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REPORTS AND WORKBOOK

2023 Canadian Federation of Nurses Unions Biennial Convention



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Enjoy the convention and have fun exploring Charlottetown!





WELCOME

- Welcome letter
- National Executive Board

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June 2023

Dear Colleagues,

Welcome to the 21st Biennial Convention of the Canadian Federation of Nurses Unions. I am excited to share with you this opportunity to come together. It has been way too long – our last in-person convention was in June 2019. Truth be told, I have missed you. With the 2023 convention, you will attend education sessions, conduct union business and hear lots of debate on resolutions. Getting away from our daily routine gives us all a chance to recharge and reconnect. This is all about building relationships and strength within our nurses unions' movement.

The Prince Edward Island Nurses' Union (PEINU) has been kind enough to host this year's convention. They have worked tirelessly to create a positive convention experience for both delegates and guests. We could not ask for more from our nurses' union host. ❤️

Charlottetown is a city that will give you a bit of history and lots of fun. I hope that you will enjoy your stay in this remarkable place with a provincial population of 172,707, and the small and mighty PEINU membership of 1,350.

The CFNU's National Executive Board (NEB) looks forward to welcoming you during the biennial Healthy Walk and at registration (Monday June 5). While we are on site, I hope that we will get a chance to meet personally, and that you will also reach out to members of the National Executive Board: we are nurses just like you and want to hear your stories. All delegates should take the opportunity to voice their opinions and contribute ideas. Your input is truly important to us.

I encourage you to reflect on the Convention's theme, **Together We Got This**. I remind you that together we will make a difference!

On behalf of the NEB, I hope that everyone has a productive and enjoyable week.

In solidarity always,



Linda Silas, President
Canadian Federation of Nurses Unions

National Executive Board



Linda Silas
President



Pauline Worsfold
Secretary-Treasurer

National officers



Aman Grewal

President

British Columbia Nurses' Union (BCNU)



Adriane Gear

Vice-President

British Columbia Nurses' Union (BCNU)



Heather Smith

President

United Nurses of Alberta (UNA)



Danielle Larivee

Vice-President

United Nurses of Alberta (UNA)



Tracy Zambory

President

Saskatchewan Union of Nurses (SUN)



Darlene Jackson

President

Manitoba Nurses Union (MNU)





Erin Ariss

President

Ontario Nurses' Association (ONA)



Angela Preocanin

First Vice-President

Ontario Nurses' Association (ONA)



Paula Doucet

President

New Brunswick Nurses Union (NBNU)



Janet Hazelton

President

Nova Scotia Nurses' Union (NSNU)



Yvette Coffey

President

Registered Nurses' Union
Newfoundland and Labrador (RNUNL)



Barbara Brookins

President

Prince Edward Island Nurses' Union (PEINU)



Eyasu Yakob

President

Canadian Nursing Students' Association (CNSA)



Acknowledgement

The Canadian Federation of Nurses Unions extends sincere thanks to members and staff of the **Prince Edward Island Nurses' Union** Planning Committee for all their hard work and commitment in planning the CFNU 21st Biennial Convention 2023.

PEINU Host Committee Members



Barbara Brookins

Stephanie Gallant

Joanne Chisholm



CFNU Team



(L-R) Charlie Crabb, Julien Le Guerrier, Arun Shrichand, Emily Watkins, Kathy Stewart, Linda Silas, Jolanta Scott-Parker, Carrie Steeves, Adella Khan, Tyler Levitan, Oxana Genina (not shown)



CONVENTION

- Agenda
- Speakers' biographies
- About Convention

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Agenda

Prince Edward Island Convention Centre
18 Queen Street
Charlottetown, PE C1A 4A1

Monday June 5, 2023 – Registration Day

- 2:30 pm – 4:30 pm **Healthy Walk, start from PEI Convention Centre (PEICC) – main foyer**
Bring your walking shoes and join President Linda Silas and the National Executive Board – guaranteed fun!
- 4:30 pm – 7:00 pm **Registration, PEI Convention Centre – main foyer**
- 7:00 pm – 10:00 pm **Opening reception, PEI Convention Centre – Riverview Rooms**
Cash bar

Hosted by PEINU

pei nurses 
Prince Edward Island Nurses' Union

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Tuesday June 6, 2023 – Education Day 1

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to the PEI Convention Centre Ballroom for a plenary session.

8:30 am – 10:00 am Indigenous Welcome

Human rights and equity plenary session **Toward Equity – Together**

10:00 am – 10:30 am Networking break – the Convention Centre foyer

10:30 am – 11:15 am Plenary speaker – Martha Chaves

11:15 am – 1:00 pm Free time for lunch

1:00 pm – 2:30 pm Workshops

2:30 pm – 3:00 pm Networking break – the PEI Convention Centre foyer or Hotel Rodd Charlottetown

3:00 pm – 4:30 pm Workshops (continued)

4:30 pm Adjournment of workshop sessions

6:00 pm **Fun Night** (pre-registration needed)

Workshops – Day 1	Rooms
Workshop #1: Professional responsibility: making the link between your workplace and your standards of nursing practice	Spruce/Oak
Workshop #2: Psychological health and safety for nurses	Ash
Workshop #3: Human rights and equity	Aspen
Workshop #4: Protecting and advancing public health care	Birch
Workshop #5: Together we act	PEICC Ballroom
Workshop #6: Retirement: the next chapter – a practical guide for all nurses	Charlottetown/ Montague/Bonshaw
Workshop #7: Truth and Reconciliation: the Blanket Exercise	Summerside/ Tignish
Workshop #8: The social determinants of health tour	Bus Tour
Workshop #9: Our resilient selves: rediscovering vitality, strength, and joy through movement and dance	Georgian Ballroom, Rodd Charlottetown
Workshop #10: The power of story: conversations that count	Victorian Room, Rodd Charlottetown

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Wednesday June 7, 2023 – Education Day 2

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to the PEI Convention Centre Ballroom for a plenary session.

8:30 am – 10:00 am International plenary session – **Mobilizing Around the Globe**

10:00 am – 10:30 am Networking break – PEICC foyer

10:30 am – 11:15 am Plenary speaker – David Granirer

11:15 am – 1:00 pm Free time for lunch

1:00 pm – 2:30 pm Workshops

2:30 pm – 3:00 pm Networking break – PEICC foyer or Rodd Charlottetown

3:00 pm – 4:30 pm Workshops (continued)

4:30 pm Adjournment of workshop sessions

Free Night

Workshops – Day 2	Rooms
Workshop #1: Professional responsibility: making the link between your workplace and your standards of nursing practice	Spruce/Oak
Workshop #2: Psychological health and safety for nurses	Ash
Workshop #3: Human rights and equity	Aspen
Workshop #4: Protecting and advancing public health care	Birch
Workshop #5: Together we act	Victorian Room, Rodd Charlottetown
Workshop #6: Retirement: the next chapter – a practical guide for all nurses	Charlottetown/ Montague/Bonshaw
Workshop #7: Truth and Reconciliation: the Blanket Exercise	Summerside/ Tignish
Workshop #8: The social determinants of health tour	Bus Tour
Workshop #9: Our resilient selves: rediscovering vitality, strength, and joy through movement and dance	Georgian Ballroom, Rodd Charlottetown
Workshop #10: The power of story: conversations that count	PEICC Ballroom

Convention

Thursday June 8, 2023 – Business Day 1

7:00 am – 8:30 am	Registration Note: If you are already registered, please proceed to the Convention Centre Ballroom for a plenary session.
8:30 am – 9:30 am	Call to order <ul style="list-style-type: none">• O Canada• Announcements• Welcome from host province – Barbara Brookins, President, Prince Edward Island Nurses' Union Business Items: <ul style="list-style-type: none">• Roll call• Adoption of agenda• Approval of rules and privileges• Credentials report and appointment of scrutineers• Introductions: CFNU National Executive Board, staff and guests
9:30 am – 10:15 am	President's address – Linda Silas, President
10:15 am – 10:45 am	Networking break
10:45 am – 11:45 am	Open forum with CFNU's NEB
11:45 am – 1:15 pm	Free time for lunch
12:00 pm	Deadline for emergency resolutions
1:15 pm – 2:00 pm	Speaker – Niigaan Sinclair: What's the Land Got to Do with It? Health, Reconciliation and the Life Imperative
2:00 pm – 2:30 pm	Secretary-Treasurer's report – Pauline Worsfold, Secretary-Treasurer
2:30 pm – 3:00 pm	Constitution Committee report Tracy Zambory, Chair of Constitution Committee
3:00 pm – 3:30 pm	Networking break
3:30 pm – 4:15 pm	Presentation of the 2022 and 2023 Bread & Roses Awards
4:15 pm	Adjournment
6:00 pm – 6:30 pm	Cash bar reception, Eastlink Centre
6:30 pm – 12:00 am	CFNU Banquet, Eastlink Centre

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Friday June 9, 2023 – Business Day 2

8:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to the PEI Convention Centre Ballroom for a plenary session.

8:30 am – 8:45 am **Call to order**

- Announcements

8:45 am – 9:00 am International Solidarity Committee report

- Tracy Zambory, Chair of International Solidarity Committee

9:00 am – 9:15 am Nominations Committee report

- Janet Hazelton, Chair of Nominations Committee

9:15 am – 9:30 am Climate Toolkit

9:30 am – 9:45 am Study on safe nursing work hours

- Dr. Heather Scott-Marshall and Arun Shrichand, co-leads

9:45 am – 11:00 am Resolutions Committee report

- Janet Hazelton, Chair of Resolutions Committee

11:00 am – 11:30 am Networking break and prep for rally

11:30 am – 1:00 pm Rally with lunch provided

1:00 pm – 2:00 pm **Speaker – Meredith Preston McGhie**

2:00 pm – 3:00 pm Resolutions (continued)

3:00 pm – 3:30 pm Networking break

3:30 pm – 4:30 pm New business

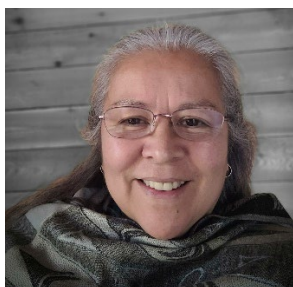
- President's closing remarks

4:30 pm Adjournment

Thank You!

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Plenary session: Toward Equity – Together



Connie Paul / Teltitelwet Yetta

Connie has been blessed with three Indigenous names.

1. “Yetta” which belonged to her maternal great-grandmother
2. “Teltitelwet” from her great-great-grandmother, who was from Mill Bay, Coast Salish
3. “Hanakim Zim Lisms” gifted from the Nisga’a Nation, meaning “women from the Nass River”

Her father was the late Ben Paul from the Tsartlip Nation. Her mother was the late Evelyn (Louis) from the Okanagan First Nations. Her husband of 36 years, Bill Charnley Sr., is from Lil’wat /Katzie First Nations, together they have three sons: Sulusutil, K’wrusuws, Sulusutun. Her mother-in-law, Millie Moran, RN, was from Lil’wat First Nations.

Connie started working as a nurse 34 years ago and has worked for her people her whole career in a variety of roles, including: health pre-transfer coordinator for Lyackson, Penelakut, Stz’uminus and Halalt First Nations, seven years at Nanaimo Regional General Hospital (NRGH) as part of their acute medical float pool, 18.5 years as an outpost nurse, in a Northern Community, Nisga’a Nation, Gingolx Village Government, Laxgalts’ap Village Government, Gitwinksihlkw Village Government and Gitlaxtaamiks Village Government, and 14 years working for Snuneymuxw First Nations as their Home and Community Care Nursing Manager. In her current role with Snuneymuxw First Nations Connie serves on the Vancouver Island University truth and reconciliation working group, the primary care network for Nanaimo, Community Action Team for Nanaimo area, CSC working group and Nanaimo Regional General Hospital harm reduction working group. She is also working in partnership with the University of British Columbia to have a residency program here at our clinic.

Teltitelwet’s personal commitment to her people is to ensure equal access to health care. She believes in self-government and self-determination, and knows that nursing has a unique opportunity to advocate for people.



Jan Simpson is National President of the Canadian Union of Postal Workers. A postal worker for over 30 years, she became involved with the union early on in her career. As a Black woman, fighting injustice is what she does daily, so it was a natural fit to be drawn to the union. Advocating for and witnessing the power of people working together to effect real transformative change is her passion.

She was also the first Black person to be elected to CUPW’s National Executive Committee when she was elected First National Vice-President in 2015. Jan then went on like so many other leaders committed to change to successfully run for CUPW President, becoming the first Black woman to lead a national union in Canada in 2019.

Her passion remains as strong now as it was when she first became involved in the labour and social justice movements. She continues to fight injustice on the workforce in our communities, in our country and around the world, as she creates a space and a place for everyone as their authentic selves within these movements. As long as she is the CUPW President, and long after, she will always fight for workers to have a voice and be treated with dignity and respect.

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Dr. Manju Varma has been working in the area of anti-racism for over three decades. She specializes in helping organizations, universities and government departments examine systemic discrimination via their policies and processes. She is a trained mediator (Harvard University) and certified to work with communities dealing with mental health issues, 2SLGBTQ+, and change management and fatigue. In 2021, Manju was appointed as the Government of New Brunswick's Commissioner on Systemic Racism, the first position of its kind in Canada. An ardent volunteer, Manju is a board member of the Canadian Race Relations Foundation and the New Brunswick Medical Education Foundation, Inc. Currently she is CEO and co-partner of Engaging Matters Diversity Consultants Inc., a company that helps organizations recognize their potential to be inclusive and equitable.



Dawn Armstrong, RN, is a 33-year nurse who worked in the emergency room (ER) at Dryden Regional Health Centre, Local 81, prior to joining the ONA Board of Directors in 2020.

Since joining the board, Dawn has held the portfolio of human rights and equity and is proud of what has been accomplished with her member Human Rights and Equity team, especially since most of the work was done in the virtual world. Relationships and connection are very important when talking and acting on human rights and equity issues, and they were able to come together in a digital format, become a cohesive team and create innovative ways to move HR&E forward.

Most recently ONA has released a four-year Anti-Racism and Anti-Oppression (ARAO) Action Plan, and Dawn has been the board designate to champion this initiative as well as chair of the new member Anti-Racism Advisory Team.

"This work is challenging and rewarding at the same time. It is also of the utmost necessity, and I will continue to work hard at ensuring its success," says Armstrong.

Plenary session: Mobilizing Around the Globe



Zenei Triunfo-Cortez is a registered nurse and a member of the Council of Presidents of National Nurses United (NNU), the largest union and professional association of registered nurses in the United States, with nearly 225,000 members nationwide. She is also a member of the Council of Presidents of California Nurses Association/National Nurses Organizing Committee (CNA/NNOC). Zenei set a milestone as the first Filipina president of the union.

Zenei is one of the country's top nursing leaders and an outspoken public advocate for NNU and CNA/NNOC's campaigns to protect the health and safety of nurses and patients during the COVID-19 pandemic, for Medicare for All, national RN-to-patient safe staffing standards and workplace violence prevention regulations, to name a few.

In 2007 she was elected with a panel of three RN colleagues to serve on CNA/NNOC's first Council of Presidents and has been re-elected for subsequent terms.

Convention



Dr. Leigh Chapman is committed to advancing the nursing profession in Canada to ensure equitable access to quality care. As CNO for Canada, she provides strategic advice to Health Canada, plays a convening role on key nursing issues and represents the federal government at public forums.

Leigh is a registered nurse (RN) who received her PhD from the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing. Over the past 20 years, she has gained a deep understanding of nursing by working in both frontline and clinical leadership capacities. In addition to her role as CNO for Canada, Leigh continues to work at a community-based consumption and treatment site in Toronto, where she provides harm reduction services and frontline care.



Phil Ni Sheaghda is a trained intensive care nurse and General Secretary of the Irish Nurses and Midwives Organisation (INMO). She has worked as an ICU nurse in Ireland, Australia, the UK and the U.S. (Memorial Sloane Kettering in New York), following training in Dublin and London.

She began work for the INMO in 1998, later completing an MA in industrial relations and a Higher Diploma in employment law. She was Director of Industrial Relations from 2008 until 2018, when she was appointed general secretary.

As general secretary, she has overall responsibility for the organisation, leading on INMO's advocacy on national nursing policy and through various public sector pay agreements. In 2019, she led the organisation's first strike in two decades – winning pay increases and staffing improvements for nurses and midwives.

She is currently an Executive Council member of the European Federation of Nurses Associations and a representative of the European Federation of Public Services Unions. As a member of the International Council of Nurses, she has presented to the Massachusetts Nursing Association and the Canadian Federation of Nurses Unions in recent years.



Michael Whaites is the Assistant General Secretary of the NSW Nurses and Midwives' Association (NSWNMA) and Branch Assistant Secretary of the Australian Nursing and Midwifery Federation NSW Branch.

Michael is a registered nurse of 29 years and midwife of 26 years. He was an active workplace delegate at Royal Prince Alfred Hospital, where he worked as a Clinical Midwifery Educator, prior to commencing at the NSWNMA in 2005.

Michael has worked as an Organiser, Trade Union Educator, Lead Organiser and Manager at the Association, before being appointed Assistant General Secretary in 2022.

Michael has widespread knowledge of public health and extensive experience mentoring peers to achieve targets and member development goals.

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Speakers



Martha Chaves is an award-winning comedian, writer and actor whose career spans over two decades. *Now Magazine* described her as "smart, sassy, provocative, and very funny."

Martha has appeared multiple times at the prestigious Just For Laughs Festival, the Winnipeg Comedy Festival and the We Are Funny That Way Festival, to name a few.

Martha describes herself as the "most famous Nicaraguan-Canadian LGBTQ+ stand-up comedian in the world," but despite being an act of such a unique nature, she's hilariously relatable, universally funny and accessible.

She can frequently be heard on CBC's *The Debaters* and *Laugh Out Loud*. She is a regular panellist on the popular CBC show *Because News*.

During the pandemic, she created a multi-media piece *Living La Covida Loca*, which premiered online at The Hillside Festival. She also created "Beyond the Mask," another multi-media piece that was featured in "Caminos" as part of the Aluna Theatre Festival 2021 program. In 2022, she was asked to perform at the Stratford Festival.

As a playwright, Martha has written and acted in several successful one-woman shows. "Staying Alive" and "In Times of Trouble" were featured in the Soulo Festival and the Aluna Theatre Festival in Toronto, respectively. "The Diaries of a Young Lezbo" premiered at SoloCom in New York.



David Granirer is a counselor, stand-up comic, author, keynote speaker, and founder of Stand Up For Mental Health (SMH), a program teaching stand-up comedy to people with mental health issues. David, who himself suffers from bipolar, is featured in the VOICE Award-winning documentary *Cracking Up* and the award-winning Australian Broadcasting Corporation documentary *Crack Up*. He also received a Life Unlimited Award from Depression Bipolar Support Alliance, an Award of Excellence from the National Council of Behavioral Health, a Champion of Mental Health Award, and a Meritorious Service Medal from the Governor General of Canada. He was also recognized as one of the 150 Canadian Difference Makers in mental health. He works with mental health organizations in Canada, the U.S. and Australia to train and perform with SMH groups in dozens of cities. www.standupformentalhealth.com

Convention



Niigaan Sinclair is Anishinaabe (St. Peter's/Little Peguis) and a professor at the University of Manitoba, where he holds the Faculty of Arts Professorship in Indigenous Knowledge and Aesthetics and is currently Head of the Department of Indigenous Studies. Niigaan is also an award-winning writer, editor and activist who was recently named to the Power List by *Maclean's* magazine as one of the most influential individuals in Canada. In 2018, he won Canadian columnist of the year at the National Newspaper Awards for his bi-weekly columns in *The Winnipeg Free Press* and is a featured member of the Friday Power Panel on CBC's *Power & Politics*. A former secondary school teacher, he won the 2019 Peace Educator of the Year from the Peace and Justice Studies Association based at Georgetown University in Washington, DC.



Meredith Preston McGhie is the Secretary General for the Global Centre for Pluralism in Canada. In this role, Ms. Preston McGhie provides strategic leadership for the Centre and represents the Centre as an ambassador of pluralism to develop strong relationships with diplomatic communities, governments and other institutions.

Previously Ms. Preston McGhie mediated and advised a range of mediation processes as the Regional Director for Africa with the Centre for Humanitarian Dialogue, and before that with the UN. Ms. Preston McGhie served as an advisor to the late H.E. Kofi Annan during the Kenya National Dialogue and Reconciliation. Through more than 20 years in Africa, she helped to establish and facilitate peace processes in Nigeria, Somalia, Sudan and South Sudan and elsewhere. Her work spanned a range of issues, including electoral conflict, disarmament and demobilisation, and inclusion. She contributes to policy discussions on peacemaking globally, including teaching peace process design. Ms. Preston McGhie began her career supporting conflict resolution efforts of leaders in the Naga community of North East India and among Indigenous minorities in Myanmar with the Asia Indigenous Peoples Pact.

Discrimination and harassment

The Canadian Federation of Nurses Unions endeavours to provide a supportive working and learning environment that is equitable for all participants. Such an atmosphere must be based on mutual respect and free of any form of discrimination or harassment.

Discrimination and harassment create a hostile environment and undermine the principles of solidarity, unity and equity. The CFNU will not tolerate behaviour that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive environment.

This includes, but is not limited to, the unjust or prejudicial treatment of a person based on grounds protected under the *Canadian Human Rights Act*. These grounds include race, national or ethnic origin, religion, age, sex, sexual orientation, gender identity or expression, marital or family status, physical appearance or disability.

Complaints of harassment at CFNU events will be taken seriously and will be investigated immediately. Offenders will be penalized up to and including expulsion from this function. The investigation of each incident will be handled confidentially and expeditiously with particular sensitivity for the complainant.

If you believe you are being harassed, **act immediately**:

- If possible, make it clear you do not welcome such behaviour. You can do so either on your own, verbally or in writing, or with the assistance of another party.
- Indicate that you will take further action if the behaviour continues.
- If the inappropriate behaviour persists, approach one or both of the designated representatives who will investigate the matter.

If you are unwilling to approach the harasser because of the impact the action(s) have on you, you may seek out the designated anti-harassment Ombudsperson in the first instance.

Your designated representatives for the CFNU 21st Biennial Convention can be reached through the CFNU Convention office between 8:00 am and 5:00 pm.

Convention

Parliamentarian rules

Do you know the rules?

When conducting business meetings, such as the Biennial Convention, the CFNU follows *Robert's Rules of Order*.

The following is an introduction to *Robert's Rules*. This article was extracted from "A Guide to Parliamentary Procedure Based on Robert's Rules of Order Newly Revised" and "Roles and Responsibilities of Chairman," taken from the Board of Directors' and Committees' Orientation Manual of the Saskatchewan Union of Nurses.

