assessment and confirmation that all eligibility requirements have been met; and allowing in certain circumstances the waiver of the requirement to provide final consent immediately before receiving MAID for patients whose death is reasonably foreseeable.

Other outstanding important questions related to MAID – such as eligibility of mature minors, advance requests, palliative care and the protection of Canadians living with disabilities – will be considered during a parliamentary review of the MAID legislation that was due to begin in April. That process is currently gridlocked as Senators negotiate who will chair the special joint committee tasked with the legally mandated parliamentary review.

The committee is required to submit its report to Parliament no later than one year after the start of the review.

## MEDIA RELATIONS



Since the beginning of the pandemic in early 2020, the CFNU has been a high-profile voice in national and regional media, speaking out about nurses' health and safety and the broader public health issues.

As health care reporting became a key ongoing focus for editorial teams and newsrooms across the country, the quantity and complexity of the CFNU's media relations expanded significantly. This has included regular news media commentary and appearances, numerous opinion editorials, and ongoing contact with reporters seeking data and perspectives from frontline health care workers. The pandemic has thrust the voices and concerns of nurses and, by extension, the CFNU, into the spotlight like never before.

Some key metrics:

- 1,916 media hits for the CFNU since January 2020 (print, digital)
- 2,038 media hits for Linda Silas since January 2020 (print, digital)
- 32 media releases since January 2020

Here is a selection of some of CFNU President Linda Silas' recent opinion editorials:

- "[Leading by example: Nurses launch vaccination campaign](#)" by Linda Silas, *Healthy Debate*, April 7, 2021
- "[Canada needs better health data infrastructure to support our health care heroes](#)" by Ivy Lynn Bourgeault and Linda Silas, *Toronto Star*, April 16, 2021
- "[Climate action can save lives – it's time to go big](#)" by Courtney Howard and Linda Silas, *National Observer*, April 22, 2021
- "[A year into the pandemic, nurses exhausted – and angry](#)" by Linda Silas and presidents of provincial nurses' unions; various versions appeared in publications across Canada in March 2021
- "[Too many people are struggling to pay for their medications](#)" by Hassan Yussuff (CLC president), Doug Roth (Heart & Stroke CEO) and Linda Silas (CFNU president), *Toronto Star*, February 19, 2021
- "[Vaccination, trust in science and patience is the only way out of this pandemic](#)" by Linda Silas, *The Province*, January 28, 2021
- "[Canada is failing to protect our health care workers from COVID-19](#)" by Linda Silas, *Toronto Star*, November 12, 2020
- "[Privately funded health care: a wrong-headed approach](#)" by Linda Silas, *Edmonton Journal*, November 2, 2020

## SOCIAL MEDIA

With a diverse and dispersed membership across the country, social media remains a central means for the CFNU to connect with and update health care workers and supporters.

In the midst of the pandemic, the engagement trends of our social media communications have varied greatly. In the early days of the pandemic, engagement rates were up across the CFNU's platforms as followers actively sought information from reliable sources. As the pandemic has dragged on, a noticeable decline in engagements has been observed. This is, no doubt, influenced by the pandemic fatigue affecting many members of the public, but none more so than the nurses and health workers who have been on the front lines for more than a year.

Nevertheless, the CFNU continues to grow our following on key platforms, and has recently become active again on Instagram, in an effort to continue to expand our reach. In addition, more efforts have been made to grow CFNU President Linda Silas' social media following on Twitter and Facebook, including by creating a dedicated Facebook page. Major milestones have been passed in recent months, including topping more than 10,000 followers for the CFNU on Twitter and Facebook, and surpassing more than 5,000 followers for Linda Silas' Twitter.

Key metrics:

- 10,500 @CFNU Twitter followers
- 5,379 @CFNUPresident Twitter followers
- 10,057 CFNU Facebook page followers
- 1,975 Linda Silas Facebook page followers
- 672 Instagram followers

### Follow us!

Facebook: [www.facebook.com/NursesUnions](https://www.facebook.com/NursesUnions)  
[www.facebook.com/CFNUPresident](https://www.facebook.com/CFNUPresident)

Twitter: [www.twitter.com/CFNU](https://www.twitter.com/CFNU)  
[www.twitter.com/CFNUPresident](https://www.twitter.com/CFNUPresident)

Instagram: [www.instagram.com/NursesUnions](https://www.instagram.com/NursesUnions)

YouTube: [www.youtube.com/c/CFNUFCSII](https://www.youtube.com/c/CFNUFCSII)



## DIGITAL ACTIONS

The year, 2021, marked the end of a chapter in the CFNU's political action work and the beginning of a new one. After serving as an important digital tool for Canada's nurses to be heard by decision makers, the CFNU's Speak Up mobile app was shuttered in early March. This resulted from the ongoing development cost of maintaining a proprietary technological platform, and the increasing difficulty at attracting new users to download the app to their smartphones.

