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1. MESSAGE FROM CFNU PRESIDENT LINDA SILAS



Linda Silas, President of the CFNU 2003-Present

Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead

Dear Members,

I want to express how happy I am to be able to meet in person this year in beautiful Prince Edward Island. The energy and collective power we generate when we get together is so incredible. CFNU's convention theme for 2021 was **NO BACKING DOWN**, and I guarantee that not only did we not back down, but together we pushed the envelope of every government in this country. From premiers to bureaucrats, they know our names – and we have their number.

Our theme this year is **TOGETHER WE GOT THIS**. Just the sort of inspiration and motivation we need to keep advocating on behalf of Canada's nurses. Increasing health transfers and new bilateral agreements were positive moves, and nurses across the country were actively supportive of those negotiations, but without new pan-Canadian initiatives to support nurses, our cherished public health care system remains at risk. Nurses are burning out and frustrated, and they want action from their federal government.

As I write this opening message to our 2023 convention, I'm thinking everyone wants to move to Nova Scotia not only for its beautiful people and great shorelines, but for Premier Houston's concrete promises toward supporting and respecting nurses. Perhaps you want to move to British Columbia, which this spring became the first province to adopt minimum nurse-patient ratios.

I am so pleased to welcome the British Columbia Nurses' Union (BCNU) back into our Federation and to this year's convention. The leadership of BCNU is committed and energized by the prospect of working together in solidarity with fellow Member Organizations. We believe it is critical now to further unite nurses and strengthen our movement. This is so important given the threats our members and the public health care system are currently facing.

I want to thank all of you for your tireless energy advocating for our members. I was so proud over this past year to attend rallies and events across the country as nurses got into their communities and out on the streets to stand up for themselves, patient safety and the public health care system we all cherish.

2. UNITING NURSES

BCNU

The journey to welcome back BCNU started during COVID-19 collaboration, followed by many individual meetings between NEB members, CLC president (September 8, 2021, and January 4, 2022) and BCNU leadership on March 7, 2022. Then on March 14, 2022, the NEB officially launched this important step for our movement by sending an encouraging press release announcing our intention, “Now more than ever nurses need to be united”. Following this, I met with leaders of the CLC, CUPE and NUPGE on March 31, where we determined meetings needed to happen in BC with affected unions.

We created a working committee: Pauline Worsfold (CFNU), Tracy Zambory (SUN), David Harrigan (UNA) and Jolanta Scott-Parker (CFNU), which met with the BCNU working committee to determine processes, timeframe and operational requirements such as dues. Since then, the BCNU leadership have made themselves available to meet not only with provincial health care unions but national ones as well.

At the time of writing this report, we still don’t have a resolved process with the CLC.

CFNU virtual biennium, June 8-9, 2021

Because of COVID-19, nurses couldn’t meet in person at the 2021 convention, but the CFNU still delivered a jam-packed virtual convention, complete with riveting speeches, amazing performers and even an opportunity to socialize and let loose!

At this virtual convention, 1,090 nurses were able to participate, and there was no denying the current challenges we face. Our convention was virtual precisely because the nation – indeed the world – is still battling COVID-19. Nurses know: they’ve been at the forefront of this fight. And while the battle rages on, nurses are still faced with unmanageable workloads, unsafe workplaces and a lack of meaningful support.

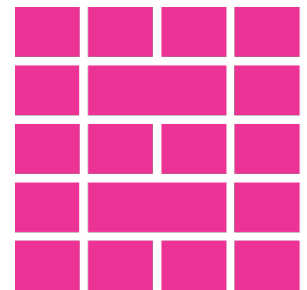
As CFNU President Linda Silas reminded us: it’s been a tough time, but we can’t back down.

3. CAMPAIGNS AND ADVOCACY

Nurse Retention Fund Proposal

The CFNU submitted a proposal to Health Canada on January 6, 2023, to establish a Nurse Retention Fund. The fund would be an immediate initiative that could begin addressing the need to swiftly enact measures to spur the retention, return and recruitment of nurses needed to address the critical nurse shortages putting our public health care system at risk of collapse.

The CFNU looks forward to collaborating with Health Canada on this important new initiative that would provide an opportunity for the federal government to show leadership in supporting Canada’s health employers to retain and recruit their nurses. We thank Arlene Wortsman, past coordinator of Research to Action campaign, Mike Villeneuve, Dr. Gail Tomblin Murphy and our provincial unions for their help crafting this preliminary proposal.



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**Member Organization
meetings attended by
President and
Secretary-Treasurer**

CFNU Report

Finance committee 2023 pre-budget consultation

Once again, our submission was focused on the health workforce crisis and provided clear recommendations that the government mandate nurse-patient ratios through new federal legislation, address excessive workloads, create more nursing seats, establish new bridging and mentorship programs, provide support for internationally educated nurses (IENs) and create new full-time nursing positions.

The CFNU began our advocacy push around the 2023 federal budget, with a pre-budget consultation submission to the House of Commons' Standing Committee on Finance (FINA) in October 2022. In the submission we highlighted the following asks.

1. That the government provide immediate funding for proven retention, return and recruitment initiatives backed by firm timelines and accountability, including:
 - addressing excessive workloads;
 - creating and supporting more nursing seats;
 - new bridging and mentorship programs;
 - support for internationally educated nurses (IENs);
 - creating attractive new full-time nursing positions; and
 - immediate and ongoing support for mental health programs geared toward nurses, including internet-delivered cognitive behavioural therapy.
2. That the government introduce patient care and safety legislation that enshrines mandated nurse-to-patient ratios across the country.
3. That the government introduce a new tax credit for nurses who maintain their readiness to return to the workforce.
4. That the government establish a national health workforce body to improve decision-making, with better data to facilitate ongoing pan-Canadian coordination – backed by the tools and investments needed to support health workforce planning in all our communities.



NEB, Health Minister Jean-Yves Duclos and Prime Minister Justin Trudeau, October 2022

The federal government more recently developed a webpage soliciting pre-budget consultation submissions from organizations, so the CFNU made an additional submission that is more concise and focused. That submission provided more focused attention on the following three asks:

1. A Nurse Retention Fund to scale up proven retention programs in health care workplaces
2. Tax measures to retain and return nurses to the workplace
3. Tailored mental health supports for nurses experiencing severe psychological symptoms

Through the preliminary proposal around a Nurse Retention Fund that was presented to federal Chief Nursing Officer, Dr. Leigh Chapman, with budget cost of \$32 million over four years, starting in 2023-2024. It would cost approximately \$10 million to establish a mentorship program in one province, and can be subsequently scaled up with an additional \$22 million to provinces across the country.

Regarding a tax incentive, such as a tax credit or a tax deduction, we obtained the insights of Kevin Page and Sahir Khan of the Institute of Fiscal Studies and Democracy, who are renowned experts around government spending and decision-making. We have yet to determine the precise costing of this initiative, but we are considering next steps around pursuing it further – perhaps through a private member’s bill.

HUMA

Linda Silas appeared before the HUMA committee as a witness for their study entitled *Labour Shortages, Working Conditions and the Care Economy*. The CFNU also submitted a brief. Our recommendations included: targeted federal funding for retention and recruitment programs for nurses, increased funding for more nursing seats and supports for IENs, funding toward mental health supports for nurses, and a national health workforce body (such as an agency) to provide better data and coordination for the purposes of well-informed health workforce planning.



NEB at Council of the Federation 2022

CFNU Report

Council of the Federation, July 11-12, 2022

On July 11 and 12 in Victoria, BC, the CFNU had the privilege of hosting provincial and territorial premiers at a policy breakfast taking place during the Council of the Federation's annual summer meeting – the first to be held in-person since the pandemic began. The CFNU was the only organization to secure a meeting with premiers during CoF.

The CFNU and MOs were privileged to welcome all premiers, along with representatives from the governments of Alberta and Nunavut, to an important discussion of the nationwide health workforce crisis. The discussion centered around offering short- and long-term solutions, including retention, return and recruitment initiatives, along with the establishment of a national health workforce body to help fill existing data gaps and inform planning and decision-making at the provincial/territorial level.

The CFNU is planning to secure a meeting with the Council of the Federation during their 2023 summer meetings in Winnipeg.

Health Ministers' Meeting, November 6-8, 2022

Our first in-person Health Ministers' Meeting policy breakfast since 2018 took place on November 8, 2022, in Vancouver at the Pan Pacific.

Dr. Ivy Bourgeault and Dr. Arthur Sweetman presented on the critical nursing shortage crisis, with Dr. Bourgeault focusing on the findings of the study she helped lead for the CFNU, centred around retention, return and recruitment of nurses within the public health care system, and Dr. Sweetman focusing on financing and implementing these initiatives within the current economic context. The meeting was well attended, with health ministers from each province and territory in attendance.