An assembly generally uses five steps to conduct its business: (1) a motion is made, (2) the motion is seconded, (3) the chair states the question, placing it before the assembly, (4) the assembly debates the motion, and (5) votes upon it.

1. Motion made

A proposal that the assembly take certain action or express itself as holding certain views is a motion. Verbally, a member introduces a motion by obtaining the floor and stating, "I move that..." or she/he may move for the adoption of a written resolution.

2. Motion seconded

Next, another member who supports the proposal says, "I second the motion." Requiring a "second" prevents consuming time on a view held by only one member. If there is no second, the matter is dropped.

3. Chair states question

Once a motion is seconded and considered to be in order, the chair/chairperson states the question to the assembly, clarifying any vague points. Having been restated by the chair, the proposal is pending. This means it is before the assembly for consideration and action. (Until a motion is pending, any member may suggest modifications, or the mover may modify or withdraw the motion.) When the chair states the question, this opens the floor for debate on the proposal.

4. Debate

That question most recently stated by the chair is the one to be acted upon first. Debate (which is discussion of a proposal) is limited to the immediately pending question, and usually each member is limited to two speeches during any debate.

Prior to debating or making a motion, a member must obtain the floor. After the previous speaker yields the floor (usually by sitting down), the member wishing to speak rises and addresses the chair. The would-be speaker is recognized by the chair, or ruled out-of-order in favour of another speaker. In many cases the first one to rise is assigned the floor. A member attempting to take the floor for a second speech on the same question is out-of-order when any member who has not spoken on that question desires the floor.

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a) Amendments to the motion

An amendment is offered when a member agrees substantially with the motion but wants some change. An amendment must be closely related, although it may be inconsistent, to the subject of the motion. It must be stated clearly and defined as to what part of the motion it applies. An amendment that is not relevant to the main motion is out-of-order.

To amend a motion, a member must seek and be recognized by the chair. Once recognized, she/he states, "I move to amend the motion by..." If another member seconds the amendment, the chair asks if there is any discussion of the amendment.

b) Amending the amendment

An amendment may be changed just as a motion may be changed. The amendment to the amendment must relate to the motion and the amendment. The chair can sometimes ask the maker of the motion and the seconder if they are willing to accept the amendment as part of the original motion. If they agree and if no other member objects, this can be done, saving time and effort. The chair must carry through each step until the main motion has been voted on. There can be no amendment to an amendment to an amendment. If it gets to that point, a substitute motion is in order. Voting is done in reverse order. That is on the amendment to the amendment, then the amendment, then the motion as amended.

c) Substitute motion

A substitute motion ties loose ends together. It may be made and accepted by the chair. Amendments or substitute motions cannot be accepted if they are not relevant to the motion.

d) Tabling a motion

The membership may seem unable to reach a conclusion, or more study may be needed. At these times a member makes a motion to table the motion. The maker of the motion cannot do so while speaking on the motion, or if she/he has previously spoken on the motion and there are others who still desire to speak. Such a motion requires a second, and once seconded, cannot be debated or amended. It must be put to an immediate vote. If a majority vote in favour, the motion is then tabled. Tabling a motion does not carry a time limit. A motion to table until the next meeting is a motion to postpone and is debatable. If a member wants to postpone indefinitely, or if a member wants to place the matter in the hands of a committee, the motion should be stated in these terms: "I move that the matter be referred back to the Education Committee."

e) Points of information

Members sometimes become confused about the business being discussed. They may need some information from the chair or the speaker about the meaning of the motion or its effect. If so, they may direct an inquiry to the chair. Members do not have to wait to be recognized by the chair, but may interrupt by stating, "I rise on a point of information." The chair must recognize the member and say, "State your question." The chair then seeks to answer the

Convention

question or, if the member desires information from another member, the chair should ask the person holding the floor to yield for the purpose of getting the information. The person holding the floor cannot be forced to yield, but if she/he does, the questioner must address the point of information through the chair and the answer must be made to the chair. If the chair decides that the question does not require an immediate answer, the inquiry can be answered as soon as the speaker is finished.

5. Vote

Once debate is over, the chair asks again, “Are you ready for the question?” If no one goes to the mike to speak, she/he restates the question and takes the vote. This is usually done by a show of hands. If the result is unclear, the chair may ask for a standing vote.

For a motion to pass it will require either a majority (more than half votes cast) or 2/3 of the members present and voting on that motion. Therefore, if x number of members are registered for the day and then some members leave, the vote is determined by the majority or 2/3 (depending on what is required) of the remaining members who vote.

NOTE: All motions, discussion and debate of motions must take place through the chair. Members are not allowed to debate issues among themselves.

Quorum is the number of registered members that are entitled to vote, who must be present in order to legally transact the meeting’s business.

CFNU’s Bylaw 7.11 states that the quorum for a general meeting of the union shall be a majority of those members registered in attendance on each day of the meeting.

Therefore, if on any given day 300 members are registered, quorum would be 151 members. If at least 151 members remain at the meeting, business, including voting on resolutions, can proceed.

NOTE: Quorum and the number of votes required to carry a motion are two separate issues.

For example, x number of members are registered on any given day. A majority of those constitute a quorum to carry on the business of the day. Of that quorum, a majority or 2/3 of the members present and voting will determine if a motion passes or is defeated.

6. Role of the parliamentarian

The parliamentarian is a consultant whose role is purely an advisor and resource person for the chair and the meeting.

Duties include: respond to questions of clarification about the *Rules of Order* either by the chair or the assembly; discreetly draw to the attention of the chair any errors in following the *Rules of Order*; and act as an expert on the *Rules of Order* to help facilitate the business of the assembly.

NOTE: A parliamentarian does not vote or debate the issues before the assembly.

Convention

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Rules and privileges

1. Only voting delegates and members of the National Executive Board will be entitled to vote. Each Member Organization may cast its full number of votes, provided that it has at least one (1) voting delegate at the convention.
2. Speakers will use the microphones when addressing the chair.
3. Speakers must be acknowledged by the chair before addressing the assembly.
4. Speakers addressing the chair will state their names and union membership.
5. Members of a Member Organization who are not voting delegates may attend a convention of the Federation on behalf of their respective organization and may speak to, but not move or vote on business of the Federation.
6. Staff of a Member Organization may attend at the discretion of the Member Organization and may speak with the consent of two thirds (2/3) of the voting delegates.
7. Motions, amendments and emergency resolutions must be presented in writing to the chair.
8. Debate on any motion at this convention will be limited to one (1) speech by any person on any question, unless special permission is granted by the assembly. No person can speak a second time to any question, as long as another person who has not spoken to that question wishes to speak.
9. Each speech will be limited to three (3) minutes.
10. Once voting has commenced on a motion, no one shall be allowed to enter or leave the meeting room.
11. Convention rules may be suspended by a two-thirds (2/3) vote.
12. Governing rules of order will be the current edition of *Robert's Rules of Order Newly Revised*.
13. All **cell phones are to be turned off** during educational and business sessions.

Convention Policies

Smoking policy

In accordance with Canadian Federation of Nurses Unions' policy, we request your cooperation to ensure that this conference is smoke-free – no smoking in the conference office, the plenary sessions, workshops and all areas outside these rooms. Smoking is only permitted where indicated. Thank you.

Recycling policy

At the conclusion of the conference, deposit your delegate badge in the boxes situated near the exits of the plenary room. As well, please make use of the recycling containers provided by the convention centre.

Scents and perfumes

Please be aware that some members are sensitive to chemicals, including those found in scents, perfumes and aftershaves. For the well-being of your colleagues, please refrain from using scented products during the convention.

Gender-neutral washroom(s)

The CFNU will work with the host convention centre to ensure that there is a minimum of one gender-neutral washroom facility available, and its location will be announced.

Being green – what convention attendees can do

Turn off any lights, TV, air conditioner or heater when you leave your hotel room for the day.

Recycle your waste: bottles, cans, paper, etc.

Bring your own pen and pencil.

Do your sightseeing by foot or public transportation.

Collect business cards of presenters and have them e-mail reports and other information rather than collecting printed handouts.

Audio/videotape and photography consent

Portions of the CFNU 2023 Biennial Convention will be recorded and photographed and may be made available on the Internet. Photographs may be used in CFNU publications and promotional materials. Your attendance at the CFNU 2023 Biennial Convention constitutes your consent to potential inclusion in these various media.

Thank you for your cooperation.

Bread and Roses Award history



At the 1993 Canadian Federation of Nurses Unions (CFNU) Convention, delegates approved a resolution directing the CFNU to “establish a national award to be presented on a yearly basis to a CFNU member who is contributing or has actively contributed to unionism on a provincial and/or national basis.”

Criteria were developed and application forms were circulated, asking candidates to describe their backgrounds in local, provincial and national activities. Nominations are received by the CFNU office according to established deadlines.

The CFNU Board could find no more fitting title for this award than the *Bread and Roses Award*. “Bread and Roses” is an old labour song which was put to music by Carolyn Kohlsaatt and written by James Oppenheim. The song was derived from a song by an Italian-American writer, Arturo Giovannitti, titled “Pan-e-Rose” which was used by the International Ladies Garment Workers’ Union. “Bread and Roses” has a long and prestigious history.

In 1912, in Lawrence, Massachusetts, predominantly women workers struck the textile mills for ten weeks to improve their wages and working conditions. They were members of the International Workers of the World. Our award’s inspiration is found in the song’s lyrics that pay tribute to these women.

The song is speaking to the need for recognition of self and accomplishment, and to the dignity of each and every human being:
“Yes, it is Bread we fight for – but we fight for Roses too!”

The last verse is the most meaningful of all.
**“As we come marching, marching,
we’re standing proud and tall.
The rising of the women means the rising of us
all. No more the drudge and idler –
ten that toil where one reposes,
but a sharing of life’s glories:
Bread and Roses! Bread and Roses!”**

The award was created by Vancouver glass artist John Nutter, who had been inspired by the stained-glass windows of the Notre Dame Cathedral in St. Boniface.

The award represents the way in which we, as women and men, operate in a Union, which is in a circle of cooperation and collaboration with mutual respect and respect for the circle of life and each person’s contributions to the whole. Thus, the award is circular and sits on a base of yew wood. Yew is a tribute to the healing arts. Many anti-cancer drugs are derived from yew wood. The use of the natural wood contrasts with the glossiness of the award.

There are two glass panels separated by a one-half-inch space but yet overlapped. One panel has sheaves of wheat on it, symbolizing Bread; the other has Roses. Speaking to the need for both these elements in our lives, the link was formed in the overlap of equal parts of both symbols.

Congratulations to the winners from the members of the Canadian Federation of Nurses Unions!



MAPS

- Downtown Charlottetown
- PEI Convention Centre

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Maps

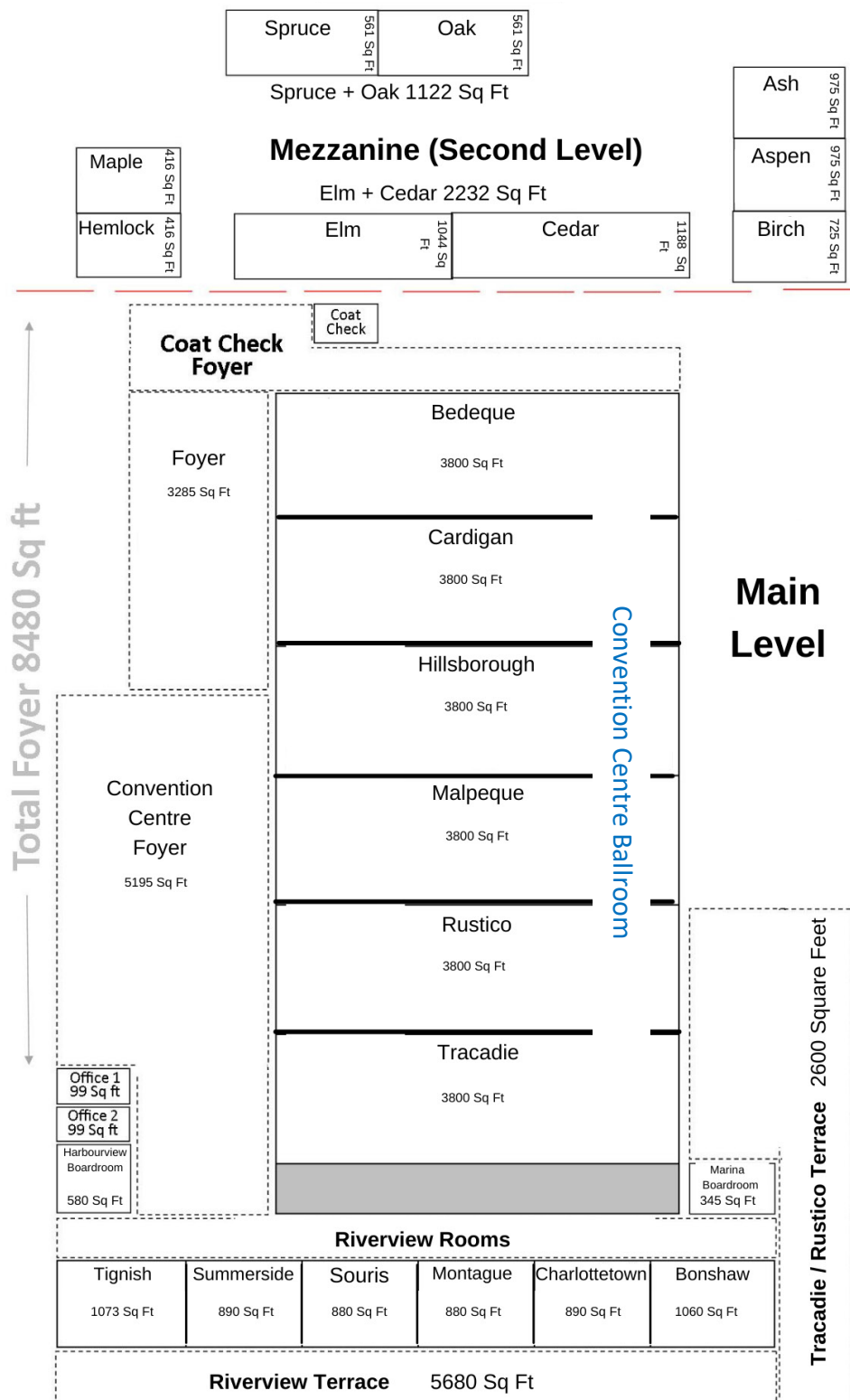
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Downtown Charlottetown



Maps

Prince Edward Island Convention Centre

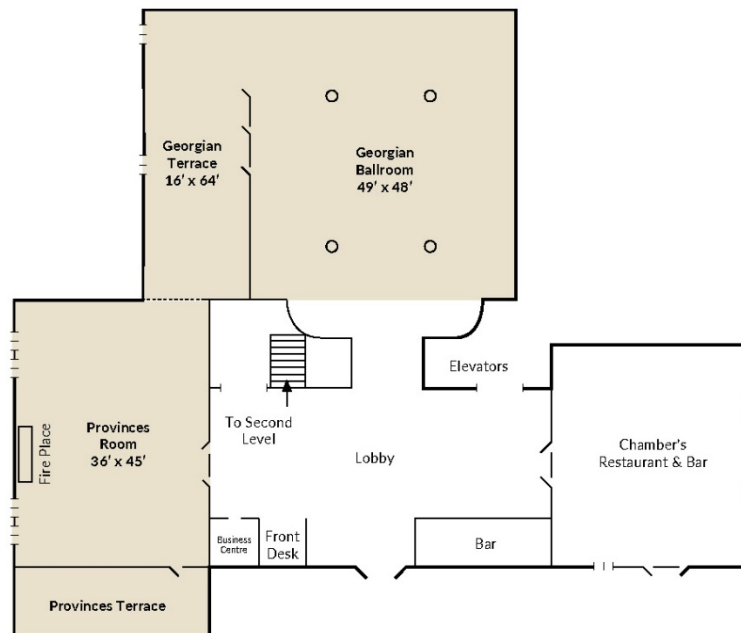


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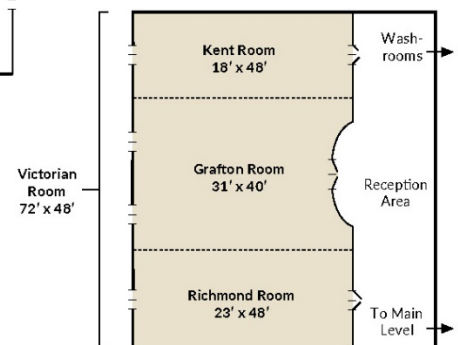
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Rodd Charlottetown

MAIN LEVEL



SECOND LEVEL





CFNU REPORT

- CFNU report
- Long-term bargaining goals
- International Solidarity report

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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.

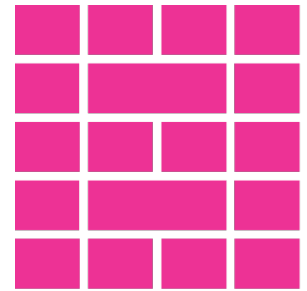
As CFNU President Linda Silas reminded us: it’s been a tough time, but we can’t back down.

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.

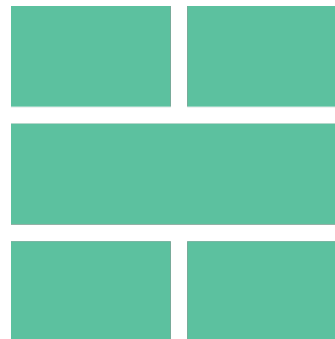
The strategic priority actions from CFNU's report *Sustaining Nursing in Canada*, presented at the policy breakfast, are as follows.

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

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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

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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.

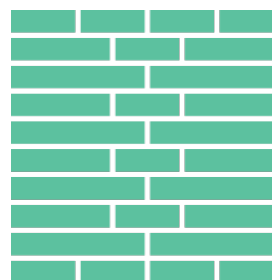
Government and External Relations Officer Tyler Levitan on behalf of the CFNU attended several meetings on pharmacare, set up and led by the Canadian Health Coalition to engage with government officials. Meetings were held with Peter Julian, NDP MP (also attended by Pauline Worsfold); Sean Casey, Liberal 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.

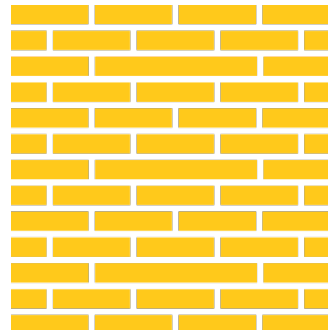
CFNU Report

- 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

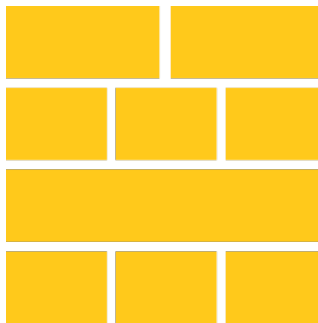
The CFNU has continued to work with Wellness Together Canada on programming tailored for health care workers. Our team of nurses – Pauline Worsfold (UNA), Barb Abele (SUN) and Barb Campbell (UNA) – have worked alongside Tyler Levitan and Carol Reichert on co-design work with both MindWell and Togetherall,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

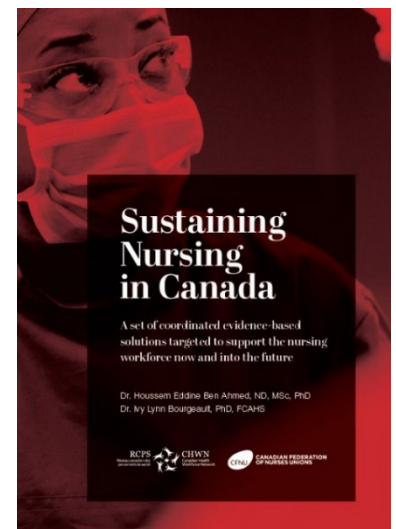
Sustaining Nursing in Canada: A coordinated set of evidence-based solutions targeted to support the nursing workforce now and into the future

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)

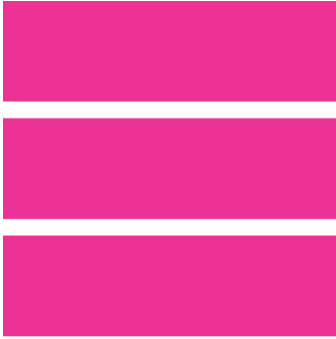
While the federal government's main focus must remain on retention, return and recruitment initiatives to address the nationwide shortage of nurses and other health care workers, the CFNU is committed to exploring innovative solutions that can help alleviate the current crisis.



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.

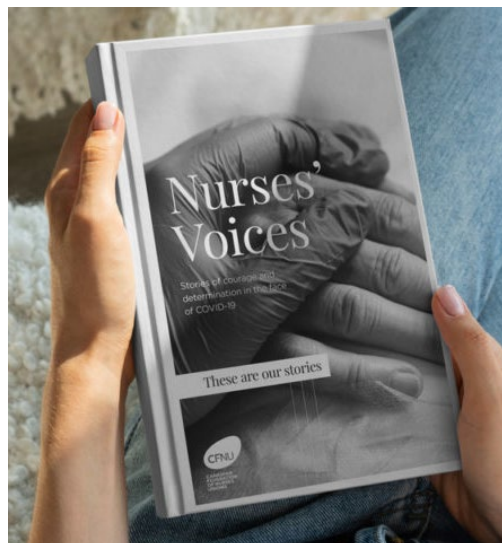
5. COMMUNICATIONS

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

**TOGETHER
TOGETHER
TOGETHER
TOGETHER**
we got this

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

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.

260 Spadina Ave, Suite 100
Toronto, ON, Canada, M5T 2E4

1-888-203-9990

stephenlewisfoundation.org

info@stephenlewisfoundation.org



@stephenlewisfdn



@stephenlewisfdtn

LinkedIn: Stephen Lewis Foundation



FINANCE

- Secretary-Treasurer's report
- Audit statements 2021-2022
- Statement of revenue and expenses

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Secretary-Treasurer's Report

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Pauline Worsfold
Secretary-Treasurer



Kathy Stewart
Accounting Consultant

Dear friends, colleagues and members, I have had a difficult time writing this as it will be the last Secretary-Treasurer report of my career.