The CFNU's political action work isn't stopping, however. In fact, we are only getting louder. Over the past year, the CFNU has moved toward implementing subscription-based political action technology that has made taking action easier than ever.

The CFNU has closely monitored political dynamics related to the pandemic and other priority issues and has seized strategic opportunities to apply pressure on decision makers through email campaigns. Since last convention, the CFNU has launched 10 separate digital actions on a range of issues, including occupational health and safety, inadequate health care staffing, long-term care, pharmacare and other priority issues. Our actions have targeted provincial and territorial premiers, members of parliament, public health leaders and members of federal cabinet, including the minister of health and prime minister. Together, these actions generated 13,255 individual submissions for a total of 26,067 emails to decision makers.

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## FACEBOOK LIVE

In late March 2020, as much of Canada shut down in response to the COVID-19 pandemic, CFNU president Linda Silas hosted a live update and Q&A for members and supporters. The session, held on Monday March 23 at 6:30pm ET, was streamed live to Linda's and the CFNU's Facebook pages. By the day after the event, the live recording had reached more than 17,000 people and had been viewed over 10,000 times.

Following the success of this session, live events were held on a weekly basis throughout the spring of 2020. After a summer break, regular sessions returned in fall 2020 and through 2021. The events have covered a range of topics appealing to health care worker and labour activists. Tens of thousands of viewers have tuned in to hear national updates, and to learn from experts on occupational health and safety, long-term care, mental health and more.

Here are just some of the session topics to date:

- COVID-19 Q&A
- Long-term care
- Pharmacare
- Mental health
- Workplace violence
- Occupational health and safety





- Staying safe during re-opening
- Anti-Indigenous racism in health care
- COVID-19 vaccines Q&A

...and many more. Since the beginning of the pandemic, about 30 live sessions have been held, totalling about 1,800 hours of live content and discussion.

The CFNU staff continue to research and implement production and promotion enhancements. Given the live streaming sessions' success, it is likely that they will continue to be an important part of CFNU's ongoing communications.

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## E-NEWSLETTERS

With the pandemic largely preventing in-person events, digital communications have become more important than ever. In the past two year, the CFNU has shared frequent email updates to keep email subscribers up to date with the fast-moving national landscape and the key issues of concerns for nurses and health care workers.

Since last biennial convention in 2019, about 30 mass emails have been distributed by the CFNU to segments of our subscribers list. These emails were digest-style newsletters, campaign emails and messages from the president. Our newsletters enjoy a higher open rate, averaging at about 43%, compared to a non-profit industry standard of 20%. As with other digital platforms, our engagement rates for this time period peaked during the early days of the pandemic, dropping down more recently as we have seen on other platforms, possibly impacted by pandemic fatigue.

The CFNU will continue to enhance its efforts to deliver relevant and timely content via email and to investigate new avenues for growing our lists so we expand our reach and effectiveness. Sign up for email updates on the CFNU's homepage: [nursesunions.ca](https://nursesunions.ca).



## Allied Organizations

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### CANADIAN HEALTH COALITION

The Canadian Health Coalition is a public advocacy organization dedicated to the preservation and improvement of public health care in Canada. The CFNU is a proud member of the coalition, alongside organizations representing other health care workers, seniors, churches, anti-poverty groups, women and trade unions, as well as affiliated coalitions in ten provinces and one territory. CFNU Secretary-Treasurer, Pauline Worsfold, also serves as Chair of the CHC.



The CFNU works closely with the CHC on joint campaign issues, such as for pharmacare and against health care privatization. We took part most recently in the CHC's virtual lobby days from May 10 to 11, 2021, which focused on the implementation of universal pharmacare. The CFNU and the CHC have been leaders in the campaign pushing the federal government to implement universal single-payer pharmacare, working closely on drafting joint statements and letters to government, and building a massive cross-country consensus on the issue.

We have also been strong supporters of their long-running campaign to fight privatization in health care, particularly through the Cambie trial in BC, where pro-public health care advocates scored a major victory in September 2020, when the four-year trial ended in a decision which upheld the principle that access to health care should be based on need, not on ability to pay. The decision has been appealed, so the CFNU will continue to support our allies in defense of our public health care system.