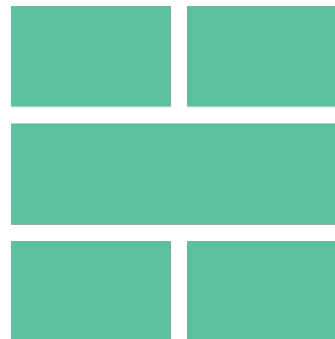
The strategic priority actions from CFNU's report *Sustaining Nursing in Canada*, presented at the policy breakfast, are as follows.

To address the immediate challenges in nurse retention

- The federal government should set standards for minimum care, including nurse-patient ratios, and support the spread and scale of promising initiatives from other jurisdictions.
- Provincial/territorial governments should spread and scale evidence-informed retention initiatives with targeted investments in partnership with employers and health authorities.
- Employers should foster safe, healthy, and supportive work environments, adding nursing support roles to reduce non-nursing duties and implement processes to reduce workloads.

To foster the return of nurses to the public health care system

- The federal government should create a public workforce agency to employ mobile nurses and other health workers licensed to temporarily address high-need areas.
- Provincial/territorial governments should fund flexible return-to-practice programs.
- Employers should provide mentorship and other supports bridging nurses' return to work.



5

Be Heard Live events

To integrate internationally educated nurses (IENs) presently in Canada

- The federal government should enhance supports for IEN bridge training and mentoring programs enabling their more-timely integration in partnership with provinces/territories.
- Provincial/territorial governments should fund and encourage regulators to streamline the licensure recognition process supporting IENs through compensated bridge training.
- Employers should adopt tools to streamline IEN integration, including paid mentorship and support from experienced nurses in practice.

To strategically enhance appropriately mentored recruitment pathways

- The federal government should support strategic nurse faculty recruitment to increase enrolments and target tuition support for work in underserved communities and sectors.
- Provincial/territorial governments should scale employed student nurse programs to support transition to employment and micro-credentials to support nurse career laddering.
- Employers should support the capacity of clinical faculty to increase enrolments through funded secondments in partnership with universities and colleges.

To embed and enhance nursing workforce planning with digitally enabled tools

- The federal government should establish a health workforce agency that supports the enhancement of nursing and other workforce data and digitally enabled tools for employers and regional authorities to integrate into their ongoing planning.
- Provincial/territorial governments should initiate or reinstate ongoing nursing workforce planning in collaboration with nursing workforce partners.
- Employers should utilize human resource information systems to embed ongoing planning for nurse staffing.



NEB and Health Ministers, November 8, 2022

CFNU Report

Bill C-3

Following the 2021 election, the CFNU wrote to Justice Minister David Lametti, urging the government to move forward rapidly on legislation to combat the scourge of violence in the health care sector through the introduction of two new amendments to the *Criminal Code*, namely an amendment to recognize violence against a health care worker as an aggravating factor for the purposes of sentencing (an issue on which the CFNU has led the charge since 2017, and one of the key recommendations from the Standing Committee on Health's 2019 report, *Violence Facing Health Care Workers in Canada*); as well as an amendment to establish a new offense for intimidating or obstructing health care workers in the performance of their duties, and/or patients who are seeking care at a facility where health care services are offered.

We were pleased to see the Department of Justice Canada move quickly on our recommendations – with the introduction of Bill C-3, *An Act to amend the Criminal Code and the Canada Labour Code*, on November 26, 2021.

The CFNU was honored to take part in a press conference with Minister Lametti and Minister of Labour Seamus O'Regan Jr. to support the introduction of this important bill. We worked with labour allies to reach out to parliamentarians opposed to some of this bill's provisions, offering briefings and resources to bolster chances of making its way through the legislative process successfully.

The Senate of Canada undertook a pre-study of Bill C-3 before the bill was sent back to the House of Commons, where it was adopted unanimously.

Bill C-3 also provides enhanced sick leave benefits for workers in federally regulated sectors up to a maximum of ten days of paid sick leave per year, along with additional provisions for bereavement leave.

Bill C-3 came into force on January 17, 2022. This represents a significant win for health care workers who are faced with rampant verbal and physical violence in the course of doing their jobs – but our work is not done. Since the adoption of Bill C-3, the CFNU has pressed the federal government to move forward on the other recommendations from HESA's 2019 report, starting with the introduction of a national public awareness campaign to sensitize the Canadian public to the violence experienced by health care workers and to alert them to the new *Criminal Code* serious offences covered by Bill C-3.

We believe the enactment of Bill C-3 must be accompanied by robust support from the federal government to ensure the success of the new law, as well as efforts to work with health care employers and administrators to change the dangerous culture that currently places the onus on health care workers to ignore or defuse acts of physical and verbal assault.

CFNU Report

**TOGETHER
TOGETHER
TOGETHER
TOGETHER
TOGETHER**
we got this

Federal election campaign

Canada was plunged into a snap federal election on August 15, 2021, when Governor General Mary Simon approved Prime Minister Justin Trudeau's request to dissolve Parliament, triggering the issuing of the election writs and formally beginning Canada's 44th federal election. The campaign was set to last 36 days – the minimum length permitted by law.

Amidst the months of speculation that preceded, the CFNU had been preparing a third-party campaign to highlight the pressing issues and priorities for Canada's nurses' unions in this pandemic election.



In the winter and spring months, the CFNU worked with our partners at Point Blank Creative to develop the campaign plan, design, messaging, and creative and advertising strategy.

"We're already in the next health care crisis," the campaign posited, pointing to Canada's critical nursing shortage and understaffing as the core focus of the campaign. A full suite of graphic and animated ads featured the campaign's stark yet eye-catching palette of yellow, black and bright purple, cast against close-up black-and-white images of health workers' faces.

A campaign landing page at thenextcrisis.ca / aprochainecrise.ca featured an email action targeting federal candidates, calling for action on the nursing crisis and Canada's health care. For those who sent the email, a welcome series of follow-up messages prompted further action, including requesting stories from those who indicated they are health care workers.



A digital advertising strategy was developed to maximize the relatively limited budget available for the paid component of the campaign. The CFNU opted to advertise exclusively in select swing ridings, including 10 CPC-held tight races, and seven NDP- or Liberal-held tight races, with less than 1% lead over the CPC. Within those ridings, Facebook and Instagram ads targeted likely nurses or health care workers and those in the general public who had health care, patient advocacy or union interests/online behaviors.

A parallel government relations strategy was developed internally. In the summer the CFNU developed an issues brief, [*We're Already in the Next Health Care Crisis*](#), outlining key

facts and recommendations for nurses' priorities, which included: supporting nurses, seniors' care, pharmacare, health care funding, child care, Indigenous reconciliation and climate change. This brief was distributed to as many major parties' candidates as possible, based on available information.

CFNU Report

Central parties received letters and a questionnaire from the CFNU seeking information on election health care commitments. The responses to these requests were compiled, along with policy announcements that took place during the campaign, and analyzed. The CFNU once again produced an election platform report card, scoring the four major parties on each priority issue. The report card was released prior to election day, with a new landing page, a more extensive document and a suite of graphic assets for social media. All digital ads started pointing to the report card landing page.

Around the same time, the CFNU began a “get out the vote” component of the campaign. Graphics and social content were shared broadly encouraging nurses and supporters to vote in advance polls or on election day, and to vote for the best health care policies on offer.

News media was notably very receptive to the CFNU’s messaging during this campaign, despite the intense competition for coverage during elections. The CFNU kicked off its election media efforts with several national opinion editorials. A piece on the nursing shortage written by CFNU president Linda Silas was published in late August in the *Toronto Star* in English and *La Presse* in French; a piece on long-term care reform, co-authored with Dr. Pat Armstrong, was also published in the *Toronto Star* in English and *La Presse* in French; and finally a piece on pharmacare, co-authored with Dr. Steve Morgan, appeared in *The Province* in English and *Le Droit* in French.

At the midpoint in the campaign, the CFNU hosted a Facebook Live event just prior to the English-language federal leaders’ debate on September 9. The session featured Dr. Ivy Lynn Bourgeault of the Canadian Health Workforce Network on the topic of health staffing; Danielle Larivee, RN, of United Nurses of Alberta on nurses’ frontline experiences; and Dr. Thara Kumar of Canadian Doctors for Medicare on pharmacare. The discussion was impactful and received 1,900 views.

When the federal election day was set for September 20, the CFNU and MOs moved quickly to change the original date for the day of action from September 22 to September 17. Moving up the day of action allowed for the political impact of the events to most acute.

On September 17, more than 27 in-person events were held. These included a media conference, a car convoy, rallies and numerous community pickets. In addition, virtual actions took place across the country and included flooding social media with images and stories of the nursing shortage, mass phone banking and workplace outreach. The day achieved more than 160 media hits in six provinces. The campaign hashtags achieved more than 1,700 hits on Twitter alone. More than 5,200 people signed up for the day of action through the website.