In 2001 when I became Secretary-Treasurer, the CFNU had a budget of approximately \$500,000. We were new members of the Canadian Labour Congress and already making an impact within the broader labour movement. Kathleen Connors was the CFNU President, and we had two full-time staff members, one part-time public relations staff and our accountant consultant Kathy Stewart. The budget meetings were held around a small table at the CFNU office with Kathleen, Kathy and me trying to decide where our money should be spent to advance the interests of the members. Over time the CFNU has expanded and improved our way of budgeting, but one thing remains the same: ALWAYS with the members needs in mind.

Today the CFNU has a revenue of \$5.3 million and continues to be the national voice of nurses.

Our staff has grown to 10 full-time and part-time staff. They are a strong team of dedicated professionals supporting CFNU's work at all levels through research and policy development, government relations and advocacy. Their work is central to ensuring every day, as elected leaders, we can represent the voices of our members – nurses. Of course, behind the scenes the staff also work hard to support the operations of the CFNU and as noted to assist me in my role as Secretary-Treasurer to oversee the sound financial stewardship of the organization.

We are the largest organization representing all categories of nurses across Canada. We have the reputation and the respect of politicians at all levels from coast to coast to coast. I am so proud of how far we have come.

The foundation of the CFNU was built on the shoulders of the presidents and vice presidents and senior staff, who sat around the National Executive Board table since 1981. They were the trailblazers who had big bold ideas for campaigns to support the nurses working 24/7/365, knowing the voice of those nurses had to be heard at all levels of government. The staff of the CFNU over the years are to be commended for all of their hard work to bring the big bold ideas

Secretary-Treasurer's Report

to life and implement them to ensure the working nurses' voices continue to be heard at the national level and amplified within the provinces.

I am pleased to share with you our audited statements via our auditor of Ouseley Hanvey Clipsham Deep LLP. Once again, we achieved a clean audit with absolutely no concerns for our financial status, our processes and our methods of reporting. The budget has been approved by the National Executive Board and is presented in the package for your information and review.

Since our last face-to-face meeting, we have all been dealing with the pandemic and the varied responses by each province – good, bad and ugly. (You know which one applies to you and your province.)

The mental health of nurses is so important and has been highlighted since the start of the pandemic. One project I have been involved with, along with representatives from SUN Barb Abele and UNA Barb Campbell, is Wellness Together, and I highly recommend looking into it. It's a federal government program in partnership with the CFNU for mental health. It's online in multiple different programs to support nurses. The program is free of charge and anonymous too. I use it to track my own wellness, I suggest you give it a try.

Plus, the continuing rise of misinformation not only about the different COVID variants but politics, promises and life in general. I like to say common sense isn't so common anymore. Why is it so difficult to persuade people, namely politicians, to do the right thing? But never give up, my friends, because at one point or another the politicians will have to catch up to the will of "the people". *Ain't no power like the power of the people! And the power of the people won't stop!*

This leads me to another role I hold and that is the Chairperson of the Canadian Health Coalition. My CHC report is included in this package separately.

We along with our supporters are embarking on the Health and Hope Campaign over the next three years. Why three years, you ask? It coincides with the CASA – confidence and supply agreement – between the Liberals and the New Democratic Party. This country of ours is really great about getting things done with a minority government, including but not limited to: the flag, Medicare, Canada Pension Plan. This is the time to really flex our power and demand the federal government listen to the people. We have three priorities: pharmacare, stop privatization, and national long-term care standards that are enforceable. During the transition period for the new Secretary-Treasurer, I will continue in the role of CHC Chairperson until June of 2024. I am grateful for the support of the CFNU to continue the work of the CHC.

I am humbled to have been your Secretary-Treasurer for the last 22 years. I am grateful for the opportunity to have represented the working nurses of Canada at many events throughout my years of service, and the CFNU has shaped who I am today.

A special note of gratitude to Kathy Stewart, who mentored me through any of the finance challenges that arose and who was my sounding board, my confidante and my friend.

Secretary-Treasurer's Report

TOGETHER
TOGETHER
TOGETHER
TOGETHER
we got this

The words “thank you” are inadequate to express my gratitude to the two CFNU Presidents I had the honour to work with over my term. Kathleen Connors and Linda Silas are true leaders. They are kind and caring, they are fierce defenders of what is right and just, they have the ability to cut through the red tape and get things done. Oh, and, of course, they have fun and wear great shoes too!

I will close with a quote.

*You never really know the true impact you have on those around you.
You never know how much someone needed that smile you gave them.
You never know how much your kindness turned someone's entire life around.
You never know how much someone needed that long hug or deep talk.
So don't wait to be kind. Don't wait for someone to be kind first.
Don't wait for better circumstances or for someone to change.
Just be kind, because you never know how much someone needs it.*

— Nikki Banas

In solidarity,



Pauline Worsfold, RN

CFNU Secretary-Treasurer

Canadian Federation of Nurses Unions
Budget vs Actual 2021 and 2022, Forecast 2023-2024

	2021		2022		2023	2024
	Budget	Actual	Budget	Actual	Budget	Forecast
REVENUE						
Member Contributions						
BCNU	0	0	0	0	1,380,000	1,380,000
MNU	330,000	330,000	330,000	330,000	330,000	330,000
NBNU	187,500	197,124	240,000	241,790	240,000	240,000
NSNU	183,000	189,705	189,450	188,345	189,450	189,450
ONA	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000
PEINU	37,500	38,000	39,000	39,000	39,000	39,000
RNUNL	139,920	143,958	142,770	142,770	142,770	142,770
SUN	285,000	293,264	293,850	295,255	293,850	293,850
UNA	921,000	912,840	912,900	911,907	912,900	912,900
Total Member Contributions	3,853,920	3,874,891	3,917,970	3,919,067	5,297,970	5,297,970
Convention	-	10,000	-	-	650,000	-
Election Contributions	-	9,010	-	-	-	-
Investment income (Loss)	75,000	140,454	75,000	(74,717)	-	-
Grants/Miscellaneous Income	3,250	4,567	4,500	4,217	4,500	4,500
Total Revenue	3,932,170	4,038,922	3,997,470	3,848,567	5,952,470	5,302,470
EXPENSES						
Staff	1,047,690	984,918	1,034,306	883,881	1,169,232	1,271,418
Administration and Membership Services	375,575	334,249	372,870	323,426	397,872	405,999
Operational plan	724,203	451,347	801,185	862,160	997,345	981,690
International Liaison	22,500	291	60,000	-	160,000	50,000
CLC Affiliated events	42,500	12,844	15,000	17,831	130,000	25,000
Office of the President	385,346	239,892	312,175	315,002	474,467	371,844
National Executive Board	87,640	32,035	112,605	94,422	233,363	209,510
CLC Per Capita	1,156,176	1,194,412	1,238,080	1,238,417	1,716,545	1,716,545
Convention	210,000	171,399	-	-	1,156,475	-
Amortization	22,000	19,796	22,000	11,337	22,000	25,000
Total Expenses	4,073,630	3,441,183	3,968,221	3,746,476	6,457,299	5,057,006
Annual Operations - net revenue (expenses)	(141,460)	597,739	29,249	102,091	(504,829)	245,464
Internal transfer from (to) Unrestricted Surplus	141,460	(597,739)	(29,249)	(102,091)	504,829	(245,464)
Net Annual Operations	0	0	0	0	0	0
NET ASSETS						
Unrestricted Surplus - Balance Jan 1	1,307,068	1,307,068	1,446,391	1,446,391	1,452,536	1,430,556
Transfer in from/(out to) Annual Operations	(141,460)	597,739	29,249	102,091	(504,829)	245,464
Transfer in from/(out to) Invested in Capital Assets	7,000	7,123	(5,000)	(1,887)	(5,000)	(5,000)
Transfer in from/(out to) Internally Restricted Funds	287,922	(467,540)	(128,359)	(128,382)	459,041	(640,960)
Transfer in from/(out to) International Solidarity Reserve	4,584	2,001	34,328	34,323	28,808	(1,192)
Unrestricted Surplus (Deficit) - Balance Dec 31	1,465,114	1,446,391	1,376,609	1,452,536	1,430,556	1,028,868
Invested in Capital Assets	16,474	16,351	21,352	18,238	23,239	28,239
Internally Restricted Fund Balance December 31	1,179,175	1,934,637	2,063,005	2,063,019	1,604,004	2,244,964
International Solidary Fund Reserve December 31	107,328	109,911	75,585	75,588	46,785	47,977
TOTAL NET ASSETS	2,768,091	3,507,290	3,536,551	3,609,381	3,104,584	3,350,048

**CANADIAN FEDERATION OF
NURSES UNIONS**

FINANCIAL STATEMENTS

DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTATS FINANCIERS

LE 31 DÉCEMBRE 2022

INDEPENDENT AUDITOR'S REPORT

To the Members,
Canadian Federation of Nurses Unions:

Opinion

We have audited the financial statements of Canadian Federation of Nurses Unions ("the Entity"), which comprise the statement of financial position as at December 31, 2022, and the statements of changes in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity, or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

OHCI LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Licensed Public Accountants
Ottawa, Ontario
March 23, 2023

RAPPORT DE L'AUDITEUR INDÉPENDANT

Aux membres,

Fédération Canadienne des Syndicats d'infirmières et d'infirmiers:

Opinion

Nous avons effectué l'audit des états financiers de la Fédération Canadienne des Syndicats d'infirmières et d'infirmiers («l'Entité»), qui comprennent l'état de la situation financière au 31 décembre 2022, et les états de l'évolution de l'actif net, état des opérations et des flux de trésorerie pour l'exercice terminé à cette date, ainsi que les notes annexes, y compris le résumé des principales méthodes comptables.

À notre avis, les états financiers ci-joints donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de l'Entité au 31 décembre 2022, ainsi que de sa performance financière et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes pour les organismes sans but lucratif.

Fondement de l'opinion

Nous avons effectué notre audit conformément aux normes d'audit généralement reconnues du Canada. Les responsabilités qui nous incombent en vertu de ces normes sont plus amplement décrites dans la section «Responsabilités de l'auditeur à l'égard de l'audit des états financiers» du présent rapport. Nous sommes indépendants de l'Entité conformément aux règles de déontologie qui s'appliquent à l'audit des états financiers au Canada et nous nous sommes acquittés des autres responsabilités déontologiques qui nous incombent selon ces règles. Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

Responsabilités de la direction et des responsables de la gouvernance à l'égard des états financiers

La direction est responsable de la préparation et de la présentation fidèle des états financiers conformément aux normes comptables canadiennes pour les organismes sans but lucratif, ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Lors de la préparation des états financiers, c'est à la direction qu'il incombe d'évaluer la capacité de l'Entité à poursuivre son exploitation, de communiquer, le cas échéant, les questions relatives à la continuité de l'exploitation et d'appliquer le principe comptable de continuité d'exploitation, sauf si la direction a l'intention de liquider l'Entité ou de cesser son activité ou si aucune autre solution réaliste ne s'offre à elle.

Il incombe aux responsables de la gouvernance de surveiller le processus d'information financière de l'Entité.

Responsabilités de l'auditeur à l'égard de l'audit des états financiers

Nos objectifs sont d'obtenir l'assurance raisonnable que les états financiers pris dans leur ensemble sont exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, et de délivrer un rapport de l'auditeur contenant notre opinion. L'assurance raisonnable correspond à un niveau élevé d'assurance, qui ne garantit toutefois pas qu'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada permettra toujours de détecter toute anomalie significative qui pourrait exister. Les anomalies peuvent résulter de fraudes ou d'erreurs et elles sont considérées comme significatives lorsqu'il est raisonnable de s'attendre à ce que, individuellement ou collectivement, elles puissent influencer sur les décisions économiques que les utilisateurs des états financiers prennent en se fondant sur ceux-ci.

Dans le cadre d'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada, nous exerçons notre jugement professionnel et faisons preuve d'esprit critique tout au long de cet audit. En outre:

- Nous identifions et évaluons les risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, concevons et mettons en œuvre des procédures d'audit en réponse à ces risques, et réunissons des éléments probants suffisants et appropriés pour fonder notre opinion. Le risque de non-détection d'une anomalie significative résultant d'une fraude est plus élevé que celui d'une anomalie significative résultant d'une erreur, car la fraude peut impliquer la collusion, la falsification, les omissions volontaires, des fausses déclarations ou le contournement du contrôle interne.
- Nous acquérons une compréhension des éléments du contrôle interne pertinents pour l'audit afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'Entité.
- Nous apprécions le caractère approprié des méthodes comptables retenues et le caractère raisonnable des estimations comptables faites par la direction, de même que des informations y afférentes fournies par cette dernière.
- Nous tirons une conclusion quant au caractère approprié de l'utilisation par la direction du principe comptable de continuité de l'exploitation et, selon les éléments probants obtenus, quant à l'existence ou non d'une incertitude significative liée à des événements ou situations susceptibles de jeter un doute important sur la capacité de l'Entité à poursuivre son exploitation. Si nous concluons à l'existence d'une incertitude significative, nous sommes tenus d'attirer l'attention des lecteurs de notre rapport sur les informations fournies dans les états financiers au sujet de cette incertitude ou, si ces informations ne sont pas adéquates, d'exprimer une opinion modifiée. Nos conclusions s'appuient sur les éléments probants obtenus jusqu'à la date de notre rapport. Des événements ou des situations futurs pourraient par ailleurs amener l'Entité à cesser son exploitation.
- Nous évaluons la présentation d'ensemble, la structure et le contenu des états financiers, y compris les informations fournies dans les notes, et apprécions si les états financiers représentent les transactions et événements sous-jacents d'une manière propre à donner une image fidèle.

Nous communiquons aux responsables de la gouvernance notamment l'étendue et le calendrier prévus des travaux d'audit et nos constatations importantes, y compris toute déficience importante du contrôle interne que nous aurions relevée au cours de notre audit.

OHCI LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Experts-comptables autorisés

Ottawa, Ontario

Le 23 mars 2023

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE LA SITUATION FINANCIÈRE
AU 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
ASSETS			ACTIFS
CURRENT			À COURT TERME
Cash	\$ 864,379	\$ 891,892	Encaisse
Accounts receivable	142,144	105,633	Comptes à recevoir
Prepaid expenses	<u>141,935</u>	<u>113,066</u>	Frais payés d'avance
	1,148,458	1,110,591	
INVESTMENTS (note 4)	3,035,000	2,848,125	INVESTISSEMENTS (note 4)
PROPERTY AND EQUIPMENT (note 5)	<u>18,238</u>	<u>16,351</u>	BIENS ET ÉQUIPEMENT (note 5)
	<u>\$ 4,201,696</u>	<u>\$ 3,975,067</u>	
LIABILITIES			PASSIFS
CURRENT			À COURT TERME
Accounts payable	\$ 462,192	\$ 341,919	Comptes créditeurs
Accrued benefit liability	<u>130,123</u>	<u>125,858</u>	Charge au titre des avantages accumulés
	<u>592,315</u>	<u>467,777</u>	
NET ASSETS			ACTIF NET
Invested in property and equipment	18,238	16,351	Investissement en biens et équipement
Internally restricted for contingency fund purposes	2,063,019	1,934,637	Affecté à l'interne comme fonds pour éventualités
Internally restricted for international solidarity fund purposes	75,588	109,911	Affecté à l'interne comme fonds international de solidarité
Unrestricted	<u>1,452,536</u>	<u>1,446,391</u>	Non affecté
	<u>3,609,381</u>	<u>3,507,290</u>	
	<u>\$ 4,201,696</u>	<u>\$ 3,975,067</u>	

Approved on behalf of the Board:
Approuvé au nom du conseil:



President/Présidente



Secretary-Treasurer/Secrétaire-trésorière

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE L'ÉVOLUTION DE L'ACTIF NET
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
INVESTED IN PROPERTY AND EQUIPMENT			INVESTISSEMENT EN BIENS ET ÉQUIPEMENT
Balance - beginning of year	\$ 16,351	\$ 23,474	Solde, début de l'exercice
Purchase of property and equipment	13,224	12,674	Achat de biens et d'équipement
Amortization	<u>(11,337)</u>	<u>(19,797)</u>	Amortissement
Balance - end of year	<u>\$ 18,238</u>	<u>\$ 16,351</u>	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR CONTINGENCY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS POUR ÉVENTUALITÉS
Balance - beginning of year	\$ 1,934,637	\$ 1,467,097	Solde, début de l'exercice
Transfer from unrestricted	<u>128,382</u>	<u>467,540</u>	Transfert de l'actif non affecté
Balance - end of year	<u>\$ 2,063,019</u>	<u>\$ 1,934,637</u>	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR INTERNATIONAL SOLIDARITY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS INTERNATIONAL DE SOLIDARITÉ
Balance - beginning of year	\$ 109,911	\$ 111,912	Solde, début de l'exercice
Transfer to unrestricted	<u>(34,323)</u>	<u>(2,001)</u>	Transfert à l'actif non affecté
Balance - end of year	<u>\$ 75,588</u>	<u>\$ 109,911</u>	Solde, fin de l'exercice
UNRESTRICTED			NON AFFECTÉ
Balance - beginning of year	\$ 1,446,391	\$ 1,307,068	Solde, début de l'exercice
Net revenue for the year	102,091	597,739	Revenus nets pour l'exercice
Purchase of property and equipment	(13,224)	(12,674)	Achat de biens et d'équipement
Amortization	11,337	19,797	Amortissement
Transfer to contingency fund	(128,382)	(467,540)	Transfert au fonds pour éventualités
Transfer from international solidarity fund	<u>34,323</u>	<u>2,001</u>	Transfert du fonds international de solidarité
Balance - end of year	<u>\$ 1,452,536</u>	<u>\$ 1,446,391</u>	Solde, fin de l'exercice
TOTAL	<u>\$ 3,609,381</u>	<u>\$ 3,507,290</u>	TOTAL

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES OPÉRATIONS
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>
REVENUE		
Member dues	\$ 3,919,067	\$ 3,874,891
Election contributions	-	9,010
Grant	4,200	3,990
Investment income (loss)	(74,717)	140,454
Miscellaneous	17	10,577
	<u>3,848,567</u>	<u>4,038,922</u>

EXPENSES		
Office of the President	315,002	239,893
Administration, membership services and staff	1,207,307	1,319,170
National Executive Board	94,422	32,035
CLC per capita	1,238,417	1,194,412
CLC affiliated events	17,831	12,845
Memberships, donations and scholarships	293,597	187,778
International liaison	-	291
Convention and educational sessions	-	171,394
Government relations and research	568,563	148,304
Federal election campaign	-	115,265
Amortization	11,337	19,796
	<u>3,746,476</u>	<u>3,441,183</u>

NET REVENUE FOR THE YEAR	<u>\$ 102,091</u>	<u>\$ 597,739</u>
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REVENUS	
Cotisations des membres	
Contributions – publicité électorale	
Subvention	
Revenu (perte) d'investissement	
Divers	
DÉPENSES	
Dépenses reliées à la présidence	
Administration, services aux membres et personnel	
Conseil exécutif national	
CTC cotisations par membre	
CTC événements associés	
Adhésions, dons et bourses d'études	
Relations internationales	
Congrès et ateliers de formation	
Relations gouvernementales et recherche	
Campagne dans le cadre de l'élection fédérale	
Amortissement	

REVENUS NETS POUR L'EXERCICE

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES FLUX DE LA
TRÉSORERIE POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
OPERATING ACTIVITIES			ACTIVITÉS D'EXPLOITATION
Net revenue for the year	\$ 102,091	\$ 597,739	Revenus nets pour l'exercice
Items not affecting cash			Éléments ne nécessitant aucune utilisation de fonds
Amortization	11,337	19,797	Amortissement
Realized and unrealized loss (gain) on investments	141,850	(87,470)	Perte (gain) d'investissement réalisée et non réalisée
Net change in non-cash working capital items			Variations nettes d'éléments du fond de roulement
Accounts receivable	(36,511)	33,391	Comptes à recevoir
Prepaid expenses	(28,869)	8,048	Frais payés d'avance
Accounts payable	120,273	60,379	Comptes créditeurs
Accrued benefit liability	4,265	17,299	Charge au titre des avantages accumulés
	<u>314,436</u>	<u>649,183</u>	
INVESTING ACTIVITIES			ACTIVITÉS D'INVESTISSEMENT
Purchase of investments	(2,026,216)	(1,543,114)	Achat d'investissements
Sale of investments	1,697,491	1,107,668	Vente d'investissements
Purchase of property and equipment	(13,224)	(12,674)	Achat de biens et d'équipement
	<u>(341,949)</u>	<u>(448,120)</u>	
INCREASE (DECREASE) IN CASH	(27,513)	201,063	AUGMENTATION (DIMINUTION) DE L'ENCAISSE
Cash - beginning of year	891,892	690,829	Encaisse, début de l'exercice
CASH - END OF YEAR	<u>\$ 864,379</u>	<u>\$ 891,892</u>	ENCAISSE, FIN DE L'EXERCICE

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

1. NATURE OF ORGANIZATION

The Federation is a not-for-profit organization that promotes the nursing profession through unity within the nursing unions and other allied health fields, promotes educational goals, communicates labour legislation and strategies and promotes the highest standards of health care throughout Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

a) Estimates and assumptions

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. The estimates and assumptions are reviewed annually and, as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

b) Funds

The internally restricted contingency fund was established to provide financial stability for the organization.

The internally restricted international solidarity fund was established to maximize the organization's opportunities for international solidarity work in humanitarian assistance, worker exchanges and building the capacity of workers to advance their rights.

c) Financial instruments

Investments quoted in an active market are initially recognized at fair value and are subsequently measured at the year-end fair value. Other financial instruments are initially recognized at fair value and are subsequently measured at cost, amortized cost or cost less appropriate allowances for impairment.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

1. NATURE DE L'ORGANISATION

La Fédération est un organisme à but non lucratif qui vise à promouvoir la profession infirmière par le rapprochement des syndicats d'infirmières et d'infirmiers et autres groupes oeuvrant dans le domaine de la santé, de promouvoir ses objectifs en matière d'éducation, la communication de la réglementation et des stratégies du travail et de promouvoir les plus hautes normes de soins de santé dans tout le Canada.

2. PRINCIPALES MÉTHODES COMPTABLES

Ces états financiers ont été préparés selon les normes comptables canadiennes pour les organismes sans but lucratif, et comprend les principales conventions comptables ci-dessous:

a) Estimations et hypothèses

La préparation des états financiers exige que la direction fasse des estimations et des hypothèses qui ont une incidence sur le montant déclaré de l'actif et du passif, et révèlent l'actif et le passif éventuels à la date des états financiers ainsi que le montant déclaré du revenu et des dépenses pendant la période visée par les états. Les estimations et les hypothèses sont revues annuellement et, quand des ajustements sont nécessaires, ils sont consignés dans les états financiers de la période au cours de laquelle ils deviennent connus.

b) Fonds

Le fonds pour éventualités affecté à l'interne fut créé afin de fournir une stabilité financière à l'organisation.