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### CANADIAN LABOUR CONGRESS



The CFNU is a proud affiliate of the Canadian Labour Congress (CLC), the national voice of Canada's labour movement. The CLC is the largest labour organization in Canada, bringing together dozens of national and international unions, provincial and territorial federations of labour and community-based labour councils to represent more than 3 million workers across the country.

The CFNU participates in the CLC's advocacy campaigns, lobby efforts, and contributes to its governance by sitting on its Executive Committee and Canadian Council, which feature the leaders of affiliated organizations. In this reporting period, the CFNU and its Member Organizations participated in the following committees: Women's, Health and Safety, Political Action, International, Executive, Employment Insurance (ad hoc), Pension Advisory (ad hoc), Young Workers, Solidarity and Pride, Human Rights, Environment, and the Communications Working Group.

In January 2020, Linda Silas announced that she would be running to become the next president of the CLC. Linda was fortunate to receive significant support from unions across the country, as well as testimonials from a range of high-profile individuals. After the pandemic intensified in spring 2020, Linda suspended her campaign to focus on advocating for nurses and health care workers. Then, in early 2021, in the wake of the devastating impacts of the ongoing

pandemic on nurses, she announced she would not be resuming her campaign. Her announcement noted that she was doing so with some sadness, but also with a renewed resolve to continue the crucial fight for the workers she has dedicated her life to serving frontline nurses across the country.

The CLC will be holding its 29<sup>th</sup> Constitutional Convention virtually from June 16 to 18, 2021. The CFNU will be organizing a delegation to attend the CLC's convention, the theme of which is: 'Defining the Future'.

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## INTERNATIONAL COUNCIL OF NURSES (ICN)

### ICN Congress June 27 to July 1, 2019 Singapore

More than ever, the CFNU has maintained its close connections with our partners and allies globally as we have all been united by the global pandemic. We have sought to learn from one another, and to amplify the voices of nurses globally.

Members of the National Executive Board attended the Congress, and we presented at two sessions:

1. *Strategies for Increasing Access to Care in Canada – Fulfilling the Untapped Potential of Nurse Practitioners*
2. *Nurses and Social Media: Personal Freedom, Privacy and Professional Practice Issues*

To build better liaison within Global Nurses United, the NEB also had meeting with Taiwan Nurses' Union.



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### ICN Congress November 2-4, 2021

In response to COVID-19 public health issues and travel restrictions, ICN will no longer hold a physical ICN Congress in June 2021. Instead, ICN will bring together national nurses associations and their members in an innovative virtual congress format later in the year. CFNU National Executive Board members look forward to participating virtually in this revised format this year.

Using the theme 'Nursing Around the World', they will pass the nursing baton across the different regions in a series of live and interactive events that will give members the opportunity to showcase their expertise and innovations throughout the world.

**Sub-theme 2. Epidemics and Pandemics:** Nurses' Experiences, Responses and Policy Recommendations: Ensuring the Appropriate PPE for COVID-19: From Access to the Mandated Use of Respirators to Protect Health Care Workers from Aerosol Transmission

**Sub-theme 4. Quality and Safety:** Long-Term Care and Staffing: Ensuring Appropriate Staffing in Long-Term Care to Safeguard Residents' Health and Well-Being

**Sub-theme 6. Nursing Workforce:** Workplace Violence and the Erosion of Nurses' Mental Health: Challenges for Nurse Retention

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## GLOBAL NURSES UNITED (GNU)

**Global Nurses United  
July 25-26, 2019  
Santa Domingo,  
Dominican Republic**

Countries present at the last face-to-face GNU meeting: Dominican Republic, United States, Peru, Uganda, Philippines, Paraguay, New Zealand, Ireland, Greece, Guatemala, Honduras, Curacao, India, Brazil and Canada. Cuba was an observer.

New applicants: Sri Lanka, Rwanda, Curacao, Malawi

On the agenda this year

- Struggles of union rights
- Safe staffing
- Violence in health care
- Campaigns for universal health care
- Climate change

Actions following GNU meeting

- Support letter re. UN resolution on migration and human rights
- Support letter re. human rights fights in Peru, Guatemala and Brazil
- Support letter to Spain, Dominican Republic and Chili re. pension protection

Since July 2019, GNU has had several Zoom meetings with members, focused on Covid-19 internationally.