Pauline Worsfold, RN @PaulineWorsfold · 5m

My RN co-workers who are unable to participate in person @CFNU National Day of Action are [#doneasking](#) @UnitedNurses



CFNU Report

TOGETHER
TOGETHER
TOGETHER
TOGETHER
we got this

The campaign has resulted in significant momentum on the issue of nurse staffing, which should bolster the CFNU's efforts to maintain pressure on the next federal government.

Election results by party	Elected members 2021 (44 th federal election)	Elected members 2019 (43 rd federal election)
Liberal	160	157
Conservative	119	121
Bloc Québécois	32	24
New Democratic Party	25	32
Green Party	2	3
People's Party of Canada	0	0
Other	0	1

Pharmacare

Even if more of CFNU's efforts have been focused on COVID-19 and the nursing shortage, we have continued to apply pressure on the pharmacare file in 2022.

On December 7, we sent a [letter](#) that we initiated and co-wrote with the Canadian Health Coalition, to Prime Minister Trudeau, Minister Freeland, Minister Duclos and Minister Fortier, encouraging the federal government to take bold steps towards implementing pharmacare through the Economic and Fiscal Update and Budget 2022. The main focus was on the deadline to bring essential medicines coverage (which is January 1, 2022, as stated in the 2019 report of the Advisory Council on Implementing National Pharmacare). The letter was timed a week before the Economic and Fiscal Update was released. Unfortunately, there was no mention of pharmacare in the Economic and Fiscal Update, but this wasn't surprising given the fact that the update didn't focus on new spending initiatives. The letter was signed by over 20 organizations and experts.



Linda Silas and NEB at Canadian Health Coalition Pharmacare Rally, February 2023

CFNU Report

The CFNU also participated in information sessions on a proposed framework for a potential pan-Canadian formulary. This is part of the public consultation phase of the work of the pan-Canadian Advisory Panel on a Framework for a Prescription Drug List. The information sessions discussed the expert panel's recommendations for this framework. It represents a small and insignificant step in the government's path toward universal pharmacare. The final report was released in the spring of 2022.

Linda Silas participated in two widely publicized panels on pharmacare, presented as webinars. The first one was put on by *The Walrus*, where Linda spoke alongside pharmacare expert Steve Morgan, seniors' advocate Dr. Samir Sinha, and Durhane Wong-Rieger, president of the Canadian Organization for Rare Disorders. The second panel was put on by the Pearson Centre and included NDP MP Don Davies and Liberal MP Brendan Hanley. Both MPs are members of HESA, and both expressed support for a pharmacare program consistent with what the CFNU has long advocated for. These events helped to further establish Linda Silas as a main authority on the topic in Canada and to engage more individuals about the importance of the issue.

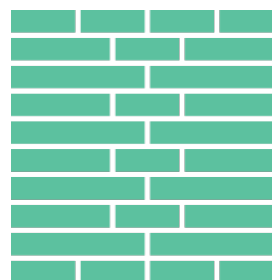
Government and External Relations Officer Tyler Levitan on behalf of the CFNU attended several meetings on pharmacare, set up and led by the Canadian Health Coalition to engage with government officials. Meetings were held with Peter Julian, NDP MP (also attended by Pauline Worsfold); Sean Casey, Liberal MP and HESA chair; Susan Fitzpatrick, head of the Canadian Drug Agency Transition Office; and Michelle Boudreau, Director General at Health Canada responsible for pharmacare.

These meetings were set up after the announcement of the Liberal-NDP confidence-and-supply agreement. This agreement commits the government to continuing progress towards a universal national pharmacare program by passing a *Canada Pharmacare Act* by the end of 2023 and then tasking the National Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan by the end of the agreement in 2025.

With the federal government committing to pass legislation on implementing pharmacare by the end of 2023 – which is one of the central commitments of their confidence and supply agreement with the NDP – there is finally a real opportunity to see some important progress on this long-standing issue.

The CFNU also partnered with the CHC, the CLC and the Heart and Stroke Foundation of Canada to commission a legal opinion on the components the federal government ought to include in their draft legislation. We worked with progressive lawyer Steven Shrybman on the brief. We submitted it to senior officials at Health Canada who are leading on this file, as well as with other relevant government officials and our pro-pharmacare allies in the federal NDP.

Since the spring, Tyler has been representing the CFNU on strategic lobby meetings with senior government officials, alongside our key allies Steve Staples (CHC), Joel Lexchin (CHC), Elizabeth Kwan (CLC), and Sarah Ryan (CUPE). This has helped us to maintain our pressure on the government to live up to its commitments on pharmacare.



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Stakeholder meetings

Given the heightened attention that pharmacare will receive in the months ahead with the commitments surrounding it in the Liberal-NDP confidence and supply agreement, and the changing economic realities for individuals and households since our last poll on pharmacare pre-COVID (and pre-massive spike in inflation), it would be helpful to assess how Canadians and Canadian households are managing with accessing prescription medicines, and what their views are of universal public pharmacare. We could also compare it to the data obtained from 2019 through our last poll, commissioned by Environics and conducted alongside the Heart and Stroke Foundation of Canada. Our allies in the CHC, CLC, Heart and Stroke and the NDP have agreed that a new poll would be helpful in shaping discourse on this issue at a vital strategic moment in this campaign's history.

The CFNU commissioned Environics to conduct polling on universal pharmacare. A total of 1,503 respondents completed the survey conducted online between January 18 and 24, 2023. Released in February 2023, key findings included the following.

- 87% of people in Canada support implementing a national pharmacare program to provide equal access to prescription drugs for everyone in Canada.
- 86% of people feel the federal government has a responsibility to ensure everyone in Canada has prescription drug coverage.
- 25% of all households pay more \$500/year on prescriptions. Meanwhile 10% pay more than \$1000/year.
- 34% report being less able to afford prescription medication due to inflationary pressure.
- 22% of households have at least one person who feels trapped in their current job because they fear losing their drug coverage.

Agency nurses/Auditor General

The CFNU wrote a letter to the Auditor General of Canada Karen Hogan in April 2022, requesting she conduct a review with auditors in every province to determine if recruitment and retention of staff nurses are being undermined by the higher wages that contractors get since public funds are being increasingly used for private agency nurses. This problem exists across Canada. The Auditor General of Canada declined our request at this time, but Ontario's Auditor General did reach out to the CFNU to arrange a meeting. Linda Silas and Angela Preocanin met with AG Bonnie Lysyk on June 6 to discuss the issue further.

The CFNU has developed a survey of nurses who are working for temporary agencies either as their full-time job or in addition to their work in the public system. It was released during the week of May 9 for a two-week duration.

The CFNU released an updated position statement on agency nursing in September 2022 with the following recommendations.

- The federal government work with the provinces and territories to determine spending on agency nurses, including disclosure of total dollars spent, average pay rate, numbers utilized, changes in pay over the past five years, and how this data compares between health care sectors, including hospitals, long-term care and home care.
- The federal government work with the provinces and territories to investigate and determine the value Canadians are receiving for the monies spent on agency nurses.

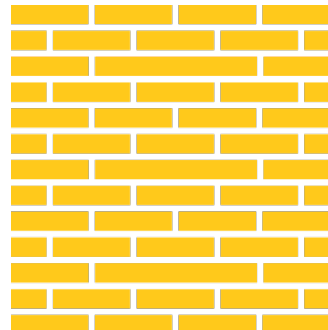
CFNU Report

- The federal government work with the provinces and territories to limit how much hospitals can spend on agency nurses.

Federal government response to HESA *Violence Facing Health Care Workers* report

In June 2019, the HESA report recommended that the federal government undertake the following actions.

- Establish pan-Canadian framework to prevent violence in health care settings, which would include promoting the adoption of best practices in violence prevention across the country – to be developed in partnership with the provinces and territories;
- Develop a national public awareness campaign to highlight the violence faced by health care workers and the valuable role health care professionals play in providing care to Canadians;
- Amend the *Criminal Code* to require a court to consider the fact that the victim of an assault is a health care sector worker to be an aggravating circumstance for the purposes of sentencing;
- Provide funding to the Canadian Institute for Health Information to develop standard definitions and terminology in relation to workplace violence in health care settings and collect national standardized statistics in this area;
- Work with the provinces and territories to address staffing shortages in health care settings; and
- Provide targeted funding to upgrade long-term care facilities and other health care infrastructure to better meet the needs of patients.



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**Meetings with
Federal MPs and
government**

The Standing Committee on Health undertook a study of Canada's health workforce in seven meetings beginning on February 16, 2022, and wrapping up on May 16, 2022. Linda Silas was among two dozen witnesses who appeared before the committee to testify on the challenges faced by nurses and other health care workers due to the lack of appropriate health human resources planning across the country. The CFNU submitted a brief to the committee. These include providing federal funding for innovative retention and recruitment programs targeted at early-, mid- and late-career nurses, as well as sustainable ongoing funding to ensure that all nurses and health care teams have access to mental health supports. In the longer term, we called for the federal government to establish a dedicated coordinating body to address critical health workforce data gaps and recommend strategies based on best practices in health workforce management.