Le fonds international de solidarité affecté à l'interne de l'organisation fut créé afin d'accroître les occasions de fournir une aide humanitaire, de favoriser les échanges de travailleurs et de travailleuses, et les rendre plus aptes à promouvoir leurs droits.

c) Instruments financiers

Les investissements dans des titres cotés en bourse dans un marché actif, sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés à la juste valeur à la fin de l'exercice. Les autres instruments financiers sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés en fonction du coût, du coût amorti ou du coût auquel sont déduites les provisions pertinentes ou réductions de valeur pour dépréciation.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

d) Property and equipment

Property and equipment are recorded at cost less accumulated amortization. Amortization is provided on the straight line basis over 5 years on furniture, over 3 years on equipment and over the term of the lease on leasehold improvement.

e) Revenue recognition

The Federation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenditure is incurred. Unrestricted contributions are recognized as revenue when they are received or becomes receivable.

Members' dues are payable monthly and are recognized as revenue in the month to which they relate. Other revenues are recognized in the year in which the event is held or the revenue is earned.

3. FINANCIAL INSTRUMENTS

Financial instruments of the Federation consist of cash, accounts receivable, investments, accounts payable and accrued benefit liability.

Unless otherwise noted, it is management's opinion that the Federation is not exposed to significant interest rate, currency, credit, liquidity or market risks arising from its financial instruments and the risks have not changed from last year.

4. INVESTMENTS

	2022	2021	
Cash and cash equivalents	\$ 28,139	\$ 30,777	Liquidités et quasi-espèces
Fixed income	2,124,989	1,789,515	Revenu fixe
Equity	881,872	1,027,833	Actions ordinaires
	<u>\$ 3,035,000</u>	<u>\$ 2,848,125</u>	

Market risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The organization is exposed mainly to interest rate and other price risk.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

2. PRINCIPALES MÉTHODES COMPTABLES (suite)

d) Biens et équipement

Les biens et l'équipement sont consignés au prix coûtant moins l'amortissement cumulé. L'amortissement est calculé selon la méthode linéaire sur cinq (5) ans pour le mobilier et sur trois (3) ans pour l'équipement, et pendant la durée du bail relatif à l'amélioration locative.

e) Comptabilisation des revenus

La Fédération utilise la méthode du report pour la comptabilisation des apports. Les cotisations assujetties à des restrictions sont reconnues à titre de revenus au cours de l'exercice où les dépenses correspondantes sont enregistrées. Les apports non affectés sont reconnus à titre de revenus lorsque reçus ou à recevoir.

Les cotisations des membres sont payables mensuellement et sont comptabilisées à titre de revenus au cours du mois auquel elles se rapportent. Les autres revenus sont comptabilisés dans l'exercice au cours duquel l'événement est tenu ou le revenu est gagné.

3. INSTRUMENTS FINANCIERS

Les instruments financiers de la Fédération se composent de l'encaisse, des comptes à recevoir, des investissements, des comptes créditeurs, et de la charge au titre des avantages accumulés.

Sauf indication contraire, c'est l'opinion de la direction que les instruments financiers de la Fédération ne l'expose pas à des risques significatifs par rapport aux taux d'intérêt, au cours de change, au crédit, au flux de trésorerie ou aux fluctuations du marché. Ces risques n'ont pas changé par rapport à l'an dernier.

4. INVESTISSEMENTS

Le risque du marché est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché. Le risque du marché comprend trois types de risques : le risque de cours de change, le risque de taux d'intérêt, et l'autre risque du prix. L'organisation est surtout exposée aux risques liés aux taux d'intérêts et aux prix.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

4. INVESTMENTS (continued)

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed income investments.

Other price risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, other than those arising from currency risk or interest rate risks, whether these changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The organization is exposed to other price risk through its fixed income and equity investments.

5. PROPERTY AND EQUIPMENT

	2022		
	Cost	Accumulated amortization Amortissement cumulé	Net
Furniture	\$ 10,196	\$ 8,154	\$ 2,042
Equipment	90,116	73,920	16,196
Leasehold improvement	6,947	6,947	-
	<u>\$ 107,259</u>	<u>\$ 89,021</u>	<u>\$ 18,238</u>

6. COMMITMENTS

The Federation currently has an agreement with a hotel to provide meeting facilities and food service for the 2023 convention at a minimum cost of approximately \$108,000.

The Federation currently has an agreement with a contractor to provide audio and video services for the 2023 convention at a cost of approximately \$244,000.

7. EMPLOYEE BENEFITS

The Federation participates in a multi-employer defined benefit plan providing pension benefits. The plan is accounted for as a defined contribution plan since sufficient information is not available to apply Canadian generally accepted accounting principles required for defined benefit plans. The expenditure for the plan for the year is \$82,584 (2021 - \$90,178) which represents the Federation's required current contribution to the plan for the year.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

4. INVESTISSEMENTS (suite)

Le risque de taux d'intérêt est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des taux d'intérêt du marché. Les investissements à revenu fixe de l'organisation l'exposent au risque de taux d'intérêt.

L'autre risque du prix est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché, autres que ceux engendrés par le risque du cours de change ou le risque du taux d'intérêt, qu'importe si ces changements sont causés par des facteurs liés à l'instrument financier en particulier ou à l'émetteur de l'instrument financier, ou à des facteurs affectant tous les instruments financiers similaires échangés sur le marché. Les investissements à revenu fixe et les investissements dans les actions exposent l'organisation à cet autre risque du prix.

5. BIENS ET ÉQUIPEMENT

	2021	
	Net	
	\$ 3,293	Mobilier
	13,058	Équipement
	-	Amélioration locative
	<u>\$ 16,351</u>	

6. ENGAGEMENTS

La Fédération a actuellement une entente avec un hôtel pour fournir des salles de réunion et un service de restauration pour le congrès de 2023 au coût minimum d'environ 108 000 \$.

La Fédération a actuellement une entente avec un entrepreneur pour fournir des services audio et vidéo pour le congrès de 2023 à un coût d'environ 244 000 \$.

7. AVANTAGES SOCIAUX DES EMPLOYÉS

La Fédération cotise à un régime de retraite interentreprises à prestations déterminées et offrant des prestations de retraite. Le régime est comptabilisé en tant que régime à cotisations déterminées car il n'y a pas suffisamment d'information disponible pour appliquer les principes comptables généralement acceptés au Canada et requis pour les régimes à prestations déterminées. Les dépenses relatives au régime pour l'année sont de 82 584 \$ (2021 - 90 178 \$), ce qui représente la cotisation actuelle obligatoire de la Fédération pour l'année.



OTHER REPORTS

- Member Organizations' news
- Canadian Labour Congress update
- Canadian Health Coalition report

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Member Organizations' News

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Member Organizations' News

Registered Nurses' Union Newfoundland and Labrador

Nursing Think Tank

RNUNL has been calling on government and employers to take action to address the crisis facing nursing for years. In 2022, RNUNL successfully lobbied the provincial government to hold a Nursing Think Tank to come up with short-term solutions to improve the workplace and the retention and recruitment of registered nurses and nurse practitioners in Newfoundland and Labrador.

The Nursing Think Tank took place virtually April 4-5. This was the first time everyone – from the front line all the way to CEOs – gathered in this format to discuss the challenges facing nursing. More than 150 people participated in the two-day event, including RNUNL members, RNUNL Board of Directors and staff. Schools of Nursing, the College of Registered Nurses Newfoundland Labrador, the Newfoundland and Labrador Nurse Practitioner Association, nursing students, managers, staff and senior officials from the Regional Health Authorities and various Provincial Government departments also participated.

The Nursing Think Tank featured a panel of RNUNL members who shared their heartbreaking stories about the impact of staffing and working conditions on their well-being, work-life balance and patient care.

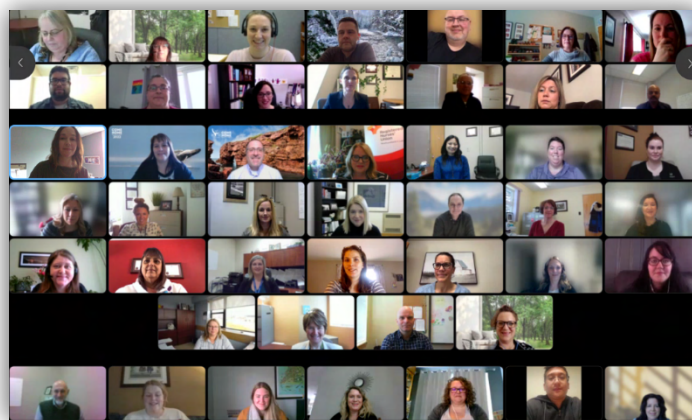
More than 700 RNs and NPs completed a Nursing Think Tank survey. The results were presented during the event and helped guide discussions. Results revealed that the top three issues RNs and NPs would like addressed are: 1. Providing incentives to retain existing permanent RNS/NPs; 2. Access to leave; and 3. Reducing and/or eliminating mandatory overtime.

Virtual breakout rooms were used to facilitate small group discussions, providing a welcoming space for open and respectful conversation. The discussions were powerful, heart-wrenching and hopeful.

A committee was struck to review the results of the Nursing Think Tank event and to develop a plan with short-term recommendations to retain and recruit RNs and NPs. After

months of waiting, incentives were announced in August 2022. It included retention bonuses, signing bonuses for casual RNs, self-scheduling guidelines, double-rate overtime for vacation period, travel locum premium, reimbursement of licensing fees for retired RNs, 24-7 mental health supports, and commitment to explore child care during non-standard hours and establishing a specific site as a pilot.

It's clear from the stories we hear from RNUNL members every day that these incentives are not enough. Much more is needed to bring relief and stop the bleeding of the nursing profession. RNUNL continues to fight for its members.



Member Organizations' News

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Organizational review

In Spring 2022, RNUNL began an organizational review. This review stemmed from RNUNL's strategic plan, which set a goal to strengthen internal capacity to serve the membership. This is our first organizational review in 20 years.

The union hired Cullwick & Associates to conduct a detailed review at how RNUNL works today, our structure, our governance, our management structure, our people-management process, and compare it to best practices.



RNUNL President Yvette Coffey and members

In addition to strengthening RNUNL's capacity to serve its members, the review is intended to support the creation of an environment and culture that supports the well-being of volunteers and staff.

RNUNL's work has changed, and we want a proactive approach to drive our strategic direction and make sure that our staff and our union structure is set up for success. The organization review revealed today's challenges and future opportunities. Cullwick & Associates made a series of recommendations along with some priorities for change.

Recommendations include strengthening our focus on people. This means we need a human resources strategy and management, and performance management process across the organization to help us identify training, development and career opportunities for staff.

We also need to help our organization manage change because we all know we've been through a lot lately. This is both about how we manage change within the union and prepare for changes happening provincially and federally to the health care system. We want to make sure RNUNL is being proactive and has a voice provincially and federally. We want to be prepared to represent our members through changes, transformations and crisis.

RNUNL will focus on volunteer management in phase 2. Volunteers will be involved in helping us identify opportunities to look at how we can support volunteers more effectively.

Next steps include developing a detailed plan to implement the recommendations. Now that we have approved and prioritized the recommendations, we will start with the leadership roles and responsibilities and have formed a People and Culture Committee as a standing committee of the board. We plan to engage staff along the way in an Internal Advisory Committee, and we will measure and report progress through updates to help our members understand what's been completed.

Member Organizations' News

Collective bargaining

RNUNL's provincial collective agreement expired June 30, 2022. In preparation for bargaining, RNUNL put out a call for proposals, asking members to identify their bargaining priorities and ideas for collective agreement improvements. We received more than 130 bargaining proposals from members.

RNUNL's negotiating team is comprised of registered nurses and nurse practitioners from all regions of Newfoundland and Labrador. In April 2022, the Negotiating Team met for orientation and began reviewing proposals. On May 24, RNUNL served a written notice to the provincial government to begin collective bargaining, calling on the government to better support retention efforts for existing RNs and NPs.

A professional research firm called Thinkwell Research + Strategy conducted a member survey to further assess bargaining expectations. A sample of the membership was contacted, and that research was used to finalize a comprehensive opening package based on sound rationale, membership input and understanding of our environment. Findings showed that wages are by far the number one priority for both RN and NP groups.

The top four priorities for RNs this round of bargaining are compensation, incentives to retain existing permanent RNs/NPs, recruitment, and staffing/finding solutions to staffing shortages.

The top four priorities for NPs this round of bargaining are compensation, billing to MCP, billing to private insurers/workers comp, and incentives to retain existing permanent RNs/NPs.

When asked about what items are most important to members personally, access to leave was also high on the list. Research also assessed wage expectations, preference for length of contract, and appetite to strike if a satisfactory agreement cannot be reached.

The first meeting with the employer was on October 5, 2022. Several rounds of bargaining discussions have taken place since.



Throughout the bargaining process, RNUNL has applied pressure in the media and behind the scenes regarding the critical state of health care and the importance of negotiating a contract that will help stabilize nursing. RNUNL is demanding a better deal for its members with a focus on competitive salaries, safer and healthier working conditions, and improved access to leave.

Without a strong contract, the risk of the nursing crisis becoming worse is real. By the numbers, there are currently over 752 vacant nursing positions in the province. According to the RNUNL research, 40 percent of RNs plan to leave the health care system if working conditions don't improve.

Member Organizations' News

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RNUNL is prepared to fight for a fair collective agreement that values and respects our members and the critical role they play in the health care system.

As of writing this update in February 2023, negotiations are ongoing.

Media campaigns

RNU is actively building public awareness and support for action to address the nursing crisis and putting pressure on government to act. Two strong media campaigns have been launched since the last CFNU convention.

On June 2, 2021, RNUNL launched a brave new media campaign, “*More than an RN, less than enough*” to address the issues plaguing RNs and NPs and to showcase how these longstanding challenges are negatively affecting the health care system. This campaign highlighted how a nursing shortage, unsafe staffing practices and unfair working conditions are impacting our members and their patients.

The campaign included videos, online ads and billboards, showing that RNs and NPs are more than their profession: they are people – with personal lives, commitments and family responsibilities. Placing unfair expectations on valuable professionals is dangerous for everyone. RNs go above and beyond to provide optimal patient care at the cost of their own well-being.

The campaign was a pointed and purposeful call to action, highlighting the reality of the urgent crisis for RNs, NPs and patient care.



At RNUNL's 28th Biennial Convention in October 2022, we launched our Beyond Broken campaign with a public rally with hundreds of our members.

Our health care system is Beyond Broken, but it's not beyond repair. This campaign depicts the dire state of health care in Newfoundland and Labrador and the urgent need for change, calling on government to act now to stabilize nursing and protect patient care before it's too late. This means doing everything we can to retain registered nurses, create safer and healthier working conditions, and improve access to leave.

Member Organizations' News

Nova Scotia Nurses' Union

Lights, cameras, action at NSNU annual general meetings

For two days, April 20-21, 2021, and then again in April 26-27, 2022, the NSNU presented a hybrid event that welcomed over 250 nurses to participate from the comfort of their homes. It offered many of the trappings of a regular AGM without the risks associated with prohibited gatherings.



NSNU Annual General Meeting

COVID-19 sidelined any hope of hosting an in-person annual general meeting two years running. Unlike 2020, the Nova Scotia Nurses' Union was able to power on (literally and figuratively), providing a format that was accessible, interactive, informative and productive.

In 2021, NSNU received messages of support and love from Prime Minister Justin Trudeau; the Queen's representative in Nova Scotia, the Honourable Arthur J. LeBlanc, Lieutenant Governor;

Premier Iain Rankin; musical group the Barra MacNeils; the women of CTV's *The Social*; Nova Scotia's Chief Medical Officer Dr. Robert Strang; Chief Public Health Officer of Canada Dr. Theresa Tam; NSNU's founder Tom Patterson; award-winning Cape Breton singer/songwriter Gordie Sampson; hockey idol Sidney Crosby; famed fiddler Natalie McMaster; local TV personalities from CBC, CTV and Global TV; multiple union allies in Nova Scotia and beyond, and many more friends.

In 2022, NSNU premiered a brand-new rendition of O Canada sung by NSNU members. Our keynote-presenter, Ann Divine, moved the audience with her stories and knowledge of equity, diversity and inclusion we heard from members. We welcomed several guest speakers, both virtually and on stage. NSNU embraced CFNU President Linda Silas and CLC President Bea Bruske live and in person at our historic venue-turned studio Lord Nelson Hotel.

NSNU was grateful to have hosted two successful hybrid events. Virtual broadcasts can be unpredictable, and we are appreciative to all our members who participated from their homes.

NSNU President Janet Hazelton did an incredible job of chairing the meeting and making the daunting task of hosting 12 hours of live broadcasting look effortless.

Nurses' Day of Action makes national waves

Dozens came out in support of the Day of Action rally held at the NSNU office on Friday, September 17, 2021. The gathering was one of many that took place across the country, in which thousands of nurses and supporters united to say we are **#DoneAsking**.

Member Organizations' News

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NSNU members

During the event, NSNU

President Janet Hazelton addressed not only those present at the rally, but more than 90 who were participating via Facebook Live. Her presentation touched on issues that are familiar to nurses in Nova Scotia and across Canada – staffing shortages, excessive overtime and 24-hour shifts, unsustainable working conditions, and the need for consultation and change that enacts improved conditions on the front line.

The event also drew a large media presence. In the days leading up to the Day of Action, Janet Hazelton was interviewed by multiple media outlets, including Global, CBC Mainstreet Halifax and Cape Breton, CBC Information Morning and Saltwire's (Nova Scotia leading print and digital news outlet) Sheldon MacLeod, among others. These outlets and more were on hand to capture the rally, leading to extensive coverage in the evening and weekend news cycles.

Support for the national event was so significant that 'Day of Action' was trending on Twitter for over an hour. The NSNU also received a letter about the campaign from the three new health care ministers: Michelle Thompson, Minister of Health and Wellness; Barbara Adams, Minister of Seniors and Long-Term Care; and Brian Comer, Minister Responsible for the Office of Addictions and Mental Health.

Federal minister's roundtable on nursing

On July 12, 2022, the Federal Minister of Health Jean-Yves Duclos met with nurses from various backgrounds and regions of Nova Scotia at the Nova Scotia Nurses' Union office in Dartmouth to discuss the nursing crisis. They discussed the challenges facing our acute care, long-term care and community nurses.

The Honourable Minister asked each nurse about their personal experiences and recommendations on how to resolve problems and build on our nursing workforce.

Minister Duclos and Members of Parliament from Nova Scotia in attendance heard testimony from several frontline nurses about the dire situation the nursing shortage has created in every sector of care. Work-life balance, vacation denials, burnout, excessive overtime, workload, working short, reassignments and deployments, COVID recovery, violence and abuse in the workplace, compassion fatigue, an exodus of nurses, emotional distress, and physical injury and more are of grave concern to those who are struggling within the system.

The NSNU thanks Minister Duclos and MPs Lena Metlege Diab (Halifax West), Darren Fisher (Dartmouth – Cole Harbour), and Jaime Battiste (Sydney – Victoria) for their time and attention to these important issues. The NSNU has high expectations for the future of nursing and health care.

Member Organizations' News

The state of emergency care

In mid-January 2023, NSNU president Janet Hazelton joined provincial health care leaders and stakeholders of all stripes at a 90-minute health care summit convened by Premier Tim Houston to discuss the unprecedented challenges and recent tragedies that occurred in emergency departments across Nova Scotia.

The premier called “all the people who have an impact on how health care is managed in the province in one room so we can all talk about the same sense of urgency.”

He urged attendees to speak their minds, saying he was amenable to any idea. That opened the floodgate, encouraging unfettered dialogue about nurses working to their full scope of practice, leaving behind non-nursing tasks, fortifying respectful and safe workplaces, banning 24-hour shifts, and offering nurses the work-life balance they desperately need.



NSNU President Janet Hazelton and Federal Minister of Health Jean-Yves Duclos

President Hazelton was quoted in the media that day for saying, “There's no time for us and them anymore, what we need is all “us”...we owe that to Nova Scotians, we owe people confidence when they enter our health care system that they are going to get good care.” If we do not work quickly to find solutions and work collaboratively to implement change, we will continue to see a decline in services.

On January 18, the Minister of Health and Wellness Michelle Thompson made an announcement about changes in the way patients are triaged and treated in our EDs. A host of actions were listed, but few address the staggering nurse vacancy rate and urgent and untenable pressures on nurses.

In what Nova Scotia Health called Actions to Improve Emergency Care, the province announced a long list of transformations to ensure those with the most urgent needs get care quicker.

In response to the premier’s action plan, the NSNU issued a release saying members of the Nova Scotia Nurses’ Union, nurses working in emergency departments across the entire province, do not see their concerns reflected in the province’s new plan to improve emergency care.

The union president had hoped for immediate actions, actions that would prevent future harm to patients and workers in our stressed and overcapacity emergency departments. In fact, the plan runs the risk of adding more to existing nurse workloads if there isn’t a significant shift in filling vacancies, or at the very least, initiatives to retain the nurses currently in the system. Without nurses in emergency departments, wait times will remain unacceptably long.

Member Organizations' News

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NSNU President Janet Hazelton

“We can get patients to emergency faster, we can get more ambulances on the road, but if we don’t have professional staff and beds on the other side of the waiting room, wait times will not be reduced. Plain and simple: we need more nurses, and more nurses working to their full scope of practice. We need to fill nursing vacancies,” says Hazelton.

Nurses need non-nursing work, such as administrative tasks and other duties, removed from their practice in emergency and elsewhere. Nurses need to focus on timely and precise patient care. There is no mention in the plan to cover these non-clinical tasks for nurses.

Adding patient advocates in emergency waiting rooms may be advantageous depending on their role and qualifications, and the establishment of clear boundaries. There is a significant distinction between patients’ medical needs versus their comfort needs and how the advocate is to intervene. The NSNU recommends our highly skilled licensed practical nurses be present in waiting rooms to ensure patients are observed and properly assessed.

President Hazelton also advocates for nurse-prescribing in EDs, considering many patients presenting at emergency departments are looking for prescription renewals.

Government must also provide consistent tuition relief for nurses who wish to bridge beyond their current designations, and provide funding for nurses to acquire additional training to confidently apply to work in areas like emergency departments.

The NSNU maintains a plan that does not include restoring a full complement of nursing staff in every emergency department in Nova Scotia will fall short of meeting the government’s goal of offering more places for people to receive care, faster care, while easing pressure on emergency departments.