## Internal

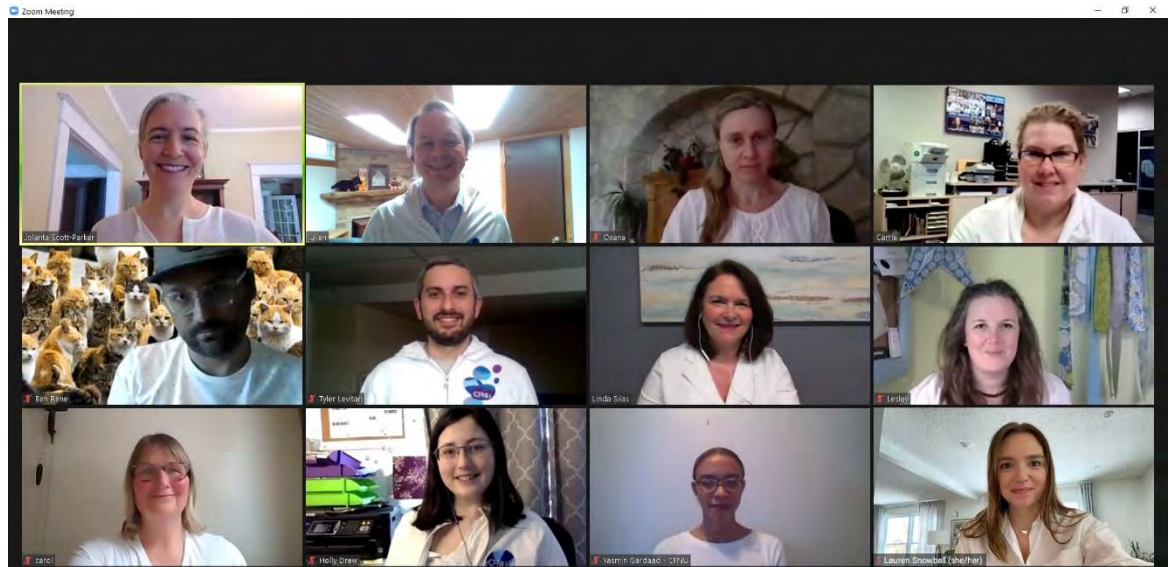
### CFNU CONVENTION DOOR PRIZE

As we have done a few times now, the CFNU would like to offer a participation prize to one of the attendees to convention this year. We would provide registration as well as travel and hotel accommodation to the 2023 convention in PEI (up to \$5,000). This prize will be awarded to an attendee at our 40<sup>th</sup> anniversary celebration.



### OUR TEAM

Like so many workplaces, CFNU's staff team pivoted to a remote work environment in March of 2020 to do our part to reduce transmission, flatten the curve and reduce the pressure on our frontline health care services – and your workplaces! This required some adaptations in the way we work together, and also in the way that we work to represent our members and advance important issues. One way or the other, our team has continued to work tirelessly on your behalf.



Our Secretary-Treasurer will report on the impact of this transition on our finances during this time that has seen a reduction in some expense areas and an increase in others.

## Conclusion

There continue to be many unknowns in front of us. I am grateful to each one of you in our CFNU team for your strength, dedication and resilience, and I look forward to the opportunity to gather together again. I especially look forward to welcoming you all to PEI in 2023.

For now, Canadians need to know: we will not back down!

As our governments look to the future, we will need to channel the frustrations, anger and struggle of this period into powerful fuel for change. We know that Canada's recovery from this pandemic will rely on our health care system and its workforce. With a federal election on the horizon, the time to support nurses is *now*, and this means putting us at the heart of any recovery plan.

This is our chance to be catalysts for change if we seize it. Together, we can be bolder and louder than ever, and put our governments on notice that nurses will not give up the fight for respect, fairness and better health care for all.

By sticking together, we will thrive. Now, let's get ready for 2021 and beyond.

Stay Safe. Stay Strong.

In solidarity always,

Linda Silas

President

*Let's stop waiting for a better world. Let's start working on it. Together.*

Unknown

### **BETWEEN SUMMER 2019 – SPRING 2021**

- 8 MO annual meetings attended, many cancellations in 2020 and 2021
- 4 publications – *Mental Disorder Symptoms Among Nurses in Canada*, *Outlook on Nursing*, *A Time of Fear*, *Canada Beyond COVID*
- 30 Facebook Live events from March 23, 2020, to April 28, 2021
- 23 MP meetings
- 20 speaking engagements