Update on federal standards for long-term care (LTC)

For years, as health care advocates sounded the alarm regarding the deplorable conditions faced by residents in long-term care facilities, their warnings largely fell on deaf years. It wasn't until the onset of the COVID-19 pandemic and the deployment of the Canadian Armed Forces troops to long-term care homes in Quebec and Ontario, along with countless news stories about the suffering and deaths of residents, that most Canadians and our political leaders took note of.

In the 2020 Fall Economic Statement, the Government of Canada first introduced a commitment of up to \$1 billion for a Safe Long-term Care Fund. The fund was designed to help provinces and territories protect residents in long-term care and support infection prevention and control measures. Funding would be contingent on a detailed spending plan, allocated on an equal per capita basis, and conditional on provinces and territories demonstrating that investments have been made according to those spending plans. The federal government also prescribed that the provinces and territories would be able to use this funding to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation and hiring additional staff or topping up wages.

This was followed up in the federal 2021 budget, with the governing Liberals introducing a sweeping pledge to transform long-term care and implement standards to ensure that the tragedy that we witnessed during the pandemic would never repeat itself.

The development of LTC standards would take two parallel tracks: one track dealing with evidence-based best practices to provide safe, reliable and high-quality care for residents and support a healthy and competent workforce, which would be led by the Health Standards Organization (HSO); and another track dealing with the operation of long-term care facilities and infection prevention and control.

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, which was tasked with leading the work of developing a new HSO standard. In May 2021, the CSA Group announced Dr. Alex Mihailidis of the University of Toronto and CEO of AGE-WELL as the chair of its technical subcommittee on long-term care homes.

CFNU recommendations for LTC

- Federal seniors' care legislation to bring long-term care into the public system and regulate it in accordance with the principles of the *Canada Health Act*;
- A pan-Canadian framework of enforceable national standards for long-term care, creating conditions for obtaining federal funding;
- Eliminating for-profit business from the long-term care sector, with a moratorium on private sector ownership going forward and the gradual transition of existing long-term care facilities from private to public (or not-for-profit) ownership;
- Requiring appropriate health and safety protections for workers, and staffing levels permitting a minimum of 4.5 hours of direct care per resident each day, with a minimum of 45% of this care provided by licensed nurses and at least one RN per shift. Where resident acuity is higher, staffing should be increased accordingly;
- Providing full-time jobs, and matching wages and benefits for long-term care workers to the value of the work they perform; and
- Administering long-term care insurance (LTI) through the Canada Pension Plan and Quebec Pension Plan – which would support a continuum of services from home care to institutional long-term care – as similarly exists in Germany, Japan and the Netherlands. For those with a limited work history, an LTC benefit would be added to Old Age Security/Guaranteed Income Supplement payments.

CFNU Report

Stakeholders are concerned about how the new HSO and CSA group standards will be enforced. It is unclear if enforcement will take place through the Liberals' proposed *Safe Long-Term Care Act* or some other mechanism.

Mental Health Support for Nurses

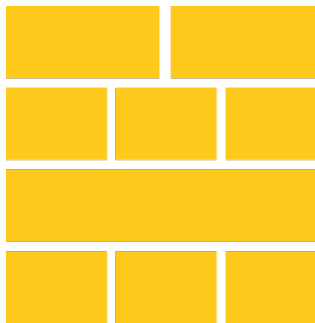
The CFNU has continued to work with Wellness Together Canada on programming tailored for health care workers. Our team of nurses – Pauline Worsfold (UNA), Barb Abele (SUN) and Barb Campbell (UNA) – have worked alongside Tyler Levitan and Carol Reichert on co-design work with both MindWell and Togetherall, which are two programs available under the Wellness Together Canada portal.

Togetherall is a virtual peer-to-peer support community that allows for supportive forum discussions monitored 24/7 by mental health professionals. It also includes online courses and articles on topical mental health issues to help deepen knowledge and spur further discussion through the platform. The CFNU has participated in a co-design process with the Togetherall team with the aim of creating several deliverables, including one co-designed self-directed course, two articles and nurse-specific peer-to-peer subgroups within their system.

MindWell offers mindfulness workshops and other educational materials to help manage stress, anxiety and other mental disorder symptoms. The CFNU also 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.

The CFNU has been calling for federal government funding toward mental health supports for nurses, consistent with the supports the government has provided over the years for public safety personnel (PSP). We have been lobbying Dr. Bennett's (Minister of Mental Health and Addictions) office to help us secure funding toward expanding PSPNET for nurses, which is the successful internet-delivered cognitive behavioural therapy program run out of the University of Regina. We recently received news that the Public Health Agency of Canada will be able to provide funding toward tailoring this program for nurses and will help us secure funding toward piloting the program in a single province to start (following the approach taken with PSP, in which the program was initially piloted in Saskatchewan and has since expanded to several more provinces).

As part of the federal government's support for a variety of mental health programs for frontline workers, they provided funding to a program called Before Operational Stress, which initially was focused only on PSP, but has since tailored parts of their materials to health care workers and has a mandate to provide their services to health care workers. The CFNU is able to work with interested Member Organizations to ensure this service is accessible to our members across the country. The program is supported by the work of Dr. Nicholas Carleton, whom the CFNU commissioned to conduct research and produce a report on nurses' mental health, which we released in 2020.



**CFNU network
meetings**

Federal patient safety act

Lawyer Steven Shrybman prepared a legal opinion for us on December 14, 2022, to explore the political and legal feasibility of a federal patient safety act, through which safe nurse-to-patient ratios could be mandated across Canada. Mr. Shrybman concluded that anything resembling legislated nurse-to-patient ratios would fall strictly within provincial jurisdiction.

However, he did determine an important role for the federal government to play in creating far greater transparency and a measure of accountability for the provinces and territories around their administration of hospital services under the *Canada Health Act*, and more specifically, nursing care.

Mr. Shrybman proposes the federal government introduce a regulation into the *Canada Health Act*, which it has the authority to do without the consent of the provinces and territories, that would require the provinces and territories to report on the state of nursing care in their respective jurisdiction. Such a regulation could require the provinces and territories to monitor and report on the number of nurses licensed to practice in their jurisdiction and the number of nurses required to ensure reasonable access to hospital care. It would require them to report on the actions being taken and planned to ensure reasonable access to care, which is a condition for funding under the *Canada Health Act*.

Each year, the federal health minister tables a report in Parliament, which is supposed to assess the extent to which the provinces and territories are meeting the conditions of the *Canada Health Act*. Unfortunately, the federal government has not taken this statutory obligation seriously and has accepted very limited reports from the provinces and territories on this issue. Therefore, a regulation that details the specific reporting needed for the interests of transparency and accountability of federal health funding is necessary.

Our government relations team has met with senior officials in Minister Duclos' office and the Prime Ministers' Office to brief them on the legal opinion. We are pushing for a meeting with the Prime Minister directly to discuss the legal opinion as well, and the relevance to the ongoing debates and negotiations surrounding federal health funding and the need for greater accountability and transparency.

On March 10, 2023, Canada's Health Minister Jean-Yves Duclos sent letters to all provincial and territorial health ministers, sharing concerns about increased reports of patient charges for medically necessary services. Duclos warned that provinces and territories will face clawbacks in federal funding if said funding is used to expand for-profit health care delivery.

Paid plasma

The CFNU made a written submission on December 14, 2021, to the CBS Stakeholder Engagement for Securing Canada's Plasma Sufficiency for Immunoglobulin. Pauline Worsfold represented the CFNU in the stakeholder engagement dialogue session held on January 19, 2022. The CFNU offered our support for the recent opening of stand-alone plasma collection facilities operated by CBS, and deplored the expansion of the for-profit plasma collection industry in Canada, which poses a threat to our security of supply of immunoglobulin.

CFNU Report

The CFNU is helping to facilitate work toward the CHC project that we co-funded with them, which explores the federal government's legal responsibility on the issue of for-profit plasma collection centres. This legal review is ongoing, and the fight continues.

Climate Action webinar/workshop

Following a CFNU resolution in 2019, we have been supporting the work of Dr. Courtney Howard and others to help influence the federal government's position ahead of the next large international climate gathering (COP26 in Glasgow, November 1-12, 2021). The goal is to obtain a ministerial-level commitment to low-carbon sustainable health systems alongside other countries in time for COP26.

Resolution #3 – Nursing and Climate Change

BE IT RESOLVED that the CFNU and its Member Organizations recognize within their position statements that climate change is a global crisis and health emergency;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations support sustainable health care practices in hospitals and community facilities to reduce greenhouse gas emissions in health care settings;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations engage with community stakeholders, such as the Canadian Labour Congress, in initiatives and campaigns that raise the public's awareness about the serious health implications of climate change;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call on the federal government and provincial governments to undertake the necessary policies to meet Canada's obligations under the United Nations Framework Convention on Climate Change (the Paris Agreement), including scientifically based and enforceable reductions in greenhouse gas emissions causing climate change.