Wage increases for nurse practitioners and RN-prescribers

On February 3, 2023, the Nova Scotia Nurses’ Union announced that the NSNU and NSGEU had concluded a classification and re-classification process, as per article 8.15 in the acute care collective agreement. That language states that if a nurse believes the job has changed substantially since the signing of the collective agreement, an application can be made to the employer, and the unions and the employer can enter into a process to negotiate a more appropriate rate; as well, if a new classification is introduced, the union and the employer can negotiate a rate of pay for that position.

Member Organizations' News

The NSNU and NSGEU recently settled on a new wage rate for nurse practitioners, as the scope of this role has changed significantly. NP's increased responsibilities include, but are not limited to, admissions and discharges from hospital, consulting specialists, working autonomously to diagnose, ordering and interpreting laboratory tests, ordering and interpreting reports of diagnostic imaging investigations, prescribing pharmaceuticals and performing procedures.

As a result of the re-classification process and ensuing negotiations, the new wage rate of NPs will increase by eight per cent, placing Nova Scotia NPs amongst the highest-paid nurse practitioners in the country.



Language in the AC collective agreement also allows negotiations to take place if a new position is created. Recently the employer introduced RN-prescribing, which allows RNs who complete extensive education to prescribe medication to patients. The Council of Nursing Unions and employer agreed to increase the hourly rate of those nurses by an additional \$4 per hour.

Work began in 2017 to advance RN-prescribing in Nova Scotia. In late January, government announced that a range of professional development opportunities will be available to optimize scopes of practice for triage nurses working in emergency departments, including the RN-prescribing course.

The Certificate in Registered Nurse Prescribing program (part of the Master of Nursing curriculum) at Dalhousie University prepares RNs with specialized education and skills to prescribe medications within their specific area of expertise, practice and client population.

Registered nurse prescribing improves services to patients by reducing wait times in various settings, specifically our EDs. The unions welcome the decision to expand this program.

We are hopeful that these increases will assist in recognizing the increased scope of practice of our nurses as well as the value of their work. We look forward to negotiating wage increases for the remainder of the nursing bargaining unit once face-to-face negotiations commence.

Member Organizations' News

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New Brunswick Nurses Union

2021-2022 PR campaigns

During 2021-2022, NBNU had two different campaigns in market. In 2021, we put out a multi-faceted campaign called *"Who needs a Nurse?"* it was in market at two different times. This campaign was aimed at portraying a very real picture of the value of nurses to each and every New Brunswicker – showing the daily journey of one individual as an overworked nurse, heavily leaned on at work, repeatedly asked to do overtime and missing many family moments – a story all too common among nurses in every province. The campaign was in market from late October until early December 2021, then again in late January to late February 2022.



The deployment of this particular campaign was important and timely because we were in ongoing negotiations, for all three of our bargaining units, with the provincial government for two and a half years, and it was important to ensure that the New Brunswick public saw in a very real way how the lives of those who care for them – nurses – was being impacted by resourcing shortages across health care in the province.

NBNU decided several years prior to continue with annual promotional and marketing campaigns. Continuing to put in front of the New Brunswick public the challenges nurses face due to working short is an important way to ensure New Brunswickers continued to realize how important nurses are. With contract talks stalled, engaging the public and garnering their support was very important at this time. During the first flight of this campaign, near the end of November, we campaigned our members and the public to visit the microsite and send a letter to their MLA expressing their sincere concern for the health and welfare of New Brunswick registered nurses and nurse practitioners and their patients, clients and residents. This campaign sent over 4,500 letters to provincial MLAs, the Premier, the Minister of Health and the Minister of Post-Secondary Education, Training and Labour. These letters made their point as it sparked the government to continue the stalled negotiations.

The campaign ran ads on static billboards, in newspapers and on TV. Social media platforms were also used to showcase the 15-second and 30-second videos with TV showcasing only the 30-second videos. A microsite was also launched to share the campaign elements and act as a landing page for the duration of the campaign. Approximately 3.2 million digital ad impressions were recorded during the first flight of the campaign; 436,000 completed video views were recorded; and over 15,000 people visited the whoneedsanurse.ca

Member Organizations' News

In late 2022 and early 2023, another short-term campaign was launched: Picking Up the Pieces, including the taglines “The System is Broken” and “Help us Pick up the Pieces”. The first flight of ads ran mid-October to mid-November, with a second flight running mid-January until mid-February 2023.

The aim behind this campaign was to engage citizens and, secondarily, to underscore the dire state of health care in the province. The campaign was meant to bring more heightened and focused awareness to the health care crisis and to showcase that nurses have solutions to share but they are pulled in too many different directions. Several nurse practitioners, licensed practical nurses and registered nurses were interviewed for this campaign, and their vignettes formed the basis of the campaign visuals that show torn images of the nurse and implored the public to act by downloading a letter and sending it to their Member of the Legislative Assembly.



The campaign ran ads on static billboards, on bus shelters and on TV. Social media platforms were also used to showcase the 15-second and 30-second videos with TV showcasing only the 30-second videos.

A microsite was also launched to share the campaign elements and act as a landing page for the duration of the campaign. Over the first flight, the campaign resulted in: 2.4 million digital ad impressions; 521,000 completed video views; and over 9,400 people visiting pickingupthepieces.ca

Collective agreements signed after strike action

In 2021, members of NBNU had been without a collective agreement since December 31, 2018. When negotiations began in February 2019, no one would have expected that the process would take so long and that nurses would be without a new agreement until December 2021.

At the onset of negotiations, talks stalled because of various factors, the delays made longer with the provincial shutdown in March 2020 due to the COVID-19 pandemic, and they were further delayed due to a provincial election in the fall of 2020.

There were on-and-off-again negotiations, including conciliation in September 2021, and two rejected tentative agreements. Both were largely voted down because of the monetary offering and lack of respect from government, including the demand for double-paid overtime. The union's position was made stronger when, in November 2021, nine CUPE unions took strike action and walked off the job. The strike lasted three weeks.

Member Organizations' News

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Just prior to this strike action in November, government had reclassified the province's LPNs, and they moved out of CUPE and became NBNU members.

The LPNs were happy to be a part of NBNU, and they brought with them a very strong vote to take strike action.

NBNU members, including the newly implanted LPNs, took a strike vote the first week of December 2021. All three bargaining units voted in favour of a strike with a 92% strike mandate. Following the strike vote, negotiations resumed, and a tentative agreement was reached for the Part III, Hospital and Nurse Manager and Supervisor bargaining groups. It was recommended by the negotiating teams to the members, who accepted it just before Christmas. The nursing home bargaining unit members took a bit longer to reach a tentative agreement as they are governed by the Department of Social Development, not the Department of Health. Negotiations concluded for the nursing home bargaining unit in February 2022, and the new agreement was signed in May 2022.

In the end, all three agreements included the double overtime and lump sums that were awarded to all members, as well as assisting with nursing association membership costs and/or uniform allowance. The commitment to look at ways to support the mental health of nurses, as well as a review of LTD plans and reducing the age of retirement without reduction of benefits, was also included.

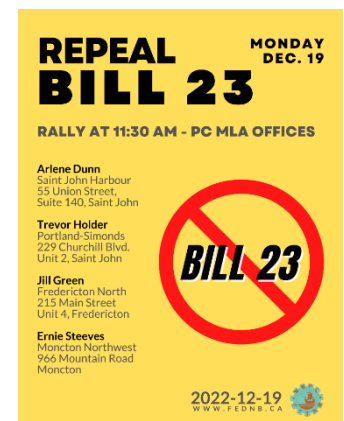
An Act to Amend the Public Services Labour Relations Act

In November 2022, the NB government brought forward amendment to the *Public Services Labour Relations Act* without any consultation with any union in the province. The changes announced and passed by government impact about one out of eight New Brunswickers, since at last count 118,000 New Brunswickers were members of public or private sectors unions. The new legislative changes limit fair collective bargaining for many workers. The changes tip the balance of power in favor of the employer because they make a strike vote invalid after one year, make changes to the number of designated employees, remove true binding arbitration as a viable option in the process, open the door to scab labour, and suppress wage increases by allowing an arbitrator to only consider the wages that are comparable to those in the Atlantic region.

NBNU and other unions under the umbrella of the NB Federation of Labour fought against the changes and mobilised the public and members against the changes. The majority government voted in favour of these changes to the *Act*, and it was amended. The fight continues; affiliated and non-affiliated NBFL unions continue to work together and strategize next steps.

Research undertaken and published

In the summer of 2021, NBNU commissioned a survey of the general public. The telephone poll results indicated that the public highly trust nurses and value nurses' input into health care; that the public is worried about the nurse shortage and the increased overtime hours, and fatigue that has become their common reality. The public is well aware of and concerned about the impact of the labour shortage in health care.



Member Organizations' News

The public poll informed a more in-depth NBNU study that collected the voices of registered nurses and nurse practitioners to see how they were faring amid the nurse shortage and accompanying stress and burnout that resulted. Over 4,000 nurses responded, and results revealed that 92 percent of nurses believe that over the past three years the quality of health care overall is worsening, and over 85 percent of these blame the nursing shortage and resulting unmanageable/unsustainable workload as the key factor of negative influence. Nurse-patient ratios have become dangerous.

Over 83 percent of NB's RNs and NPs claimed that their own mental health was deteriorating, and that they were feeling very high stress/burnout. Because of this, they have become morally distressed and injured because they fear (92 percent) that patient care will continue to decline. For example, an overwhelming 89 percent of RNs/NPs reported feeling not rested even at the beginning of a new shift – they do not have sufficient downtime to recuperate/recover with work so demanding and resources so short. Worse, because of all this, retention and recruitment has been difficult; nurses are leaving public health care to work where they can regain some personal health and well-being. Of note, nearly half (47 percent) in 2021 said they would leave now or have an exit plan in place. It was noted by many nurses that while COVID played a role in the distress of their job, it only exacerbated what was already happening.



Maria Richard, 1st Vice-President, and NBNU
President Paula Doucet

A year later, another study was undertaken by NBNU to survey the newly placed LPNs in the name of “What Licensed Practical Nurses Answered, When Asked: Please Help Us!” (Rogers, 2022). It asked similar questions and revealed very similar findings in addition to a few experiences more particular to this category of nurse. The study, like the previous one, revealed that the ongoing crisis in health care due to serious labour shortages is also responsible for LPNs’ scathing assessments of their own work conditions and the declining quality of the public health care system – despite health care practitioners loving what they do and wanting to do more. 93 percent of LPNs stated their belief that patient and client care would continue to worsen if the situation does not improve, and it is the nursing shortage overall that is mostly responsible for the decline in both health care and work conditions, not to mention thereby retention and recruitment efforts. The daily burdens on LPNs, like those on their RN/NP team members, means that LPNs’ mental and physical health is deteriorating to the point that they, too, are leaving their jobs and sometimes their profession altogether. Like their RN/NP counterparts, 84 percent of LPNs reported feeling not rested even at the beginning of a new shift – a frightening finding and one that certainly contributes to their moral injury as well.

A study focusing on what nurse practitioners identify as concerns and barriers to improving primary health care access and delivery, as well as NP retention and recruitment, is forthcoming.

Member Organizations' News

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Manitoba Nurses Union

The past two years have been intense for Manitoba's nurses.

Despite us seeing the toughest bargaining climate since the Manitoba Nurses Union last went on strike in 1990, we were able to successfully negotiate collective bargaining agreements with a provincial PC government obsessed with austerity. These new CBAs, which cover the majority of our members, were ratified on October 14, 2021. No easy feat, it took a committed Provincial Collective Bargaining Committee and chief negotiator five years to accomplish with a government whose premier tactic was to delay. Eventually concluded via mediation and a concerted campaign by MNU to shame them into coming to the table for meaningful negotiations, Manitoba nurses were able to move forward.



Chief Nursing Officer Dr. Leigh Chapman and
MNU President Darlene Jackson

However, as we expected, the new CBA was not enough to address the myriad of problems in the health care system and, most importantly, the nurse staffing crisis. Since 2016, when the PCs took government, we have emphasized to them at every turn that the staffing crisis – and resulting burnout – is the single biggest factor driving nurses out of the public system.

Here's an update on the situation in Manitoba.

MNU members across our province have spoken to us about the loss they felt over the past couple years; the loss of time with family due to the demands of the pandemic and the mandated overtime, loss of love for their profession, and loss of trust in government and its employers to fix this situation we all find ourselves in.

We felt it was important for Manitobans across the province to understand what was happening behind the front lines, so in 2021 we launched a campaign Inner couRAGE that included a website where nurses and their family members could reach out anonymously and share what they were going through.

They welcomed the opportunity to share what was weighing them down. This led to our mini documentaries developed with a local video and animation company in Winnipeg, titled *Inner CouRAGE: The Frontline Is Not Okay*. These videos were extremely well received by our members and the public. In fact, they earned a gold at the 43rd annual Telly Awards, which celebrates outstanding work in video and film productions, and web commercials, videos and films. To view the mini-docs, please visit <https://innercourage.ca/>

Member Organizations' News

In 2022, we launched our Stay Courageous campaign, which was then closely followed by our SOS campaign via our social media channels. The idea was that we must not give up, that we hear their cries for help and are fighting even harder on their behalf. These "SOSs" came from nurses on a wide variety of issues, from working in units that are below baseline staffing to a lack of beds, to nurses dealing with violent patients. And again, the need to unload the burdensome angst proved beneficial.

Our newest campaign for 2023, The State of Health Care Is outRAGEous, is even more bold. It includes both traditional and social media, out-of-home advertising by way of billboards and superboards around the province, as well as lawn signs and lanyards. It calls on Manitobans to put health care top of mind when they head to the ballot box during the upcoming provincial election.

We know what is at stake when it comes to the politicians we elect, and we're hopeful that Manitobans will pay attention and vote in favour of fixing the floundering public health care system. We take inspiration for this challenge from battles past, especially the ones led by our former MNU president and fearless leader Vera Chernecki, who passed away on July 15, 2022.

This was a very painful loss for many, as Vera meant so much to MNU. Not only was she our president for 17 years, following her retirement in 1999, she continued to be active with MNU as our AGM Parliamentarian.

We stand on the shoulders of nurses who came before us, a huge collective that fought for visibility, equality, pay equity, respect and workplaces that are safe for staff and patients. Vera's shoulders were strong, she carried us for a long time, and in her honour we march on, because showing tenacity in the face of adversity was Vera's essence.

Updates from last report

COVID-19 pandemic

At the beginning of 2022, the COVID-19 pandemic was still present in our health care system, and then we were hit with an early flu/cold/RSV season last fall. This led to severe outcomes mainly for kids. As a result, our Children's Hospital was so overwhelmed with patients, that Shared Health (one of the largest health regions in the province and the one in charge of the largest hospital, Health Sciences Centre) reported publicly that there were postponements of pediatric elective procedures during the week of January 4.



Member Organizations' News

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Sadly, we haven't seen progress in the months that followed as nurses continue to be stretched beyond capacity. Vacancies, overtime and agency hours continued to climb. In fact, overtime hours hit a new high in 2022, with more than a million hours logged in Manitoba.

We know that the pandemic laid bare and exacerbated the issues in our health care system, therefore we continue to push our provincial and federal governments towards substantive actions on these issues.

Constitutional challenge

The Partnership to Defend Public Services, a coalition led by the MFL and made up of dozens of public sector unions, including MNU, was created to fight back against the Pallister government's wage freeze law *Bill 28: The Public Services Sustainability Act*. Through the Partnership, we launched a legal challenge of *Bill 28*. In 2020, the Manitoba Court of Queen's Bench found *Bill 28* unconstitutional, but the Pallister government appealed. A decision on the appeal was delivered October 13, 2021, with the Court of Appeal overturning the lower court's 2020 decision. With this split decision between the two courts in Manitoba, the Partnership chose to apply for leave to appeal to the Supreme Court of Canada (SCC). For an entire year, we waited to see whether the Supreme Court would hear our case.

In a profoundly disappointing decision made public in late October of 2022, the Supreme Court chose not to hear our constitutional appeal of the Pallister/Stefanson wage freeze law, leaving unresolved the contradictory decisions issued by Manitoba's two lower courts. This was a complicated, years-long case, and while the Stefanson government did repeal that original *Bill 28* when the *Bill 2: The Public Services Sustainability Repeal Act* was passed and received Royal Assent on June 1, 2022, the SCC ruling still felt like a gut-punch.

Workload staffing reports

Lastly, we are very proud to report that we have expanded our simplified Workload Staffing Reports (WSRs) online, adding new health regions. As a quick recap, in March of 2020 we brought the first WSRs online, for MNU members select Winnipeg Regional Health Authority (WRHA) sites, and then to all WRHA sites by September 2020.

Online WSRs were introduced to MNU members at Health Sciences Centre (HSC), our flagship hospital in Winnipeg, in March of 2022. This was followed by the Northern Health sites in November of this same year. There are only a few regions left to onboard, and our goal is to complete those as well.

SOS  SOS

I work in long term care

Our government has turned dignity into disaster. Cries for help coming from patient rooms. 20-1 ratios with nurses running from one situation to the next...

For more information about online WSRs, visit manitobanurses.ca/workload-staffing-reports

Member Organizations' News

Saskatchewan Union of Nurses

Since the last CFNU Biennium, so much in our world has changed, and yet many of the challenges facing registered nurses and the labour movement remain the same. COVID-19 saw the postponement of Biennium's stop in Saskatoon in 2021 as the entire world seemed to pause. Of course, health care entered into a time of unprecedented demand – no pause here! – but SUN members and this union stepped up to deliver the high-quality care and support our province deserves.

A Profession in Crisis

The consequences of the impossible workplace conditions and workload during the COVID-19 pandemic became very obvious as reports of stress and burnout among members increased. In a fall 2021 survey conducted by the University of Regina, more than one in four registered nurses in the province indicated they were experiencing psychological distress due to the pandemic.

That burnout and strain have contributed to a debilitating nursing shortage in Saskatchewan. SUN members are consistently working short-handed in facilities that are overcapacity, and the pace is untenable. In the 2022 membership survey, almost 60 percent of respondents reported they seriously considered leaving the nursing profession in the last 12 months – a leap of more than 10 percent from the year previous. Of those members, nearly 70 percent cited working or nursing practice conditions as their reason for considering leaving.

SUN has spoken loudly on members' behalf to news organizations across the country, drawing attention to our shuttered or struggling rural facilities, ailing seniors and long-term care, and our bursting-at-the-seams urban centres. These key health care challenges also featured heavily in the 2022-2023 public campaign, Making the Difference. The campaign successfully generated significant awareness of these issues in 2022, delivering over 21 million digital media impressions, almost 1.9 million completed video views, over 55,000 website visits and more than 13,000 social media engagements. The Saskatchewan public is listening to what registered nurses and SUN have to say.

This year SUN worked with the Government of Saskatchewan, including the Ministers of Health and Rural and Remote Health, and met with the Premier to discuss the state of health care. We shared member accounts from the front line with these provincial leaders to draw attention to areas in desperate need of attention. SUN was pleased to see many of our ideas reflected in the province's plans to address the nursing shortage, but we continue to push for initiatives to retain nurses and the establishment of a nursing task force.



Member Organizations' News

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Meeting members where they are

The pandemic forced SUN to change its approach to meeting with members.

As in so many other organizations, virtual meetings became the norm. In 2020, the annual meeting was canceled due to the pandemic, but we returned in April 2022 with a virtual annual meeting. This was a new challenge for SUN, coordinating such a large and pivotal meeting within the protective constraints of health regulations, but we successfully delivered on our commitment to being a democratic, member-lead union.

Virtual meetings, which have long been a part of SUN's service repertoire on a small scale, are now used more frequently than ever, allowing union staff to meet with membership across the province, and limiting the need for travel to accomplish union business.

Aligning SUN's structure to better serve members

In September 2022, SUN held its first Special Meeting of the Union – the first in-person meeting since the arrival of COVID-19.

The creation of the Saskatchewan Health Authority (SHA) and the demolition of regional health authorities in 2017 made it necessary for SUN's structure to shift and change as well. It was important to SUN's leadership and our membership that our internal structure mirrored that of the SHA, to ensure access to effective workplace and professional practice representation, regular communication of important information and union education opportunities.



SUN's president Tracy Zambory, RN, on stage at the Special Meeting of the Union in September 2022

Members voted in favour of this significant internal change, which included restructuring the Board of Directors, creating brand-new elected positions, and re-drawing SUN's boundary lines. Now in 2023, we continue to navigate and implement these changes and look forward to really finding our footing within this structure in the months ahead.

Professional practice and safe patient care

SUN members are extremely busy fighting for their patients and their practice. In 2022, SUN members used their collective agreement to its fullest extent and escalated workplace problems using the Nursing Advisory Committee (NAC) process. After presenting their cases to external parties for a binding recommendation, 26 gains were earned for units, facilities and patients across the province, with the majority of the Locals earning increased baseline staffing – a huge victory.

This year will see more workplace issues resolved using the NAC process, thanks to the tenacity of SUN members and the dedication of SUN staff.

Member Organizations' News

Conclusion

Though the days of the COVID-19 pandemic were long, and the demands on the organization sometimes felt insurmountable, SUN entered 2023 stronger than ever. This union has proven itself capable of adapting to great challenges, of creative and inspired thinking when faced with a global health catastrophe, and of being unafraid to break away from the mold to enter a new and modern era. SUN members are better-served thanks to the bold decision to restructure and reimagine how to support the membership in every corner of the province. With a new round of collective bargaining on the horizon, and the weight of a provincial nursing shortage, 2023 looks to be another year full of challenges, which SUN is prepared to meet.



Members paying close attention to the presenter on stage during the 2022 Education Conference

Member Organizations' News

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United Nurses of Alberta

A lot of water has gone under the bridge since UNA last reported to CFNU's Member Organizations.

We have faced the pandemic, seen the crisis-ridden Alberta health care system approach the brink numerous times, heard privatization and more privatization advocated as the solution to the challenges facing public health care, experienced a change in government leadership, dealt with anti-union legislation intended to stifle the voice of unions, and negotiated a new public sector collective agreement while dealing with a government that insulted nurses and the work they do by trying to cut their pay and gut their contract.

In this time everything changed ... and nothing changed!

Negotiations

It's already time for UNA to begin negotiating a new collective agreement – 2023 will be a year of bargaining preparation, with the expectation that a new three-year agreement will be signed some time in 2024.

Despite the government (which technically did not sit at the bargaining table but nevertheless directed Alberta Health Services and other public sector employers) starting by demanding wage cuts, 750 layoffs, and rollbacks to more than 200 contract provisions, UNA ratified a collective agreement with which members could live.