This is a reminder that the CFNU and the Canadian Association of Nurses for the Environment (CANE) presented a webinar on nurses and climate change on Earth Day, April 22, 2021, and that the material can be modified to serve as a workshop for any of our Member Organizations. A link to the webinar, which was presented through Facebook Live, can be found here: https://fb.watch/7N_x3ZkCOL/

The CFNU commissioned CANE to develop a *Nurses Climate Action Toolkit*, which we co-branded with them and are presenting to our members at our 2023 biennial convention.

CANE is building upon the draft toolkit developed by CFNU's summer student. The toolkit is intended to be used by frontline nurses to take action and influence health care decision-makers to promote sustainability at all levels of health care delivery.

The goal of the toolkit is to provide nurses the resources required to be leaders in health care sustainability within three spheres: individual, unit and facility. The toolkit will help nurses influence sustainable changes for individual nurses carrying out daily tasks, for units within a facility and for health care facility decision-makers. The toolkit also provides a list of available resources from a variety of expert sources.

The content was developed and written in short and digestible pieces tailor-made for designing into an accessible, attractive and easy-to-read resource. We provided feedback on draft content to CANE, and a graphic designer we work with ensured an aesthetically appealing and user-friendly experience for print and digital formats.

We helped initiate a letter targeting Health Minister Jean-Yves Duclos, and Environment and Climate Change Minister Steven Guilbeault, ahead of the latest international climate gathering – COP26 – calling on Canada to commit to building a low-carbon and climate-resilient health system, along with other countries who made that commitment. This letter led to the government’s decision to sign on to this commitment at COP26, which is a great step forward.

The CFNU has co-sponsored a series of post-COP26 events led by Professor Fiona Miller of the Centre for Sustainable Health Systems at the University of Toronto, that explore efforts to advance climate-resilient and low-carbon health systems. The kick-off event was on January 31, featuring Dr. Courtney Howard and Dr. Nick Watts. The CFNU helped to promote this through our social media channels.

4. RESEARCH

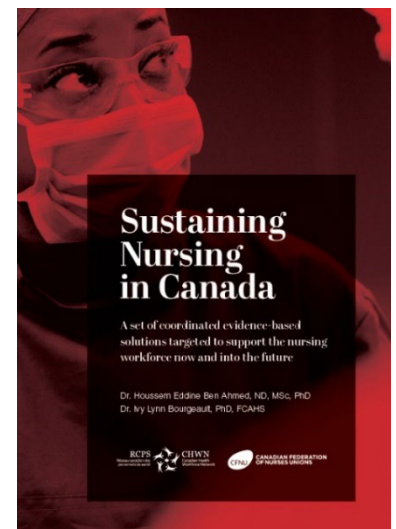
Sustaining Nursing in Canada: A coordinated set of evidence-based solutions targeted to support the nursing workforce now and into the future

In the CFNU's new report, we partnered with health policy and workforce planning expert Dr. Ivy Bourgeault and her team. In the clearest terms, we present the magnitude of the situation and the known solutions to address it. Retaining our experienced nurses will ensure the highest quality of care; returning nurses who have left will bolster our ailing workforce; recruiting and training the nurses of tomorrow will prepare us to meet future needs. Further, the collection and effective use of data will provide the roadmap to avoid recurring and drastic nursing shortages.

Immediate action is required to stop the bleed – we need to retain our current workforce to halt the closing of health services across Canada. We need to stem the increasing threat of privatization which diverts health human resources to the privileged at the expense of everyday Canadians. Health care employers, for their part, must create workplaces conducive to the well-being of workers and patients.

We call on federal and provincial/territorial policy leaders and elected officials to assess their current challenges and to immediately implement some of the targeted solutions outlined in this report.

I would like to personally thank the CFNU team, including Carol Reichert and Paul Curry, the advisory committee on this project, Barbara Brookins, Bridget Whipple, Judith Grossman, Lora Sliman, and the authors, Ivy Bourgeault and Housseem Eddine Ben Ahmed. I reserve my strongest gratitude to every working nurse for their commitment to Canadians and our health care system. Together we can and will do better.



CFNU Report

Viewpoints poll 2023



As the health staffing crisis rages on, the survey shows an alarming number of nurses are looking for the exit sign. Four in 10 nurses are intending to retire, leave their jobs or leave the nursing profession entirely. Most concerning for the long-term sustainability of our health care system, one third of early-career nurses report intention to leave.

- Seven in 10 mention insufficient staffing levels and high workload as top reasons why they are considering leaving workplace.
- 66% say they regularly work short-staffed.
- Nine in 10 nurses have experienced some form of abuse at work in the last year.
- 73% of nurses report symptoms of anxiety and depression.

- 44% of early-career nurses regret their career choice.

In good news, most nurses said they would stay in the jobs if granted guaranteed days off (46%), paying less tax (45%) and scheduling changes/greater flexibility in scheduling (43%).

The Canada-wide survey of 4,820 nurses was conducted by Viewpoints Research from January 16 to February 12, 2023. More comprehensive details on the survey results can be found on CFNU's page [What Nurses Are Saying](#).

Internationally educated nurses (IENs) and World Education Services (WES)

While the federal government's main focus must remain on retention, return and recruitment initiatives to address the nationwide shortage of nurses and other health care workers, the CFNU is committed to exploring innovative solutions that can help alleviate the current crisis.



Our team is taking steps to meet with officials from Immigration, Refugees and Citizenship Canada in the near future to discuss the utilization and integration of internationally educated nurses (IENs) and internationally educated health professionals (IEHPs) more broadly. IENs and IEHPs play a vital role in Canada's health care system, yet nearly half of these skilled professionals are unemployed or underemployed.

We intend to follow up the staff level discussion with an official meeting with Immigration Minister Sean Fraser to discuss the federal government's allocation of \$115 million toward this issue in Budget 2022, along with the scope and the limitations of existing data on IENs, and where improvements can be most impactful.

Canadian Cancer Society's workplace cancer research



In February 2022, the CFNU committed to supporting a new Canadian Cancer Society's research initiative. We have been advised that to-date they have over \$377,000 committed from various labour unions. In addition to support from the CFNU, contributions have been received from NUPGE, Unifor, CLC, LIUNA, UFCW, USW, District 6, PSAC and CUPE.

They are now in the process of approaching provincial workers compensation boards requesting them to match the dollar commitments made by labour. To-date they have initiated discussions in Manitoba, Saskatchewan and Ontario. Additionally, they are also in discussions with the International Association of Fire Fighters.

3

CFNU Publications

Our understanding is that once they reach the \$500,000 threshold of commitments, they will be able to proceed with their call of research proposals.

A labour advisory council has been established for the project, and the CFNU is represented on it.

Hours of work RFP

Canada is mired in a critical shortage of nurses. This crisis is reflected in a myriad of issues, including inadequate staffing, excessive workloads, mandatory overtime, toxic workplaces, endemic violence and burnout. These challenges, compounded by the pandemic, set the stage for long work hours. The CFNU has heard from frontline nurses that it is not uncommon for nurses to work well over 12 hours in a 24-hour period. These excess hours of work pose serious concerns around nurse fatigue, which in turn increases risk in medical errors and has implications for patient outcomes. These issues also impact the retention, return and recruitment of nurses.

The CFNU seeks to prepare report(s) that would provide recommendations on safe nursing work hours. This would draw on existing evidence reported in the literature, jurisdictional approaches, and the insights of nurses and subject matter experts.

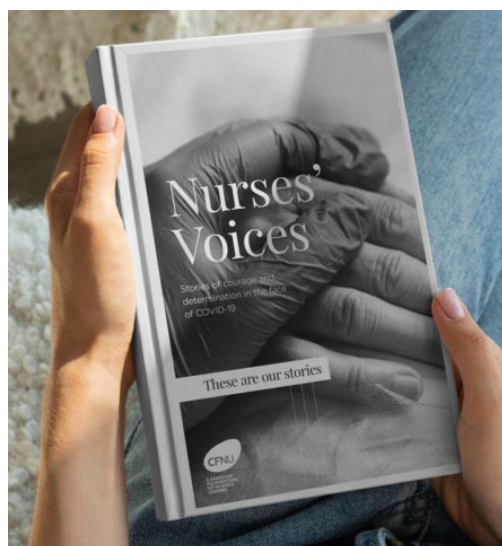
5. COMMUNICATIONS

Nurses' Voices book with rabble.ca

Nurses' Voices: Stories of courage and determination in the face of COVID-19 was published in June 2022. The book recounts the experiences of more than 27 nurses, including our current CFNU NEB members Pauline Worsfold and Tracy Zambory.

The book includes feature-length articles detailing nurses' experiences during the pandemic along with a detailed account of Canada's response to COVID-19 and is available to download for free here:

<https://nursesunions.ca/cfnu-releases-book-about-nurses-experiences-during-the-covid-19-pandemic/>



6. ALLIED ORGANIZATIONS

CLC Convention May 8-12, 2023

The CFNU have submitted eight resolutions to the CLC:

1. Make 2023 the year of pharmacare
2. No to violence against health care workers
3. ILO convention C190 – workplace violence and harassment
4. Care economy
5. Income security and secure pensions for all
6. Say a categorical NO to privatization of health services
7. Yes to increase in federal health transfers with the strongest accountability conditions possible
8. Time for labour to repeat the call to action for a health workforce agency

Due to the uncertainty of whether the CLC will place sanctions on the CFNU, we will only be sending the NEB as delegates to the CLC convention.

CFNU Report

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CLC Convention June 16-18, 2021

CANADIAN LABOUR CONGRESS
CONGRÈS DU TRAVAIL DU CANADA



29TH CONSTITUTIONAL CONVENTION
29^E ASSEMBLÉE GÉNÉRALE

Nearly 4,000 delegates from across Canada participated in the Canadian Labour Congress' 29th Constitutional Convention. Hosted entirely online on a state-of-the-art platform, the CLC's first ever virtual convention was held over three days. Delegates debated issues, including pharmacare, the creation of good jobs and how to ensure a strong COVID-19 pandemic recovery plan that addresses racial and gender inequities. Delegates quickly adapted to the virtual environment and engaged in lively debates, heard from powerful pre-convention speakers and panelists, and held a leadership election entirely through the secure online voting platform. The event was a resounding success and opened many doors for future events through the use of accessible technology.

A long-time UFCW leader from Manitoba, Bea Bruske, was elected as the CLC's president. She replaced retiring president Hassan Yussuff, who has held the position for two terms, spanning the past seven years.

Lily Chang was elected to replace outgoing secretary-treasurer Marie Clarke Walker. Newly elected executive vice-president Siobhán Vipond replaces outgoing executive vice-president Donald Lafleur. Larry Rousseau was re-elected to Executive Vice-President.

ICN Congress, Montreal, QC, July 1-5, 2023

Abstract themes

1. Nursing leadership: shaping the future of health care
2. The critical role of nurses in emergency and disaster management
3. Driving the professional practice of nursing through regulation and education
4. Improving the quality and safety of health care delivery
5. Advancing nursing practice: pushing the boundaries
6. Growing and sustaining the nursing workforce
7. Promoting and enabling healthier communities
8. Addressing global health priorities and strengthening health systems



MONTREAL
ICN CONGRESS
1-5 JULY 2023
Nurses together: a force for global health

The CFNU is hosting a symposium on July 3, 2023. The theme is "Taking action to achieve action."

Linda Silas will be a keynote speaker at the ICN panel "Growing and sustaining the nursing workforce" on July 2, 2023.

CFNU Report

United Nations Commission on the Status of Women



The 65th session of the Commission on the Status of Women took place from 15 to 26 March, 2021. In light of the evolving COVID-19 situation, and taking into account the latest guidance from the

United Nations Secretary-General and the World Health Organization (WHO), CSW65 took place in a hybrid format with mostly virtual meetings.

The 66th session of the Commission on the Status of Women took place from 14 to 25 March, 2022. Due to the continued impact of the COVID-19 pandemic, CSW66 took place in a hybrid format. All side events and parallel events were fully virtual. The theme was achieving gender equality and the empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes.



The 67th session of the Commission on the Status of Women took place from 6 to 17 March, 2023. Every year, the Commission sets a priority theme for its discussions and reviews the agreements of the previous CSW session. This year's priority theme is "Innovation and technological change, education in the digital age for achieving gender equality and the empowerment of all women and girls". The review theme is "Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls". Both themes hold particular interest for trade union delegates, and we will be working hard to bring our perspective forward and to build support for our priorities.

Linda Silas and Janet Hazelton (official delegates) attended with CLC delegation this year.

7. PANDEMIC RESPONSE

COVID-19



In the last year, meetings with the PHAC have largely focused in recent months on a communications strategy to ensure full vaccination of Canada's population. The CFNU will continue to work with the PHAC moving forward. We have signalled to the Health Minister that should any inquiry be held into the pandemic, nurses must be actively engaged in this initiative. The PHAC has indicated it may be interested in embracing one of the main recommendations from CFNU's report *A Time of Fear* that occupational health and safety expertise be entrenched as part of the PHAC, modelled on the U.S. National Institute of Occupational Safety and Health (NIOSH) (which is a branch of the CDC).

A number of position statements were created and/or revised as public health measures were lifted to address Canada's COVID-19 fourth wave. They can be found at:

<https://nursesunions.ca/covid19/>

Art project

In early 2022, the CFNU commissioned Canadian artist Kris Knight to produce an artwork that captured nurses' indomitable spirit during COVID-19. The painting, titled *Embrace*, was received ahead of National Nurses' Week, along with 50 limited-edition prints. It has received overwhelmingly positive attention on social media; on Facebook alone, the painting received 80,000 impressions, 30,000 of which was organic. It also received 1,000 reactions and more than 200 shares. Additionally, close to 800 people also clicked through to CFNU's press release to find out more about the painting. Plus, the United Nurses of Alberta reproduced the painting on their news bulletin cover!



The CFNU is currently looking at options to transfer the painting into a public collection to ensure that it can be appreciated by a broader public and properly preserved as an important piece of history.

CFNU Report

9. CONCLUSION

Pauline Worsfold has served as CFNU's Secretary-Treasurer since 2001. She is tireless, and I cannot imagine the CFNU without her. I am so happy for her and wish her all the best in retirement, but I know I will miss my friend and co-conspirator greatly. I want to thank Pauline for all that she has done for nurses and for the CFNU. We are stronger because of her contributions, and we are all eternally grateful. Merci!

I want to also extend a big thank you to our CFNU team in Ottawa: Jolanta Scott-Parker, Julien Le Guerrier, Tyler Levitan, Arun Shrichand, Adella Khan, Charlie Crabb, Carrie Steeves, Kathy Stewart, Oxana Genina, Holly Drew and Emily Watkins.

Thank you to the CFNU's National Executive Board for your collaboration and wise council. Working together has been what has grown the CFNU to the powerhouse it is today. Staff from our Member Organizations lend us their skills and expertise and greatly enrich the work we do – thank you!

With the honour of serving as CFNU's President for the last twenty years (!), I can safely say these past few years have been some of the most difficult for nurses and nursing leaders across the country. The pandemic was unbelievably hard on our members and all health care workers, and we are facing even worsening working conditions and dire staffing shortages. I am more committed than ever to see change, and I know that **TOGETHER WE GOT THIS!**

Nurses and nursing care should be seen as an investment into the nation's health – with healthy people as a return on investment.



Have a great Convention!

In Solidarity always,

Linda Silas



CFNU President Linda Silas and Secretary-Treasurer Pauline Worsfold beside the Fearless Girl statue in New York City

Long-Term Bargaining Goals

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Introduction

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

Nurses' unions across Canada continue to battle the critical nursing shortage; reductions in hours resulting from the deletion and/or substitution of nurses, or increases in part-time/casual work; inadequate and unsafe staffing levels; the erosion of nurses' professional authority; and workplace health and safety issues – which are all causing record levels of burnout and nurses wanting to leave their permanent positions. In addition, we continue our efforts to defend and expand our federal social safety network, including a publicly funded universal health care system.

Long-term bargaining objectives

A Pay and benefits

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

B Retention, return and recruitment

- 1) Retaining our experienced nurses will ensure the highest quality of care. Putting focus on returning nurses who have left will bolster our ailing workforce. Recruiting and training new nurses with strong financial support will demonstrate our commitment to best practice HHR management.
- 2) Nurses should be enrolled in jointly trustee defined-benefit pension plans which, in addition to any government retirement benefits, provide secure, predictable and adequate retirement income.

Long-Term Bargaining Goals

- 3) In order to retain experienced nurses for as long as possible, unions should negotiate provisions that allow nurses to work fewer hours without negatively affecting their pension benefits such as phased-in retirement concepts or individual special circumstance arrangements.
- 4) Unions will work with all levels of governments to identify tax benefits that will motivate nurses who are placed in an overtime situation and those who return to the workplace from retirement, i.e. examine pension plans rules and/or deferred salary options.
- 5) Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
- 6) The unions should negotiate late-career initiatives to retain nurses close to retirement, such as permanent mentor programs, which at the same time support student nurses, new graduates or newly licensed internationally educated nurses.
- 7) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurse employees, which support their nursing development in a safe and enriching environment. Undergraduate student nurse employees should be mentored by experienced nurses and assigned work that is commensurate with the demonstrated skill level of the student.
- 8) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical component of their educational program.
- 9) Employers should provide work opportunities, equipment (e.g., electric lifts) and human resources (e.g., porters) that address the needs of nurses and will encourage them to participate in the workforce longer.
- 10) Unions should negotiate contract language which reduces the reliance on casual workforce and promotes the establishment of appropriate levels of permanent employment.
- 11) Unions should negotiate contract language that promotes a work-life balance and promotes physical and psychological well-being.
- 12) Unions should negotiate family and personal leave, child and elder care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.
- 13) Unions should negotiate provisions that promote portability and recognition of service and seniority.
- 14) To incent nurses to start and continue rural and remote nursing, unions should negotiate provisions such as tuition reimbursement, or travel, accommodation and remote living allowances.