With the help of a mediator, the contract included pay increases of 4.25 per cent over four years – instead of the pay cuts of 3 per cent across the board originally demanded by the government, plus other monetary changes that would have raised that total to 5 per cent.

Other improvements included conversion of current semi-annual lump-sum payments to the wage grid; a one-time lump-sum payment of 1 per cent for 2021 in recognition of nurses' contributions during the pandemic; enhanced psychological and mental health supports; and creation of a union-employer provincial workload advisory committee.



Heather Smith, UNA President

Member Organizations' News

Rural retention and recruitment

The Provincial Collective Agreement ratified in 2022 included implementation of a jointly run Rural Capacity Investment Fund (RCIF) that allocates \$5 million a year to recruitment and retention strategies in rural and remote areas of the province, and \$2.5 million for relocation assistance.

RCIF funds a Rural Relocation Expense Reimbursement of \$10,000 toward moving costs of nurses who decided to move to work in rural and remote communities. And just this year, the joint RCIF committee agreed to provide \$10,000 for nurses who relocated employment to an urban worksite in Alberta Health Services' Central, South or North Zones, and \$15,000 for nurses who relocate employment into a rural or remote worksite in one of those three zones.

Staff shortage

The nurse staffing shortage is evident in every corner of Alberta with dozens of worksites temporarily closed or operating at lower capacity on a daily basis. The staff shortage is also reflected in the number of Professional Responsibility Concerns being filed through UNA. More than 2,300 PRCs were filed throughout 2022. Almost 400 were filed in the first two months of 2023 alone.

Reacting to years of disrespect by employers and governments, pandemic exhaustion, underfunding of their frequently chaotic worksites, chronic understaffing everywhere, and a government that refuses to listen to what nurses have to say, many nurses decided to retire, change careers or just quit. Naturally, this exacerbated the ongoing crisis in the health care system.

Nurses remaining in the system describe receiving up to 100 text messages a day from Alberta Health Services staffing officers urging them to take extra shifts, and even cases of managers lurking in grocery stores to waylay nurses and press them to agree to work additional shifts or mandate them!



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Privatization and anti-union legislation

Privatization is still being actively advanced by the United Conservative Party government as the solution to the problems faced by public health care – even though it fails, time and again. Indeed, those failures are used as justification for more privatization! The government continues to push its plan to contract out low-risk, uncomplicated surgeries to private surgical facilities as part of the Alberta Surgical Initiative.

Anti-union legislation aimed at curtailing the ability of unions to stand up for their members through public advertising and advocacy remains on the books while court cases challenging its constitutionality grind slowly through the legal process.

COVID-19 protections lifted



On December 20, 2022, UNA President Heather Smith wrote to Alberta's premier, health minister and chief medical officer of health to implore them, "for the sake of Alberta's children, and all Albertans," to "cease treating this situation as if it were a political inconvenience and address it immediately as the public health crisis that it is."

"The simplest and most effective policy change that could be implemented immediately would be an indoor mask mandate to reduce the spread of influenza, COVID-19 and respiratory syncytial virus (RSV)," she wrote. "However, even a strong statement acknowledging that wearing masks in indoor public spaces and limiting the size and number of public gatherings attended this

holiday season could have a beneficial impact."

She also suggested the province's new chief medical officer of health be allowed to at least make a public appearance and explain the gravity of the situation.

At a news conference the next day, Premier Danielle Smith praised Alberta's nurses but shrugged off their concerns. "I appreciate all the great work that United Nurses and their members are doing on the front line," she said, "but we *do* support choice." By choice she meant the freedom to choose not to comply with responsible public health measures.

In response, government supporters sent scores of abusive messages to social media and even directly to UNA.

Member Organizations' News

Government

Under former premier Jason Kenney's leadership, AHS's respected president and chief executive officer, Dr. Verna Yiu, was fired in early April 2022. This appears to have been done to appease Kenney's anti-vaccine opponents in the UCP while he sought the approval of party members in a leadership review vote. The tactic failed. When the votes were counted in May, only 51.4 per cent voted to ratify his leadership, and Kenney soon resigned.

During the contest to replace the outgoing premier, Danielle Smith talked of "uberizing" health care with a \$300 health spending account run through a smartphone app. (Reporters soon found an article she authored in 2021 arguing that such an account could be used to open the door to co-pays and user fees for essential health care services.)

In power, Danielle Smith moved in mid-November 2022 to fire Chief Medical Officer of Health Deena Hinshaw, identified by the UCP base as a villain for her role in the effort to mitigate the spread of COVID-19. Hinshaw was replaced by Dr. Mark Joffe, a respected senior AHS executive. But Joffe has barely appeared in public since his appointment, presumably on the orders of the Smith government. He has had little to say.

Within hours of her announcement about the CMOH, Smith fired the entire Alberta Health Services Board and named a single administrator who would report directly to her and Health Minister Jason Copping about how, supposedly, to instantly fix AHS, which at times appeared to be near collapse with emergency departments and sometimes whole hospitals temporarily closing and then reopening across the province. Dr. John Cowell, the administrator, had been appointed to the same post in an earlier health care crisis in 2014 by Progressive Conservative premier Alison Redford. He failed to have much impact that time.



Danielle Larivee, UNA 1st Vice-President

Meanwhile, Premier Smith's policy interests seemed to focus on building support for some kind of sovereignty-association relationship with the rest of Canada, as well as related hobbyhorses such as creating a provincial police force to replace the RCMP and withdrawing from the Canada Pension Plan and setting up an Alberta pension.

The effect, taken together, was a lack of focus on the real problems facing health care, and a sense among health care workers and the public that the system is in chaos.

A provincial election is scheduled for May 29, 2023, and the results will be known by the time of the CFNU 2023 biennial convention. At the time this report was submitted, the election appeared to be a close race between the UCP and NDP.

Member Organizations' News

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Retain, Recruit, Respect campaign

Part of UNA's response to the change in government leadership has involved a public engagement campaign calling for Albertans to *Retain, Recruit and Respect* Alberta's nurses and other health care workers. Using the NeedNurses.ca website, the campaign uses online and radio advertising and video interviews with UNA members describing their experiences within the health care system and their views based on their frontline experience of solutions that will work.



In addition, President Heather Smith has reminded UNA members that part of the solution to the staffing crisis will have to be found in solidarity and contract negotiations. “The solutions to the crisis we face are going to cost money, and some of those money questions are going to have to be addressed at the bargaining table,” she wrote in her most recent holiday message to UNA members.

“Failure to deal with these questions will contribute to further declines in Alberta’s health care workforce and even more difficult working conditions in our facilities.”

Member Organizations' News

Ontario Nurses' Association

Massive rallies and actions in support of bargaining

ONA has often said that nurses never give up. There are no truer words.



During the early months of 2023, thousands of ONA members held a series of escalating actions across Ontario to voice their support for a better contract for more than 60,000 ONA hospital members.

ONA members stepped up in large numbers to participate in these actions: a Sticker-Up action; a day of picketing outside of their workplaces and Conservative MPPs' offices; and they came from across the province for a major rally and march held in downtown Toronto to the Ontario legislature, Queen's Park.

On February 2, ONA members proudly wore supportive bargaining stickers during our Sticker-Up action. They built visibility and power by clearly showing their employers their vital priorities for a new deal. Nurses and health care professionals from across the province demonstrated support for their bargaining team by wearing messages that highlight their demands: better staffing, better wages and better care. A better contract with wages that account for more than a decade without a real increase would help stabilize staffing, retain nurses, bring nurses back and attract people into nursing.

At the second action organized for February 23, thousands of ONA members organized All-Out Pickets across the province. Joined by their labour partners and community members, ONA members voiced their demands and showed their support for their bargaining team in negotiations for a new contract. Our members signaled that they will not tolerate the unsafe staffing, wage suppression or heavy workloads that are responsible for the increasing inability for Ontario nurses to provide the best patient care possible.

The final action in this first series was held March 2. A rally and march attracted members, other labour supporters and the public and province-wide, and ensured the Ontario Hospital Association bargaining team was made aware of ONA's message: nurses and patients expect a better deal. A better contract for nurses is the single best thing Ontario can do to address chronic nursing staffing issues and improve our public hospital care for patients.

We will continue to be out there, speaking to the public and asking people to join us in the fight for their care.

Member Organizations' News

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Nursing crisis

Ontario has never seen things as bad as they now are since the Conservatives' Doug Ford was elected premier. Ontario has had the worst RN-to-population ratio in all of Canada for several years running. Burnout, wage-suppression legislation (Bill 124) and skyrocketing illness and injury levels have driven the nursing shortage in the province to historic crisis levels. Many of our members are summoning super-human strength and stamina to work untenable overtime, ensuring patients get the care they need and deserve.

Bill 124 has resulted in many of our seasoned nurses to choose early retirement. Others have quit the profession altogether or simply left the province. Some have gone to work for private, for-profit nursing agencies, where they are paid two or three times more per hour than public sector nurses and – most importantly to them – control their own schedules.

ONA has urged Premier Ford to drop the appeal of Bill 124. This legislation, already found by the court to be unconstitutional, has become symbolic of everything this government has done wrong with regard to nurses. This government should sit down with ONA and work with us to begin to repair the damage they have done to patient care, the profession and our publicly funded, publicly delivered health care system.

There is no quick fix – yet our members on the front lines have the knowledge, experience and solutions that will make a difference.

ONA continues to raise alarms about health care privatization

The provincial Conservative government's latest budget continues the march toward private, for-profit health care at the expense of Ontarians' health and pockets. ONA continues to witness the detrimental impacts of this government's policy decisions on patients and those who care for them.



ONA President-elect Erin Ariss

This budget is the latest attack on public health care from this Conservative government. From the unconstitutional wage cut law Bill 124, to the deregulation of health care providers in Bill 60, and now this Budget – it is clear that the Ontario government is determined to destroy public health care in favour of enriching for-profit providers anxious to get their hands into the pockets of Ontario taxpayers.

ONA has offered a series of recommendations to retain and recruit nurses and health care workers: stop the use of costly private agency nurses, restore public health services by permanently reversing Ford's funding cuts, increase the quality and safety of long-term care homes by phasing out for-profit, private long-term care homes and stopping the privatization of home and community care. We are seeing the destruction of a service that all Canadians value and rely on: public health care. ONA hopes there are alarm bells ringing for taxpayers, and that they are motivated to join nurses and health care professionals in stopping this dangerous plan.

Member Organizations' News

ONA celebrates huge victory!

Over the past three years, the Ontario Nurses' Association has fought the provincial government on its Bill 124 wage-limiting legislation that capped nurses' wages at one per cent per year for three years. The union was relentless in fighting this bill in the courts, the media and in communities across the province.

Late in 2022, the court ruled that Bill 124 is unconstitutional and in violation of the *Charter of Rights and Freedoms*. It was a hard-fought win for ONA to support the rights of nurses, health care professionals and all workers.

This victory belongs to ONA members and the public sector workers who advocated to defeat this legislation. Bill 124 had an enormous impact on the province's ability to retain and recruit nurses and took a tremendous toll on the health care system and those who need to access their care. Unfortunately, the Conservative Ford government is appealing the court's decision, but ONA will continue to stand up for our members' rights and fight Ford in appeals court.

Strong province-wide solidarity

ONA achieved this Bill 124 victory alongside a strong coalition of labour organizations representing provincial public sector workers. We challenged the law and, together, we defeated it.

The unions' common purpose has renewed ONA's commitment to working closely with our allies to defend members from punitive legislation and policies. ONA and other unions are working to preserve and protect our public health care system. We continue to work closely with OCHU-CUPE, OPSEU/SEFPO, SEIU Healthcare and Unifor, collectively representing close to 300,000 health care workers in Ontario. It is through our solidarity that we will make great strides in achieving changes that positively impact our members' work lives and well-being – for the sake of our patients.



ONA President Bernadette Robinson

Members engaged in the provincial election

In 2022, a provincial election was held to elect a Premier and government. ONA launched the most ambitious election campaign to date, Nurses Vote.

The goal was to educate members, politicians and the public on ONA's key priorities: the repeal of Bill 124, a fix for the nursing crisis, and keeping health care public. A key component was the appointment of 20 members from ONA regions, who worked with their regional vice-presidents and ONA staff on targeted engagement work involving thousands of other members.

This included spearheading rallies outside of MPPs' offices, workplaces, Queen's Park and other prominent locations to demand better. Ensuring members were contacted directly about what was at stake during this election was crucial, with secondees and volunteers calling 41,000 members and sending more than 15,000 texts.

Member Organizations' News

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To complement this work, ONA created an information-packed Nurses Vote website and sent email blasts and a broadcast voicemail message to our members. ONA launched a powerful Nurses Fighting for Change advertising campaign featuring members. ONA was all over the media, appearing in more than 160 election-related stories and blog posts. While the Ford government remained in power, there is no question our campaign made an impact. ONA was active in eight of the 10 ridings decided by fewer than 1,000 votes, and the Conservatives received the support of just 40 per cent of voters, and one PC incumbent lost his seat.



ONA 1st Vice-President Angela Preocanin

Continuing activism

Like our nursing colleagues across the country, Ontario's nurses are tired, frustrated and are overwhelmed with the serious staffing shortages that is negatively impacting patient care. These devastating conditions have spurred thousands of members to fight for workplace improvements and enhance patient care. Members are attending pickets, calling their MPPs, launching phone zaps, texting, using social media and more to demand respect from the government and employers. Labour and community partners stand side by side with our members, supporting our demands.

ONA releases Anti-Racism, Anti-Oppression Action Plan



ONA's 2022-2026 Anti-Racism and Anti-Oppression Action Plan Summary

Strengthening Our Union Collectively
Through Anti-Racism and Anti-Oppression



ONA has released a comprehensive four-year action plan that will help guide us in addressing the ongoing racism and oppression that exists for so many members and in our society at large.

The 2022-2026 Anti-Racism and Anti-Oppression (ARAO) Action Plan is the direct result of a call to action from our members, leaders and staff with lived experiences with intersectional forms of racism, including anti-Indigenous racism, anti-Black racism, discrimination and acts of exclusion. The action plan contains seven priority areas and dozens of action items that will move ONA forward as we build our infrastructure, challenge systemic racism and strengthen internal capacity to integrate evidence-based ARAO practices into every level of ONA's services, work environments, workplace culture and leadership.

As part of ongoing ARAO outreach, ONA commissioned an Indigenous artist to create an illustration for the National Day for Truth and Reconciliation. Used as the anchor for our posters and shareables to commemorate this special day, this custom art will be featured in additional upcoming Indigenous dates. Additionally, ONA sought tailored artwork for Black History/Black Futures Month from a Black artist, and the resulting striking art piece was used to celebrate and honour this special occasion.

Member Organizations' News

British Columbia Nurses' Union

Supporting nurses throughout multiple public health crises



The COVID-19 pandemic has dramatically impacted nurses across Canada. In BC, serious shortcomings in the provincial health care system were brought to light, including a chronic nursing shortage that has existed for years, leading to increasingly difficult working conditions for nurses in this province, who are providing patient care during this public health emergency.

BCNU conducted a survey of our members in May 2021 amidst the strain of British Columbia's third COVID-19 wave. The purpose of the survey was to seek a

greater understanding of the mental and physical toll the pandemic has had on the tens of thousands of nurses providing direct patient care to those most in need. It primarily focused on nurses' access to PPE, increased workload, workplace violence, their intent to stay in the profession, and a variety of other workplace issues. 3,479 members provided responses over a two-week period. The data was then developed into the BCNU report, [The Future of Nursing in BC](#), and has been shared widely through all BCNU channels and the media.

BC's nurses were at a breaking point long before the COVID-19 pandemic, and the added stresses they endured throughout this unprecedented public health emergency greatly impacted their mental and physical health. In fact, many nurses said the experience had led them to consider leaving the profession they once loved. The glimpse into the difficulties facing BCNU members helped pressure the government to recognize the need for improved working conditions, whether in acute care, long-term care, the community or public health.

Some of the key findings in [The Future of Nursing in BC](#) include:

- 76% of nurses surveyed said their workload had increased compared to before the pandemic.
- 82% said their mental health had worsened during the pandemic.
- 35% of all respondents – and 51% of emergency and ICU nurses – said the experience of the pandemic made them more likely to leave the nursing profession in the next two years.

The alarming statistics have been instrumental in getting BCNU's message out there through the extensive media work it does weekly. In addition to [The Future of Nursing in BC](#) report, we have supported a number of projects and initiatives over the last few years, providing funding, consultation and letters of support to ensure nurses' voices are heard.

Member Organizations' News

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BCNU action at the federal and provincial levels

The voices of BC's nurses have been louder than ever over the last few years.

Advocacy from every part of this province is forcing decision-makers to think about the state of the nursing profession and come up with strategies specific to recruiting and retaining enough nurses to address the shortage in BC.

During [National Nursing Week](#) in May 2022, hundreds of nurses travelled to Victoria and rallied on the steps of the BC legislature to demand that the government address the chronic staffing shortage plaguing our system. The day began with the members of the union's provincial executive attending question period in the BC Legislature.

BCNU President Aman Grewal travelled to Victoria last July to join the CFNU at a breakfast meeting with Canada's premiers during the [Council of the Federation](#) meeting. Nurse leaders highlighted their concerns around the national nurse shortage, deteriorating working conditions and the state of patient care.

On November 7, a panel of BCNU members met with federal health minister Jean-Yves Duclos to share with him the challenges of frontline nursing from all care settings. The following day, BCNU joined the CFNU at the First Ministers' Meeting held in Vancouver, where discussion around the health care crisis was had at a breakfast meeting with minister Duclos, BC's health minister Adrian Dix and nursing leaders from around the country.

BCNU's elected regional council members and provincial executive travel to Victoria a couple of times a year to take part in an informal meeting with MLAs from all three parties. The discussion focuses on BC's health care system and solutions to improving working conditions for nurses.



BCNU president Aman Grewal is joined by members of the provincial executive, Minister of Labour Harry Bains and NDP MLA Harwinder Sandhu in front of the BC Legislature in Victoria (2022).

Over the past year, BCNU has welcomed a number of recent announcements by the provincial government, such as adding 602 nurse education seats at post-secondary institutions around BC ([February 2022](#)), hiring 320 protective security officers (PSOs) with robust training needed to deal with complex violent situations ([October 2022](#)) and expediting the registration process for internationally trained nurses (IENs) ([January 2023](#)).

Member Organizations' News

BC nurses advocate for patient care

From rallies in the streets to public awareness campaigns, BC's nurses have been busy as they stand up for their patients, their profession and each other.



Nurses rally in the streets of Vancouver during BCNU's 2022 Convention

The stress of caring for patients in a stretched system has taken its toll. The staffing shortage reached such dire levels in the summer of 2022 that emergency departments around BC were forced to close temporarily. In some cases, people have been forced to drive long distances to access health care.

Heavy workloads have left it hard to achieve any semblance of work-life balance, and nurses are experiencing moral distress from witnessing the impact of the crisis on patient care. For many, it's hard to think of short-term solutions that will address the

erosion of care that's affecting communities across BC.

Throughout last summer and into the fall, members of BCNU's provincial executive travelled to several communities across the province to highlight the crisis and engage with members. Rallies have been held in Nanaimo, Port Moody, Campbell River, Kamloops, Cranbrook, Prince George and Dawson Creek.

Last October, close to 500 BCNU members rallied in downtown Vancouver during BCNU's provincial bargaining conference. The message: it's time to respect nurses. An even bigger crowd marched to the Vancouver Art Gallery a month later during BCNU's 2022 Convention, this time joined by members of the CFNU. Despite the pouring rain, members were united in the call for improved working conditions and safe patient care.

Advertising

The weight of a deteriorating health care system on our health care workers has been the focus of several advertising campaigns BCNU has developed over the three years. In April 2022, the union launched its Help BC Nurses campaign that ran on television, social media and digital platforms across the province and included a new microsite, www.helpbcnurses.ca. The imagery included shots of nurses in acute, long-term and community care settings, and asked the public to email to their local member of the legislative assembly and share their personal experiences. This time, the goal was to get the public to apply pressure on the government. A copy of each email was sent to BC's premier, minister of health, leader of the opposition and the opposition health critic. An impressive 7,000 emails have been sent since the campaign began.

Member Organizations' News

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Last November, we launched a follow-up province-wide ad campaign to highlight the dire state of the health care system and its impact on patients and nurses. It successfully highlighted the harsh reality for nurses working 16- to 18-hour shifts without breaks and support.

In recent months, the union has been getting postcards signed by people around the province, calling on the government to improve working conditions. At last count, 14,000 have been signed, and plans are underway to deliver them to the Minister of Health in Victoria.



BCNU joins the CFNU

BCNU wrapped up a busy year with the exciting announcement that we would be rejoining the Canadian Federation of Nurses Unions (CFNU). President Linda Silas gave an impassioned speech at [BCNU's Convention](#) in November, welcoming back BCNU's 48,000 members and calling the move "a highlight of her career."

Given the substantial challenges facing the nursing profession across the country, our involvement is expected to elevate the work underway with governments and decision-makers around chronic staffing issues, workload and violence from coast to coast.

Silas received cheers and a standing ovation from the delegation. She told the room that together, they will work to retain, reintegrate and recruit nurses in this country. Joining Linda was United Nurses of Alberta Vice President Danielle Larivee, Manitoba Nurses' Union President Darlene Jackson, Nova Scotia Nurses' Union President Janet Hazelton, Saskatchewan Union of Nurses President Tracy Zambory, CFNU Secretary-Treasurer Pauline Worsford and PEI Nurses' Union President Barbara Brookins.

Since the announcement, collaboration on many fronts has already occurred. BCNU President Aman Grewal and Vice President Adriane Gear travelled to Ottawa in early February of this year to take part in the anti-privatization rally in front of the Parliament Hill, and more plans are in the works over the coming months that will bring BCNU's leaders together with nurse colleagues from around the country.



Members of CFNU and BCNU president Aman Grewal meet at Council of Federation, 2022.

Member Organizations' News

Prince Edward Island Nurses' Union

PEINU will be welcoming 1,200 delegates to Charlottetown, PEI, for the 2023 Biennium!! We are so excited and nervous to be the host province for such a huge group of nurses. After four years of disrupted events, everyone deserves a celebration!

We have arranged all the social night activities and hope everyone enjoys the mix of PEI hospitality. Our members are also looking forward to attending this big event.

It has been two and a half years since COVID rocked our world! Increasing vacancy rates continue to have huge impacts on workload and the ability to access leaves. We meet frequently with human resources and HPEI leadership in an ongoing effort to get them to "recognize" the shortages and the pressure this is having on our members. They continue to put out fires one at a time instead of establishing a clear plan.