Long-Term Bargaining Goals

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C Safe staffing and quality patient care

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

D Professional practice concerns

- 1) Nurses have a right to refuse to practice in violation of their professional standards. Collective agreements should recognize more decision-making autonomy for nurses.
- 2) Nurses have a right to refuse any overtime if they feel unsafe personally or professionally to do it, such as not being oriented to the specific type of clinical area, or excessive hours of work.
- 3) 24-hour shifts and mandatory overtime shall be banned, unions will work with governments to establish safety laws similar to those for pilots and truck drivers.
- 4) Unions should negotiate contract provisions for joint union-management nursing advisory committees with equal management and union nurse participants at each worksite. Independent professional responsibility practice committees/ panels should have jurisdiction to make binding decisions.
- 5) Unions should negotiate collective agreement provisions that promote high-quality practice environments. Such measures would include a ban on situations in which the

Long-Term Bargaining Goals

demand for care exceeds the ability to provide it (e.g., hallway nursing, or the assignment of patients/residents/clients without appropriate safe staffing levels, or their admission to inappropriate care environments).

E Education for nurses

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

F Health and safety

- 1) All employers should implement and enforce policies aimed at eliminating physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students. Contract provisions must be negotiated which recognise workplace violence as an occupational hazard and establish standards which provide enforcement mechanisms, including the grievance procedure, when the standards are breached. Employers shall support/encourage nurses who contact the police to press charges as described in the Bill C-3 (*An Act to amend the Criminal Code and the Canada Labour Code re. offence committed against a health care worker*).
- 2) Unions will work with every level of government to include nurses in presumptive legislation about psychological injury at work.
- 3) Paid leave of absence provisions should be negotiated to protect nurses who are victims of domestic violence.
- 4) Nurses lose more time away from work because of avoidable illnesses and injuries than any other occupation. Unions should negotiate clauses which promote both physical and psychological health and safety, including appropriate personal protective equipment (PPE), safety engineered devices and training.
- 5) Unions should negotiate collaborative return-to-work programs that gradually and safely return nurses to work. Unions should negotiate contract language which provides clauses to enforce duty to accommodate provisions for disabled nurses, which includes nurses suffering from mental illnesses, including but not limited to PTSD and addictions.
- 6) Unions should negotiate provisions that ensure meaningful participation in emergency and pandemic planning while protecting the integrity of our collective agreements, including mandatory consultation in regards to protocols and procedures that impact the health and safety of nurses caring for patients with communicable diseases, and establishing a fund to ensure that nurses experience no loss of income – e.g., for self-isolation.
- 7) Comprehensive communicable disease prevention/vaccination strategies should be negotiated.

Long-Term Bargaining Goals

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G Union security

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

H Diversity in areas of work

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

I Truth and Reconciliation Commission of Canada

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

Approved June 6, 2003, at the 11th Biennial Convention

Reviewed February 6, 2023

International Solidarity Report

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Report of the International Solidarity Committee

Respectfully submitted by:

Tracy Zambory, SUN, Chair

Barbara Brookins, PEINU

Yvette Coffey, RNUNL

Angela Preocanin, ONA

The International Solidarity Committee meets twice each year in conjunction with the National Executive Board meetings. In between board meetings, teleconference meetings are also held when required.

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

Our fund directs support in three primary areas: Humanitarian, Worker to Worker and Capacity Building.

Included in this report are the financial statements for the Fund for the years 2021 and 2022.

Humanitarian

Stephen Lewis Foundation

The CFNU has, since 2017, had an ongoing relationship with the Stephen Lewis Foundation, directing support to their efforts in Africa to stem the spread of HIV/AIDS and, in particular, to support the work of nurses and other health care workers in their efforts. The Foundation does this work through support of community partner organizations on the ground. Over the years the dollar amount of our support, and the focus of its investment, has varied, but our commitment to supporting the community partners of this well-established Foundation has remained.

COVID-19 has put immense pressure on the already overstretched and under-resourced health systems of countries across sub-Saharan Africa. It laid bare the limitations and vulnerabilities of more traditional health facilities, and has heightened the need for more decentralised health responses. Community-based organizations have the established networks of care and trust required to reach the most marginalized community members. Their depth of experience in responding to the AIDS pandemic grounds the expertise, agility and creativity with which they are responding to the ongoing COVID-19 pandemic.

International Solidarity Report

SLF partners directly and indirectly impact the health and well-being of tens of thousands of people in their communities, and promote access to life-saving vaccines. The CFNU is proud to support this work.

The Stephen Lewis Foundation has provided us with a short report included in this package.

Doctors Without Borders/ Médecins Sans Frontières (MSF)

Since 2019, the CFNU has committed some of our humanitarian funds toward the work of Doctors Without Borders / Médecins Sans Frontières (MSF).

MSF provides medical assistance to people affected by conflicts, epidemics, disasters or exclusion from health care. Their teams are made up of tens of thousands of health professionals, logistic and administrative staff. MSF has a great deal of expertise in responding to medical and humanitarian emergencies, and their presence on the ground around the globe puts them in an excellent position to respond rapidly. Rapid and effective response to emergencies is at the core of their work.

Over the last two years their work has taken them to: Ukraine, where MSF staff have been working around the clock to provide assistance for people affected by the ongoing war; to Pakistan, where more than 33 million people were affected by unprecedented flooding that left more than one third of the country under water; and to Turkey and Syria, where teams were already on the ground and able to respond quickly to provide emergency services after the earthquakes.

Capacity Building

This portion of our fund is typically used to support the organizing and mobilizing efforts of sister unions or labour organizers around the world. We are proud to be able to support our sisters in the global south as they work to organize and mobilize. This support is often offered or requested through our partners at Global Nurses United.

Worker Exchange

The CFNU is proud to be able to provide small grants to our members in support of their efforts to contribute to medical delegations and community service trips in the global south. These grants are approved in advance of travel – and paid out when the member has completed their trip and upon submission of a report. One report is included below.

Applications for support must be received by December 31 for travel in the following year, which is a critical requirement that must be met.

With less than usual travel in 2020, 2021 and 2022, we have not been able to provide as many of these grants as in the past – but we are welcoming applications again and look forward to providing some support to members in 2023 and beyond.

International Solidarity Report

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Antigua, Guatemala

August 2022

I am so thankful to receive this donation from the CFNU's International Solidarity Fund in support towards my mission to Antigua, Guatemala.

Our journey began on a Sunday morning when me and the team arrived in Antigua. On this day we went to the hospital, where we began to organize the operating rooms and the recovery room while preparing for our triage day. Triage day includes the patients seeing our nurses, anesthesiologists and surgeons – obtaining a physical assessment and health history – deeming them successful candidates for surgery. By the end of the day on Sunday, we were able to triage 60 patients for our team. We had another large group with us who were performing surgeries the same week. In total we did over 100 surgeries collectively. Each day we managed to perform about 10-12 surgeries with my team and about 25 surgeries a day as a large group, working 12-hour days. By the end of the week all our patient surgeries were completed, and all the patients were doing well. In addition to the surgeries performed, 400 people had vision exams and received glasses when needed, dentistry was on site, and we worked along Guatemalan surgeons to perform cleft lip and palate repairs to approximately 35-40 kids.



By participating in this surgical mission, I can reinforce my appreciation for all the positives offered from the Canadian health care system. It makes you feel good inside when you can help these less fortunate people, knowing that you changed their quality of life. It also shows what you can do with efficient teamwork, while working with minimal resources, that we can still provide optimal care to our patients. Our patients are very grateful to us for

our work in Guatemala. It is a truly heart-warming experience. :)

I cannot wait to go back to Guatemala to help more people!

Thank you again for the ongoing support! I am truly humbled for your generosity.

Tiffany Boudreau RN
Nova Scotia Nurses' Union (NSNU)

International Solidarity Report

International Solidarity - As of December 31, 2021			Budget
	2021	2020	2021
Opening Fund Balance - December 31	141,065.63	152,622.86	141,065.63
Revenue			
SUN	6,000.00	1,000.00	
NBNU	4,100.00	200.00	
NSNU	6,000.00	2,000.00	
RNUNL	5,300.00	1,500.00	
UNA	3,000.00	3,000.00	
MNU	-	300.00	
PEINU	5,000.00	-	
CFNU Convention	-	-	
<i>Sub-Total</i>	<i>29,400.00</i>	<i>8,000.00</i>	<i>9,100.00</i>
Dues allocation	15,501.13	15,442.77	15,418.32
Total Revenue	44,901.13	23,442.77	24,518.32
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	25,000.00	25,000.00	15,000.00
MSF/Doctors Without Borders	5,000.00	5,000.00	5,000.00
<i>Sub-Total</i>	<i>30,000.00</i>	<i>30,000.00</i>	<i>20,000.00</i>
Worker-to-Worker			
UNA	500.00	2,500.00	
NBNU		-	
NSNU		500.00	
MNU		-	
RNUNL		-	
PEINU		-	
SUN		2,000.00	
<i>Sub-Total</i>	<i>500.00</i>	<i>5,000.00</i>	<i>10,000.00</i>
Capacity-Building			
<i>Sub-Total</i>	<i>-</i>	<i>-</i>	
Total Expenditures	30,500.00	35,000.00	30,000.00
Net Increase (Decrease)	14,401.13	(11,557.23)	(5,481.68)
Closing Fund Balance - December 31	155,466.76	141,065.63	135,583.95

International Solidarity Report

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International Solidarity - for the year ended December 31, 2022			Budget
	2022	2021	2022
Opening Fund Balance - December 31	155,465.20	141,065.63	155,465.20
Revenue			
SUN	1,000.00	6,000.00	
NBNU	1,832.50	4,100.00	
NSNU	2,000.00	6,000.00	
RNUNL	2,625.00	5,300.00	
UNA	3,000.00	3,000.00	
MNU	100.00	-	
PEINU	1,150.00	5,000.00	
CFNU Convention		-	
<i>Sub-Total</i>	<i>11,707.50</i>	<i>29,400.00</i>	<i>15,000.00</i>
Dues allocation	15,681.55	15,499.57	15,675.00
Total Revenue	27,389.05	44,899.57	30,675.00
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	30,000.00	25,000.00	30,000.00
MSF/Doctors Without Borders	20,000.00	5,000.00	20,000.00
<i>Sub-Total</i>	<i>50,000.00</i>	<i>30,000.00</i>	<i>50,000.00</i>
Worker-to-Worker			
UNA		500.00	
NBNU		-	
NSNU	500.00	-	
MNU		-	
RNUNL		-	
PEINU		-	
SUN		-	
<i>Sub-Total</i>	<i>500.00</i>	<i>500.00</i>	<i>10,000.00</i>
Capacity-Building			
<i>Sub-Total</i>	<i>-</i>	<i>-</i>	
Total Expenditures	50,500.00	30,500.00	60,000.00
Net Increase (Decrease)	(23,110.95)	14,399.57	(29,325.00)
Closing Fund Balance - April 30, 2022	132,354.25	155,465.20	126,140.20



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VACCINE EQUITY: CATALYSTS FOR CHANGE

Over the last 16 years, the Canadian Federation of Nurses Union and the Stephen Lewis Foundation have partnered with community-based organizations in sub-Saharan Africa to build and support communities through health equity.

The Stephen Lewis Foundation is pleased to submit this year-end report to the Canadian Federation of Nurses Union in recognition of your generous grant of \$30,000 for vaccine equity.



COMMUNITY LED COVID-19 CARE

The COVID-19 pandemic has dominated the global health discourse since early 2020 and in 2021 vaccines were developed to reduce severe COVID-19 infections. However, vaccine distribution has not been equitable and one of the key challenges that our community-based partners have identified in promoting widespread vaccine access in their communities is the prevalence of vaccine hesitancy amongst community members. COVID-19 has put immense pressure on the already overstretched and under-resourced health systems of countries across sub-Saharan Africa.

It laid bare the limitations and vulnerabilities of more traditional health facilities and has heightened the need for more decentralized health responses. Community-based organizations have the established networks of care and trust required to reach the most marginalized community members. Their depth of experience in responding to the AIDS pandemic grounds the expertise, agility and creativity with which they are responding to the COVID-19 pandemic.

Over the first year of this grant, with vital support from the Canadian Federation of Nurses Union, SLF partners have been able to reach individuals and families far and wide through peer support and programs that are educating them on the importance of vaccination. Our partners continue to work to respond to the vaccine hesitancy by providing essential training and education to community members, as well as address vaccine inequity by working with government ministries and health care providers to make COVID-19 vaccines more easily accessible overall, especially in rural communities.



“

Community-led organizations ...
deployed insights developed in
the context of the HIV response
to effectively mobilize their
communities against COVID-19”

– UNAIDS, 2021

REFLECTION ON IMPACT:

Types of activities that have been supported through this fund for COVID-19 vaccine access



St Joseph's Hospice

- St Joseph Hospice (SJH) worked with the Zambian Ministry of Health and was allocated its own status as a reporting Center for COVID-19 vaccinations. Through this, they have reached 2,666 with first dose, 2,483 with second dose, and 2,402 with a booster.
- SJH will join another 10 day COVID-19 vaccination campaign organized by the Ministry of Health from the 20th of March 2023, to reach individuals who have not been reached with the first or second dose of COVID-19 vaccine. SJH aims to reach more than 340 students who are eligible for a vaccine and to encourage at least 81 individuals to get a second dose or booster to meet the gap between the first dose vaccinations and fully immunized.

Developing Families Together

- Developing Families Together (DFT) in Ethiopia conducted a consultation workshop with 30 health care workers (HCW) around COVID-19, vaccination rates and the reasons for vaccine hesitancy.
- Through the workshop, HCW came up with practical and contextualized solutions to encourage vaccine uptake.
- The organization conducted a COVID-19 vaccination workshop with 50 religious and cultural leaders to emphasize the importance of COVID-19 vaccination, with the aim of educating and equipping leaders with information that they can share with the broader community.
- DFT conducted a two-day training for 10 social mobilization committee members on COVID-19 prevention and the importance of vaccines in combatting both contraction and severity of illness. Those trained were responsible for sharing their learnings with 200+ community members via monthly community conversations. Through this, more than 18,300 community members have been reached in 2022.
- DFT have also boosted their online presence with YouTube, Facebook and Twitter accounts to reach more people with accurate COVID-19 information and encourage vaccine uptake.





Grandmothers Against Poverty and AIDS

- Grandmothers Against Poverty and AIDS (GAPA) in South Africa continues to provide COVID-19 awareness and sensitization for beneficiaries through peer support.
- In collaborating with the City of Cape Town, health officials and their team continue to deliver workshops with the aim to educate community members of COVID-19 and HIV & AIDS.
- Through support groups, grandmothers are encouraged to become Vaccine Ambassadors once vaccinated themselves to reach out to at least one other person to encourage vaccine uptake.
- GAPA have weekly local radio slots where they discuss a variety of topics including addressing COVID-19 myths and providing accurate information about protection and prevention.

Farm Orphan Support Trust

- In collaboration with government ministries, Farm Orphan Support Trust (FOST) in Zimbabwe carried out mobile vaccine campaigns in 4 districts (Mutare, Mutasa and Makoni in Manicaland & Mazowe), which comprised of vaccine drives and information dissemination. 4,801 people were reached through vaccine drives and people continue to be encouraged to get vaccinated.
- FOST also continues to provide information through beneficiary platforms such as self-help groups, and kids club activities as well as through online platforms such as WhatsApp and Facebook.



“

After our intervention communities now have positive attitudes about COVID-19 vaccination and number of people who have gotten the COVID-19 has increased by 63% in our area.”

- Developing Families Together (DFT)

At the Centre of Community Growth

Community based organizations are essential in addressing challenges to equitable access to COVID-19 vaccines. By November 2022, only 25% of the total population on the African continent have been fully vaccinated against COVID-19, despite the fact that Africa accounts for 17% of the world's population. CBOs are addressing the barriers that prevent far too many communities from accessing vaccinations. They are collaborating with local governments and health facilities to host or amplify vaccination clinics and at their own local events. Your support for vaccine equity has brought health, healing, and hope to families and communities



Safe spaces have been created for community members to ask questions and understand more about COVID-19



Community and religious leaders have been provided with additional resources to enhance knowledge sharing and debunking myths causing vaccine hesitancy



Information and educational materials have been translated into local languages to reach more people with vaccine sensitization

The continued solidarity and support from nurses in Canada through the CFNU makes it possible for SLF Partner organizations to serve their communities through adversity and mitigate the impacts of COVID-19 to the community at large.





the Stephen Lewis
FOUNDATION

THANK YOU, CFNU

The Stephen Lewis Foundation is immensely thankful for your ongoing partnership and commitment to the incredible individuals working at the frontlines of the HIV and AIDS pandemic.

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