PEINU President Barbara Brookins

Staffing

We have been actively engaged with HPEI and the Department of Health, seeking support for members, especially regarding staffing and retention.

Vacancy rates on PEI are at 24.4%!

We have seen a big increase in the number of members leaving full-time positions for part-time or casual work. High vacancy numbers are making it difficult to get time off, and it is easier to pick up extra shifts than to get leaves approved. This is resulting in increased instability and high staff turnover. We have been working with government on retention incentives and bonuses for members to delay retirement. Unfortunately, even with government promises, there are challenges and delays with the employer implementing the incentives. Our members are frustrated and disheartened with the lack of respect being shown by the employer.

There were three retention incentives announced in October 2022.

- The first one was received in December 2022, and members received a \$3,500 incentive (based on full time, pro-rated for PT) attached to a one-year return-to-service agreement.
- The second incentive was supposed to be available early in 2023, with a \$5,000 incentive offered to RNs/NPs who were eligible to retire and signed a return-to-service to stay longer.

Member Organizations' News

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- The third incentive was to be a priority vacancy incentive of \$3,000. Our proposal was that this be paid to RNs who worked in hard-to-recruit positions, to encourage them to stay and stabilize the staffing in this area. The employer wants to use this incentive to recruit RNs into the hard-to-recruit areas.



Last year we signed an MOU for Summer Staffing which “allowed” the employer to offer overtime ahead of the 48-hour period, but it was too late to have much impact. We have been frustrated with the lack of a defined “back up plan” to address vacancies that are clearly noted in advance. There have been multiple calls and emails pushing the employer to support units that were running short-shifted daily. The MOU is now expired, and the employer is once again refusing to offer overtime benefits until the last minute, which has a significant impact on the stability of staffing.

We are seeing an increase in new nurses struggling with workloads and going off on stress leave. OH&S has been assisting members to get them back into the workplace. It is heartbreaking to hear their stories, but certainly supports the need for a more robust clinical experience during their nursing programs and as they enter the workforce. Mentorship compensation has been addressed with the Premier again, and we have offered to manage a pilot project to provide monetary incentives to mentors.

We have 25 percent of our members eligible to retire at the end of 2022. We have LTC facilities with no permanent staff left. One of our rural hospitals has “temporarily” closed the overnight emergency service. Mid-career nurses are resigning and working in real estate, retail and the lobster industry. The only tertiary hospital on the Island has been operating with critical staffing shortages in the emergency department and intensive care unit. There is limited access to walk-in clinics, and more than 25,000 residents are with no family doctor. Our government is now pushing for more nurse practitioner positions to support access to health care. Hopefully, their plan will include an appropriate compensation package for the additional responsibilities.

Strategic planning/board governance

We presented proposed changes to our governance structure at the 2022 AGM and received member approval to move forward. This will change the current board structure to reflect an executive and provincial council that will meet separately and not duplicate responsibilities. This will allow for more focus at provincial council meetings to address frontline issues.

Member Organizations' News

Government and employer relations



Over the past two years, there has been a huge staff turnover within Health PEI, which has resulted in challenges with addressing member and union issues. We are still struggling with knowing who is actually making decisions within the organizations. With a spring election looming, there could also be some changes within government as well.

PEI Health Minister Ernie Hudson and
PEINU President Barbara Brookins

Media campaign

Over the past eighteen months, we have had two commercials posted focusing on the value of a registered nurse. These were well received by our members and highlighted some of the issues facing our members.

<https://www.youtube.com/watch?v=NK2pCjidGcU>

<https://peinu.com/value-of-an-rn/>

Negotiations

Our collective agreement expired March 2021, and we began face-to-face meetings with the employer in October 2021. It has been a slow process to say the least!

In February we were told that, with an expected spring provincial election, there will be an agreement by April! But oh no, on March 15 PEINU sent an urgent message to its membership:

It is with regret and overwhelming frustration that I am writing to inform members of PEINU that we have been given notice that Health PEI is refusing to continue bargaining during the election and will not be participating in the next set of meetings that were scheduled for the week of March 20. They have suggested returning to the table June 14-15 in anticipation of when a new government might be sworn in.

In light of this new development, the Union is seeking advice from legal counsel to determine what recourse may be available under the Labour Act, and we will provide further updates to members as new information becomes available. In the meantime, I feel it is important for you to know what this means for our Union, why it's such a problem, and what every member can do about it because...

You have been waiting long enough!

Lots of discussions on retention, staffing, hiring and reassignment of members need to happen and fast, our nurses are struggling and frustrated even more each day.

Member Organizations' News

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Privatization

Lastly, privatization continues to expand on the island.

We are seeing increased numbers of travel agency nurses which are being hired by individual facilities and not monitored by HPEI. This is not stabilizing staffing or expanding service delivery, especially since the majority of “travel” nurses are previous employees of HPEI. Medavie/Blue Cross/Island EMS is still a big private company that is ready and willing to submit proposals for any form of service delivery and expansion of private care.

As the smallest member organization, I cannot stress the importance enough in regards to national organizational support.

Being part of the CFNU has provided us with a stronger voice and the collective information that supports the issues impacting our members. We are all going through the same challenges and knowing what has



CFNU President Linda Silas and PEINU President Barbara Brookins at CHC Rally, February 2023

been tried and works in other provinces, helps provide direction. Over the past year, we have been fortunate to speak with all provincial premiers and health ministers. Sharing member experiences and impacts on the health system is slowly changing the recognition that we are receiving both provincially and federally. The recent announcement of increases to federal funding will hopefully provide support directly where it is needed – health human resources! Without nurses, there is no health system!



PEINU President Barbara Brookins and Prime Minister Justin Trudeau

Member Organizations' News

Canadian Nursing Students' Association



We welcomed the new BOD with our brand new Board structure in March 2021!



Our first POC Caucus Chair conducted research on racism in nursing schools and published a full report of findings with five recommendations to fight racism in nursing schools and clinical sites.

MAY & AUGUST & JANUARY BOD MEETINGS

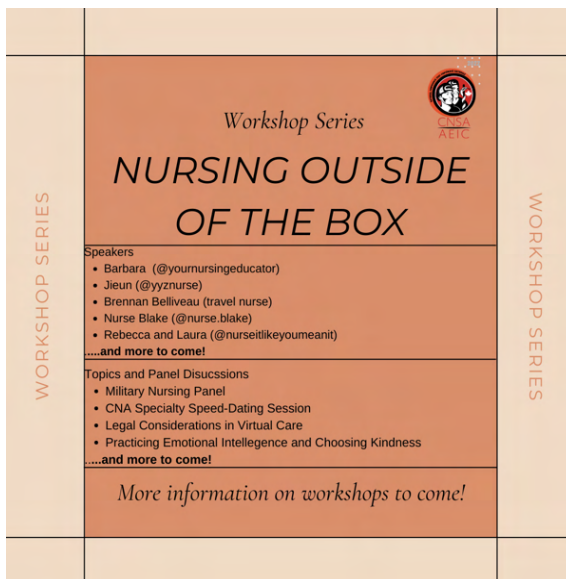


We had plenty of virtual meetings from 2020-2023. In an effort to be more environmentally friendly and be mindful of our membership fees, we will likely continue virtual practice in the future.

Member Organizations' News

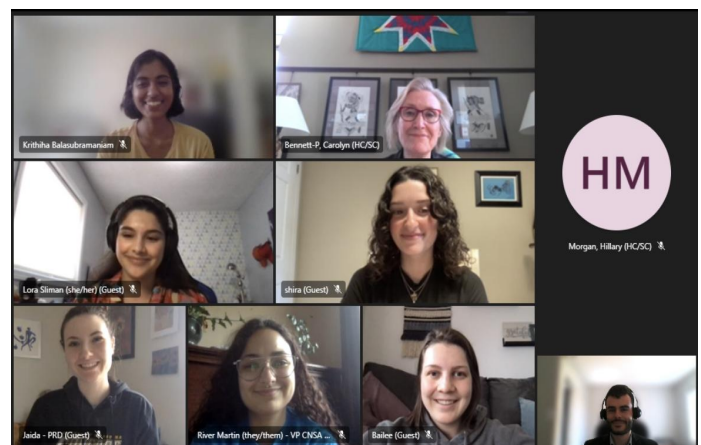
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After lots of work, reflection, meetings and discussions, we presented our Strategic Plan for the 2022-2026 year. For the first time in a long time, we added a new strategic point to address climate action of nursing students and nurses. We also broadened CNSA's goals to address the needs of nurses from various equity-seeking groups.



The CNSA Board took on the task of planning a virtual national conference that featured speakers from several different areas of nursing to showcase the variety and flexibility that a nursing degree provides.

Members of the CNSA Board and some nursing students were able to meet with Minister Bennett to discuss the mental health issues that nursing students face today.



Member Organizations' News

MEETING NOTES

25 JANUARY 2023

TOPIC: The Needs of Nursing Students and New Grads in 2023

PRIORITIES

1. Paid practicums for nursing students
2. Formal mentorship for new grad nurses
3. Programs to help PCAs and nurses get higher education
4. Better anti-racism policies to protect POC nursing students
5. Standardized list of skills for each year
6. Funding for professional development, especially for rural and northern nursing students and new grads
7. Nursing leadership after the pandemic

After noticing a spark and refreshed need for nursing students and new grad advocacy, our VP took on setting up meetings to arrange priorities and concerns that nursing students and new grads want to see addressed. As the incoming Board shares this passion, the goal is to continue working on advocating for nursing students and new grads with the support of nursing leaders.



Linda Silas, CFNU President, was the proud recipient of the CNSA Honorary Contribution Awards in January 2023. The award is granted to those individuals who have greatly contributed to the achievements and aims of CNSA without ever being a member of the Association.



As the end of my first full year as president of the Canadian Labour Congress draws to a close, I want to take a moment to reflect on everything we've achieved together. Our labour movement is stronger than ever and we've made gains that benefit everyone in Canada.

It's a privilege to have met so many brilliant and determined workers across the country, and I can't wait to take on the coming year together. For now, settle in and read on for some of my highlights of 2022.



Putting money back into workers' pockets

Canada's unions [worked hard to build support for the NDP-Liberal Confidence and Supply Agreement](#) and pushed the New Democrats and Liberals to deliver for working people. The parties cooperated to [put money back into the pockets of Canadians](#), including dental care for low-income kids, doubled the GST rebate and a \$500 [rent subsidy](#) for low-income renters.

CLC Report

The government also scrapped interest on federal student and apprentice loans – a progressive win.

While these measures provide welcome relief to many, workers' wallets are being hit by [soaring grocery bills, sky-high inflation, and painful interest rates](#). Canada's unions [led opposition](#) to the Bank of Canada's aggressive rate hikes, which are putting us on the brink of an unnecessary recession. [We released a report](#) with labour economist Jim Stanford to offer policymakers alternatives that put people first and sounded the alarm about the [corporate greed](#) causing Canadians pain at the checkouts.

All hands on deck for our care systems

Canada's unions are pushing hard for investments in our public [care system](#). Our movement scored a significant victory when the federal government penned agreements for \$10/day child care programs in all provinces.

We celebrated the BC Court of Appeal's decision in the [Cambie Surgeries Corporation \(CSC\)](#) case, which safeguards our universal health care system. I participated in the [Council of Federation meeting with Canada's premiers](#) and met with Ministers Jean-Yves Duclos and Kamal Khera to [discuss ongoing challenges](#) in health care. Unions helped secure [\\$2 billion in](#) additional funding for health care this year – but the needs of our care systems are much greater and the fight is [far from over](#).

Wins for workers

The federal government [announced anti-scab legislation](#) – a massive win for workers which will help restore fairness at the bargaining table. Working with government to get the anti-scab bill over the finish line is a key priority for 2023.

The federal budget contained some [positive wins for workers](#), including a labour mobility tax deduction to support tradespeople, allowing unions to independently file trade remedy complaints, and amending the Competition Act to outlaw wage collusion by employers.

As of December 1, workers in the federal sector became eligible for [ten paid sick days](#) – a critical step towards keeping our workplaces and communities safe. Now we need paid sick leave for *all* workers.

I was delighted to be there when the BC NDP government [passed a card check law to restore automatic certification](#). Signing a union card is the best way to improve working people's lives.

We flexed our muscles when Premier Ford [tabled legislation to override charter rights](#), force an unfair deal on education workers and block strike action. Together, we forced Ford to [back down](#). We're in a new era for unions building support and momentum. People are struggling and they know that unions [help workers thrive](#).

Standing up to Poilievre

When Pierre Poilievre was elected leader of the Conservative Party, [we wasted no time exposing his empty rhetoric](#). Mr. Poilievre [talks a good game](#), but as a member of Stephen Harper's government, he attacked pensions, voted for anti-labour laws, ignored frontline workers and cut billions from health care.

Tackling the climate crisis

I was [pleased to see new investments in workers](#), sustainable jobs and training. Labour leaders representing the energy sector joined CLC staff at the [UN Climate Change Conference \(COP27\)](#) to be a strong voice for workers. A key win was the inclusion of "social dialogue" as a part of Just Transition, which outlines the role of government, workers and employers in delivering an energy transition. Now we need to make sure Canada follows through with good jobs in renewable energy, sustainable transit and infrastructure.

Fighting for human rights

Canada's unions [welcomed the federal government's decision to reverse its discriminatory blood donation policy](#) – a positive step in addressing discrimination experienced by 2SLGBTQI people.

People living with disabilities are three times more likely to be food insecure. It's unacceptable. We joined disability advocates to urge MPs to [fast-track Disability Benefit Bill C-22](#) to tackle disability poverty.

Canada's unions marked 16 Days of Activism against Gender-based Violence by [demanding action to tackle gender-based violence at work](#). Our team produced a toolkit to help unions spread the word and tens of thousands saw the CLC's [social media](#) content. We also commemorated 25 years since the release of the CLC National Anti-Racism Task Force's ground-breaking report, "Challenging Racism: Going Beyond Recommendations." Advancing anti-racism is crucial as we look to the future of the labour movement.

We worked hard together this year. Canadian unions are a powerful force for good, standing up for workers and advocating for robust public services that lift everyone up. We're gearing up to be even bigger and bolder next year. [Join us!](#)

WHAT WE DID TOGETHER IN 2022

In 2022, we won campaigns and fought for workers and their families through our actions, stories and more. As the year draws to a close, pour yourself a cup of something warm and read about our wins.



Helping workers' wallets

We pushed for the NDP and Liberals to cooperate — and put more money in Canadians' pockets. We won dental care for kids, support for renters and doubled the GST rebate. We also secured deals for \$10/day child care in every province — an essential investment in our kids' future.



Showing we care

Thousands have joined us to demand better working conditions for care workers and quality public care for all. Pressure from workers and unions helped win \$2 billion in new public health care funding. With underpaid and overworked staff in all corners of the care economy and ERs overflowing with sick kids, our fight isn't over.

3



Putting workers first

The federal government announced anti-scab legislation — a victory for workers fighting for fairness at the bargaining table. We forced Doug Ford to back down when he tried to override workers' rights. We also made huge strides towards protecting workers' hard-earned pensions in the event of employer bankruptcy; now we need pension protection to become law.

**TOGETHER WE'RE OVER 3 MILLION
WORKERS ACROSS CANADA
AND OVER 50 UNIONS AND
LABOUR FEDERATIONS.**

Our team at the Canadian Labour Congress hit the ground running with a high-impact lobby event bringing hundreds of workers to Ottawa. But that's not all — read on to learn what we've been up to and our plans for the coming months.

Bringing workers' issues to Parliament Hill

On February 7, over 400 workers, activists and labour leaders — our biggest delegation yet — [mobilized to Ottawa](#) to put the pressing issues facing workers and their families onto the political agenda. There's something so powerful about people coming together to demand change. One participant even pulled me aside to tell me it was the best day of her life!

In the lead-up to our lobby day, I [published an op-ed](#) in the Hill Times highlighting the challenges facing workers and their solutions, while thousands of you helped ramp up the pressure by [writing to your MPs](#). You can bet we're planning to turn up the heat in the coming months, especially with the federal budget on the horizon.

Demanding quality public care

Our loved ones are paying the price as emergency rooms overflow, care workers are pushed to the brink, and wait lists for essential care keep growing. [Some premiers are promising a quick fix](#), but we know that an American-style, for-profit system is not the answer.

I urged [Health Minister Duclos](#) to invest in publicly funded and publicly delivered programs that ensure Canadians can access quality public care. The Prime Minister finally met with the premiers to discuss health funding — something we called for during a long time. While we're [cautiously optimistic](#) about the federal government's pledge to increase health funding to provinces and territories, we're concerned that with no strings attached, this deal will only scratch the surface.

Putting workers first

Canada's senators are considering Bill C-228 which, if passed, will safeguard the pensions of millions of workers and pensioners against employer insolvency. This week, [I presented at the Senate Banking Committee](#) to urge senators to swiftly pass the bill with no amendments. Many improvements were already made to the bill in the House of Commons, and Bill C-228 passed unanimously in the House. Senators must respect this and vote to pass this legislation. [We're so close to winning — help ramp up the pressure.](#)

Making work safer

Canada's unions have long called for the Canadian government to tackle gender-based violence at work. In January, [Canada ratified International Labour Organization Convention 190](#), the first global treaty that acknowledges the universal right to a world of work free from violence and harassment, including gender-based violence and harassment. Canada's unions are ready to roll up our sleeves and work with governments and employers on a strong plan to implement it in every jurisdiction.

Learning together

I was honoured to spend time at the CLC's Pacific and Alberta labour schools in January. Labour schools provide a unique learning opportunity for union activists to build solidarity and knowledge so they can defend their members' rights in the workplace and beyond, and it was great to meet so many passionate union organizers. Our Pacific Region Winter School is the largest labour school in Canada, and both schools have a long and rich history. You can learn more [here](#).

Fighting to make life more affordable

With every pay cheque, workers are losing more ground to inflation. Canada's unions been a leading voice opposing the Bank of Canada's aggressive interest rate hikes, which are making workers pay for a crisis they did not create. [Our pressure is working](#) – the Bank of Canada has finally signalled it is considering a rate hike pause. We'll continue to do everything in our power to prevent job losses and stave off a disastrous recession – and restore balance to our economy, [as I discussed in this *Globe and Mail* op-ed](#).

Coming together at Canadian Council

Our first Canadian Council meeting of the year was a success. We discussed the CLC's upcoming convention. We also reviewed our short- and medium-term legislative and campaign priorities, including the CLC's efforts to win EI improvements, secure worker-centred legislation implementing a just transition to a net-zero economy, and advance cross-border solidarity through the CLC's international work.

Looking ahead

It's a big year for our labour movement. We have some significant challenges ahead, but we're also gearing up to be bigger and bolder than ever. Our team is planning an incredible convention – with exciting guest speakers, powerful organizing and skills sessions, and plenty of opportunities to connect with other labour activists. It is taking place from May 8 to May 12, 2023, in Montréal. [I hope to see many of you there!](#)

We recently launched a campaign to [recognize and celebrate Black care workers](#) during Black History Month and beyond. Our team created [sample social media posts](#) to help you get involved. You can also visit our Show We Care campaign [site](#) to share the experiences of care of Black workers, write to your MP and amplify the campaign.

March 8 is International Women's Day. Canada's unions are celebrating union women and our achievements – including winning pay equity legislation for federal workers, making progress towards a national child care system, securing support for workers experiencing domestic violence, and more. Join the campaign by sharing the [sample social media posts](#) and [graphics](#), the [sample e-blast for your supporter list](#) and by [pledging to champion gender justice](#) in your workplace.

Dear colleagues and friends,

To begin, let me thank you and your members for your steadfast support of the Canadian Health Coalition. I am overwhelmed by your kind generosity when we reach out to you to join in our mission to defend and expand our cherished Medicare.

We are working hard to fulfill Tommy Douglas's dream of public health care. As he wrote in 1979, "Unless there is a concerted effort to apply pressure on the federal and provincial governments, the erosion of Medicare will continue unabated and might even be accelerated. *Our best hope lies in the Canadian Health Coalition ... for the preservation and extension of Medicare.*"

A year of growth

The Canadian Health Coalition has been growing dramatically this year, which is improving greatly our influence with decision-makers and opinion-leaders in Ottawa.

In 2022-2023 we were joined by three more organizations: SEIU Canada, the Canadian Federation of Students and the Professional Institute of the Public Service of Canada (PIPSC), who bring new energy to our common table.

Additionally, the Board of Directors increased our staff capacity to improve our media profile and develop stronger relationships in Quebec.



Sending a message to Liberal caucus MPs

The Board has also approved an ambitious digital campaign to recruit thousands of new supporters to turbo-charge our campaigns and to provide additional funds for our campaigns.

Our work this year is guided by five key priorities (in no specific order):

- Increase health care funding and enforce the *Canada Health Act*
- Implement pharmacare
- Legislate enforceable national standards for long-term care
- Stop privatization and remove for-profit from health care, including long-term care
- Eliminate systemic racism from health care

The next three years will be crucial for our work together. The Liberal-NDP Confidence and Supply Agreement, announced in March 2022, could finally give Canadians access to life-saving medicines through a national universal pharmacare program. This is huge!

Health and Hope 2025



Rally on Parliament Hill February 7, 2023

To achieve the most significant expansion of public health care in a generation, the Canadian Health Coalition launched a 3-year strategic plan we called Health and Hope 2025.

The goal of Health & Hope 2025 is to achieve the full delivery of health care commitments made in the 2022 Liberal-NDP Agreement before its conclusion in 2025, including public dental care, universal pharmacare, frontline health care investments, and safe long-term care.

The terms of the Liberal-NDP are viewed as a minimum requirement, and we will work to ensure the strongest delivery possible on these commitments, and beyond.

The campaign will be waged on three strategic fronts: in the media, in Ottawa and in our communities. That's why we are investing in improved communications – such as our popular newsletter of public health care news delivered each Wednesday to nearly 10,000 people.

This year we were sought out by journalists from every major news media outlet in the country, including CTV, CBC, Global, *The Globe and Mail*, *The Hill Times* and more.

In Ottawa we have focussed our advocacy efforts on reaching and influencing Parliamentarians through online meetings and committee appearances, and when necessary, rallies on the Hill to make our presence felt and our demands heard.

A year of action

This year has been one of our most active in recent times. We have mobilized our supporters at every opportunity to push for public health care. Here are some selected activities that you have seen on the news or read about in your inbox.

CHC Report

**TOGETHER
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we got this

- We organized hundreds of supporters and leaders for a rally against privatization and calling for pharmacare on Parliament Hill outside the meeting of the Prime Minister and premiers.
- We brought together 100 volunteers to lobby Parliamentarians for pharmacare.
- We joined members outside of Canadian Blood Services in support of voluntary plasma collection.
- We provided lead media commentary at the meeting of Premiers in Victoria.
- We organized supporters and spoke to MPs outside the Liberal Caucus retreat in Saint Andrews, NB.
- We were the first of hundreds of organizations to present to the Commons Finance Committee in advance of the 2023 Budget.



CHC Chair Pauline Worsfold speaking out for Medicare

Looking ahead, the Canadian Health Coalition will continue to draw upon the incredible strength within our movement to fulfill our mission. The Board and its working groups provide an invaluable table to share information, develop analysis and take action, together.

I am grateful to the incredible members of the coalition, our devoted Board members and our experienced staff – because it will take all of us working together to confront successfully the voices of privatization and profit, and to champion the needs of everyone in Canada for accessible health care.

Thank you for everything you do for public health care.

Respectfully submitted,

Pauline Worsfold, R.N.

CHC Chairperson



HEALTH + HOPE

PARLIAMENTARIANS' BRIEFING NOTE 2023

From the desk of Pauline Worsfold, RN

March 28, 2023

Dear Parliamentarian,

Thank you for meeting with members of the Canadian Health Coalition. We appreciate the work you do on behalf of your constituents and everyone in Canada and urge you to consider these policy proposals carefully.

Founded in 1979, our organization's members work to defend and improve our public health care system. We comprise citizens, frontline health care workers' unions, community groups, and public health experts.

Access to health care is a principle of the *Canada Health Act*. Medicare is a cherished national program that has kept this promise for generations. Today, it is in critical need of protection and strengthening so we may continue this legacy for future generations.

Please join us in our efforts to promote health and hope in Canada.



Pauline Worsfold, RN
Chairperson



INVEST IN MEDICARE: STOP PRIVATIZATION

THE ISSUE:

Health care emergency: Patients are struggling to receive timely access to care. Frontline health care workers are stressed and hospital wait times are getting longer, but some provinces are failing to sufficiently invest in public health care.

Weak accountability: The federal government has committed \$198 billion over 10 years in provincial health transfers with few strings attached (Macdonald, 2023).

Privatization: Some provinces are outsourcing medical services to private for-profit clinics that will draw even more health care workers away from public hospitals, and put patients at risk of extra-billing or high-pressure upselling of non-insured services.

THE SOLUTION:

Strings attached: It is important federal funding comes with strings attached to ensure the dollars are spent by the provinces on ways that improve patient outcomes.

Protect patients: The Health Minister must continue to vigorously enforce the principles and conditions of the *Canada Health Act*, and beef-up investigation and monitoring for prohibited practices such as user fees and extra billing.

Public care: Public dollars, including federal transfers, should support our cost-effective public, non-profit health care system, and not be squandered on profits to investors in private for-profit clinics.



[Data] shows that knee replacement surgery in a public hospital, paid by the province, costs about \$10,000. The same surgery in a private clinic can reportedly cost patients up to \$28,000.”

— Cuttler, M. & Birak, C. (2023). *Do private, for-profit clinics save taxpayers money and reduce wait times? The data says no*. Retrieved from CBC.ca website: <https://www.cbc.ca/news/health/private-health-care-taxpayer-money-1.6777470>

IMPLEMENT PUBLIC UNIVERSAL PHARMACARE

THE ISSUE:

The patient pays: Our public Medicare system does not cover the cost of prescription medicines, leaving many patients on the hook to pay for necessary drugs unless they're in a hospital.

No coverage: One-in-five people report they do not have private drug insurance – from low-paid workers to self-employed entrepreneurs (Cortes & Smith, 2022). It's an issue of affordability for families. Immigrants and racialized people are hit especially hard.

People don't heal: This situation leaves people struggling to pay for essential medicine, or they might skip taking their meds for their physical or mental health altogether. Their condition worsens, and they may end up in the hospital's Emergency Department.

THE SOLUTION:

Hoskins Report: In 2019 after extensive consultations, the federal government's Advisory Council on the Implementation of National Pharmacare, led by Dr. Eric Hoskins, recommended: "the federal government work with provincial and territorial governments and stakeholders to establish universal, single-payer, public pharmacare in Canada" (Health Canada, 2019).

Universal coverage: The Hoskins plan will expand Medicare to provide universal publicly-funded and publicly-delivered drug coverage to everyone in Canada, based on their medical need and not their ability to pay.

Save lives and money: Not only will pharmacare save lives, many families would save hundreds, and potentially thousands of dollars each year, too. Employers will save money on private health coverage costs, while provinces and territories will reap billions of dollars in savings through bulk purchasing of pharmaceuticals.



Eight in ten Canadians support the federal government taking primary responsibility for funding Pharmacare in order to make sure all provinces and territories implement equitable and universal drug coverage as quickly as possible."

— Environics Research. (2023). *Attitudes towards pharmacare 2023*. [Slide presentation]. Retrieved from Canadian Federation of Nurses Unions.

Cortes, K. & Smith, L. (2022). *Pharmaceutical access and use during the pandemic*. Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2022001/article/00011-eng.pdf?st=RNjlpqev>

Health Canada. (2019). *A prescription for Canada: Achieving pharmacare for all - final report of the advisory council on the implementation of national pharmacare*. Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report.html>

CREATE SAFE LONG-TERM CARE: PHASE OUT FOR-PROFIT INVESTORS

THE ISSUE:

Not enough care: Too few staff mean too many residents do not receive safe and appropriate long-term care. Governments have failed to address the needs of our aging population despite years of warnings, leaving too many people without necessary care and too many staff facing precarious, stressful working conditions.

Failed regulation: Detailed regulations that primarily target staff means they spend more time documenting rather than caring. Combined with weak standards in some areas and poor enforcement, residents' and staff lives are put at risk.

Deadly profit: The pandemic unleashed a nightmare for residents and families, especially in for-profit long-term care homes which had nearly twice as many residents infected during its first year and 78 percent more resident deaths compared with non-profit and municipal homes (Science Briefs of the Ontario COVID19 Science Advisory Table. 2021).

THE SOLUTION:

National standards: Federal leadership is needed in program funding for long-term care, and so is legislation mandating enforceable national standards.

Staffing hours of care: Standards should include a requirement for a minimum of 4.1 hours of daily direct care for residents, with an appropriate number and skill mix of the workforce (Health Standards Organization, 2023).

Removing profit: For-profit long-term care homes and commercial delivery of care services should be phased out in favour of public, and non-profit management and operation where care will not come second to profits and shareholder dividends.



In response to the treatment of LTC home residents during the COVID-19 pandemic, many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC.”

— Health Standards Organization. (2022). *What We Heard Report #1 - Findings from HSO's Inaugural National Survey on Long-Term Care*. Retrieved from <https://longtermcarestandards.ca/engage>



IMPLEMENT PUBLIC DENTAL CARE

THE ISSUE:

Missing piece: Proper dental care is an essential part of everyone's health, but it has been excluded from our public Medicare system.

Gaps in coverage: It is estimated that 32% of Canadians have no dental insurance. That's 12 million people (Office of the Parliamentary Budget Office, 2021). Even people who have dental coverage, regions with lower income and Indigenous communities have challenges accessing dental care providers, and many still struggle with co-pays and yearly limits.

Worse outcomes: Poor dental care leads to other diseases that increase the amount of care required by the patients.

THE SOLUTION:

Public dental care: As the Prime Minister has promised, the federal government should launch a new public dental care program for low-income Canadians, covering under-18-year-olds, seniors and persons living with a disability in 2023, with full implementation by 2025.

Under Medicare: Dental care should be included within the public universal health care system as a medically necessary service (Sheikh, H., and Doucet, 2022).



Participants were asked to name the best and worst things about the Canadian health care system. The best things mentioned always included the concept of universality.”

— Health Canada. (2022). *Canadians' Priorities for Primary Health Care - Final Report*. Retrieved from: https://publications.gc.ca/collections/collection_2022/sc-hc/H14-395-2022-eng.pdf

Sheikh, H., & Doucet, B. (2021). *Honour Tommy Douglas and stand up for public denticare*. Retrieved from Policy Options website: <https://policyoptions.irpp.org/magazines/june-2022/stand-up-for-public-denticare/>

Office of the Parliamentary Budget Office. (2021). *Cost estimate of a federal dental care program for uninsured Canadians*. Retrieved from <https://www.pbo-dpb.ca/en/publications/RP-2021-028-M--cost-estimate-federal-dental-care-program-uninsured-canadians--estimation-couts-lies-un-regime-soins-dentaires-federal-destines-tous-canadiens-non-assures>



BOARD OF DIRECTORS AND MEMBER ORGANIZATIONS OF THE CANADIAN HEALTH COALITION 2022-2023

**We comprise frontline health care workers' unions,
community groups, and public health experts.**

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

Siobhan Vipond, Vice-Chair, Canadian Labour Congress (CLC)

Rita Morbia, Co-Treasurer, Inter Pares

Vanessa Gruben, (Legal) Co-Treasurer

Julie White, Secretary, and Keith Newman, Congress of Union Retirees of Canada (CURC)

Pat Armstrong (Research)

Dr. Michèle Brill-Edwards (Medical)

Ryan Campbell, Professional Institute of the Public Service of Canada (PIPSC)

Barb Cape, SEIU Canada

Dianne Frittenburg, NS Health Coalition

Chris Gallaway, Friends of Medicare

Michele Girash, Public Service Alliance of Canada (PSAC)

Kellee Janzen, Unifor

Dr. Joel Lexchin (Research)

Linda McLaren, United Church

Jane Mulkewich, UFCW

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

Riaz Nandan, Canadian Federation of Students

Archana Rampure, Canadian Union of Public Employees (CUPE)

Carol Rivière, BC Health Coalition

Robin Tress, Council of Canadians

Pat Van Horne, USW

Staff members

Tracy Glynn, National Director of Operations and Projects

Steven Staples, National Director of Policy and Advocacy

Anne Lagacé Dowson, Media Director

Canadian Health Coalition

116 Albert St. Suite 300, Ottawa, Ontario K1P 5G3

(343) 558-1788 hello@healthcoalition.ca

[@healthcoalition](https://www.healthcoalition.ca)

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NOMINATIONS

- Report of the Nominations Committee

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Nominations

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Report of the Nominations Committee

to the Canadian Federation of Nurses Unions
21st Biennial Convention
Charlottetown, Prince Edward Island
June 5-9, 2023

Nominations Committee Members

Janet Hazelton, Nova Scotia Nurses' Union – Chair
Tracy Zambory, Saskatchewan Union of Nurses
Darlene Jackson, Manitoba Nurses Union

The following nominations were received by the Nomination Committee prior to the March 10, 2023, deadline:

<p><u>Nominated for President</u> Linda Silas Member of New Brunswick Nurses Union</p>

<p><u>Nominated for Secretary-Treasurer</u> Angela Preocanin Member of Ontario Nurses' Association</p>

The nominations were in order and complied with the Canadian Federation of Nurses Unions' Constitution.

CANADIAN FEDERATION OF NURSES UNIONS
21st BIENNIAL CONVENTION 2023
CHARLOTTETOWN, PRINCE EDWARD ISLAND

RECEIVED

FEB 09 2023

NOMINATION FORM

CANADIAN FEDERATION
OF NURSES UNIONS

I, Paula Dalcet, a member in good standing of the
NEW BRUNSWICK NURSES UNION
(name of member organization)

do nominate LINDA SILAS
who is a member in good standing of the
NEW BRUNSWICK NURSES UNION
(name of member organization)

for the election to the membership on the National Executive Board as
CFNU PRESIDENT
(position)

for the 2023-2025 Biennial.

Signed this 8 day of FEBRUARY, 20 23
Paula Dalcet

Moved by (signature)

NEW BRUNSWICK NURSES UNION
member of (union)

Aman Ghewal
Seconded by (signature)

BRITISH COLUMBIA NURSES UNION
member of (union)

I, Linda Silas, do hereby consent to accept nomination for the
position of President of the Canadian Federation of Nurses Unions.

Signed this 8th day of February, 20 23
[Signature]
(signature)

NEW BRUNSWICK NURSES UNION
(member organization)

CANADIAN FEDERATION OF NURSES UNIONS

2023 ELECTED OFFICER CANDIDATE FORM

Name of candidate: Linda Silas

Position running for: President

Particulars of union involvement

For those who don't know my union history, I got involved the same way most of you did: I got upset at what was happening on my nursing unit and I wanted to do something about it. So I got involved in my local only a year after I graduated. From 1984 to 1990, I held numerous positions both at the local and provincial union levels.

In October 1990, I was elected President of the NBNU. I held this position until October 2000. My ten years at NBNU proved to be full of successes, the occasional turmoil and many lessons learned. In June 2003, you gave me your confidence in electing me as CFNU President, and it's been a 20-year roller-coaster ride. By listening to and building on our members' values I, like the CFNU, grew to take a strong presence on the national stage. We have been recognized both in the research and policy fields, and for making things happen. I am also proud to have been and continue to be a key lead in the development of Global Nurses United (GNU), the first international voice for nurses' unions, and lastly, very proud to be your voice at the Canadian Labour Congress.

Employment summary

June 2003 to present

President of the Canadian Federation of Nurses Unions (CFNU)

March 2001 to May 2003

Project Coordinator for Beauséjour Regional Health Authority

- Developed interdisciplinary and teaching tools as well as implemented and promoted our Organ and Tissue Donation Program

October 1990 to October 2000

President of the New Brunswick Nurses Union (NBNU)

May 1983 to October 1990

Staff nurse at l'Hôpital Dr-Georges-L.-Dumont: Intensive Care Unit, Emergency and Labour Unit

Other important particulars

Education: Bachelor of Science in Nursing in 1983 from l'Université de Moncton. Received several certificates in nursing, public relations, labour relations and negotiations.

- Member of the CLC Executive Committee since 2003
- Member of the CLC Women's, International and Political Action committees since 2003
- Chair of the CLC Finance Committee since 2017
- Provincial, national and international speaker on nursing, health care, women, leadership and union issues
- Seasonal lecturer at several universities
- Published articles in magazines and books
- Member of numerous research/advisory bodies

On a more personal note, I started my full-time journey with the union movement with a 14-month-old baby boy, and now Alexandre is an adult who is into his first elected position within his union (Public Service Alliance of Canada). Making me prouder every day.

The leadership I bring to the CFNU is one of respect, inclusiveness and hard work. We listen to our members who are the grassroots, the foundation of our union and of our health care system. This is what makes the CFNU the national voice for frontline nurses. Our credibility and our strength are why we became and still are the voice of reason during this pandemic and throughout this critical nursing shortage. The voice that says it loudly: you need to protect our health care workforce because patients do not go in a hospital or LTC facility for a comfy bed! As nurses, we know the realities of health care, and with this, we can maintain a strong and powerful voice on behalf of those providing care 24/7. We know the harsh truth of being disrespected and ignored for too long.

To conclude, I would like to thank the New Brunswick Nurses Union for their ongoing confidence in nominating me for CFNU President. I would also like to extend a special thank you to our member organizations (UNA, SUN, MNU, ONA, NSNU, PEINU, RNUNL, CNSA and now BCNU ☺). To the NEB - every minute of your time is accounted for with your provincial work, and you still find the energy to be dedicated to our national organization. Each of your strengths and experiences makes the CFNU the incredible organization it is today. Your work and dedication are what makes us the largest, proudest and boldest nursing organization in Canada and most will say in North America. Merci! To our small team in our Ottawa office - be very proud of our reputation as the mighty mouse of the Labour Movement. ☺

In solidarity always,

Linda Silas

CANADIAN FEDERATION OF NURSES UNIONS
21st BIENNIAL CONVENTION 2023
CHARLOTTETOWN, PRINCE EDWARD ISLAND

RECEIVED

MAR 06 2023

NOMINATION FORM

CANADIAN FEDERATION
OF NURSES UNIONS

I, Bernadette Robinson, a member in good standing of the

Ontario Nurses Association
(name of member organization)

do nominate Angela Preocanin

who is a member in good standing of the

Ontario Nurse Association
(name of member organization)

for the election to the membership on the National Executive Board as

Secretary Treasurer
(position)

for the 2023-2025 Biennial.

Signed this 2nd day of March, 2023

Bob
Moved by (signature)

ONA
member of (union)

Elizabeth Audibert
Seconded by (signature)

Ontario Nurses Association
member of (union)

I, Angela Preocanin, do hereby consent to accept nomination for the

position of Secretary Treasurer of the Canadian Federation of Nurses Unions.

Signed this 3rd day of March, 2023

Angela Preocanin
(signature)

ONTARIO NURSES' ASSOCIATION
(member organization)

Please submit to CFNU office by March 10, 2023

2023 ELECTED OFFICER CANDIDATE FORM

NAME OF CANDIDATE: Angela Preocanin

POSITION RUNNING FOR: Secretary-Treasurer

PARTICULARS OF UNION INVOLVEMENT: Thank you for considering my candidacy for the Ticket of Nomination. I am seeking your support for election as Secretary-Treasurer so I can effectively represent your interests and advocate strongly on our members' behalf. This important mandate at a critical period in our profession will be my top priority.

My union career began in 1998 when I first met my BUP, who was advocating on our behalf against the employer ordering-in staff to deal with a weekend staffing shortage in Hemodialysis. Taking part in this action fueled my desire to become a union activist and fight for the rights of our members under the collective agreement. Since then, I have been proudly and passionately serving our members as part of the local Executive Team in progressively senior roles over 22 years including Grievance Chair and First Vice President of my local. From December 2020 until 2021, I sat on the ONA Board of Directors as Region 4 Vice President.

For the past 16 months, I have been faithfully serving as First Vice-President of the ONA Board of Directors, representing Registered Nurses and Health-Care Professionals in all sectors across the province. Over this period, I have experienced firsthand the devastating impact of Covid-19 and have helped lead ONA's unprecedented efforts to protect and support our members during an extraordinarily difficult time. It was seeing our members' incredible dedication to patients, colleagues and the public on display 24/7 that made it unmistakably clear the critical importance of the nursing profession in this country, and the unparalleled role nurses play in providing quality care. This has served as my inspiration and the impetus for my leadership and advocacy on behalf of our members throughout my career.

EMPLOYMENT SUMMARY:

Below is a summary of my related and relevant career experience:

Positions

January 2022-present

First Vice-President, ONA Board of Directors

January 2020-2021

Region 4 Vice-President, ONA Board of Directors

January 1998-December 2020

Local Executive, St. Joseph's Healthcare Hamilton

Executive Vice president, JOHS Worker Co-Chair

Grievance Chair, First Vice President

June 1990-December 2020

Staff Nurse, St. Joseph's Healthcare Hamilton, Surgical Head and Neck, Thoracics, Urgent Care, Home Hemodialysis

Education

Graduate, George Brown College, Diploma Program, 1990
Queens's Industrial Relations Centre, Governance and Leadership Excellence Certificate, 2021
Conflict Management Resolution McMaster University, 2003

Affiliated Roles and Activities

Media Spokesperson, ONA
NEB National Officer, ONA
Board member, Nurse Help Program CNO Finance Committee
Chair, Provincial Political Action Committee
Strategic Plan Guidance Committee, assisted with development of 5 year Strategic Plan
Enterprise Risk Management, past Chair and current member
Speaker, Ontario Health Coalition Town Halls
Presenter, provincial government standing committees, pre-budget and Bill 60 submissions
5 Union Joint Steering Committee member
Previous Chair, Nurse Help Program CNO

OTHER IMPORTANT PARTICULARS:

As a nurse and a long serving leader for our profession, I strongly believe in the importance of teamwork and people working together to pursue common goals, in the interests of our members. My approach has always been to seek outcomes that help move us forward. I've utilized diplomacy and communication to achieve this in every position I've held. This approach is in strong keeping with how CFNU operates – as a respected, strong and united team. As part of this team, I will continue to stand up for our members as they continue the important work of caring for people.

In the role of Secretary-Treasurer, I will work hard to advance the common mandate of the statutory authority and obligation to protect and enhance the work and assets of CFNU and its members. My personal commitment is to ensure that our members are informed, valued, respected and heard. I will strive to inspire and motivate the organization by being a visible and active ambassador – igniting pride in the CFNU as a champion, helping to create champions and advocating on behalf of our grassroots labour movement.

Thank you once again for your consideration of my candidacy and your confidence in nominating me to this important role on one of the largest and most widely respected nursing organizations in North America.

In solidarity
Angela Preocanin RN



CONSTITUTION

- Constitution amendments
- CFNU Constitution

**TOGETHER
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we got this**

Constitution Amendments

**TOGETHER
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we got this

Report of the Constitution Committee

to the Canadian Federation of Nurses Unions

21st Biennial Convention

Charlottetown, Prince Edward Island

June 5-9, 2023

Constitution Committee Members:

Tracy Zambory, Saskatchewan Union of Nurses – Chair

Yvette Coffey, Registered Nurses' Union Newfoundland and Labrador

Darlene Jackson, Manitoba Nurses Union

Angela Preocanin, Ontario Nurses' Association

Linda Silas, Canadian Federation of Nurses Unions – ex officio

The Constitution Committee met as required to carry out the work assigned to this Committee and to provide interpretation of the Constitution. In preparation for this Convention, the Committee met in February 2023 to review the Constitution and is recommending the following changes.

The Committee will be submitting

five (5) proposed amendments,

including the rationale for change to the 2023 Biennial
Convention Assembly for consideration.

Amendments to the Constitution require

a two-thirds (2/3) vote to carry.

These amendments are included for consideration at this Convention.

Constitution Amendments

CURRENT LANGUAGE	PROPOSED CHANGE	RATIONALE
7.14 Equity caucuses shall meet during the allotted times over the course of the Biennial Convention. These caucuses shall include Young Workers, Racialized Workers, LGBTQ2S+ Workers, Workers with Disabilities, Indigenous Workers, and Francophone Workers.	Delete 7.14	Since 2019, many labour organizations have education sessions for “All”, including allies, which also includes a safe space for equity caucuses. The CFNU will move more into creating education material and opportunities for all members. The CFNU will move away from the siloed approach and build Allyship.
7.15 The Human Rights & Equity Council shall meet during the Biennial Convention. This Council will consist of members from the equity caucuses, including those who may identify with more than one equity-seeking group. The Council will report to the Human Rights & Equity Committee of the National Executive Board.	Delete 7.15	As above
8.03(1) Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution.	Delete current 8.03(1) and replace with new 8.03(1) Take on the full responsibility to promote the CFNU Objectives as detailed under Article 4, which includes: Promote nurses’ labour issues within the CLC; Advance the social, economic and general welfare of its members; Promote democracy, unity, social justice, human rights, equity and inclusion in all of CFNU’s work.	As above

Constitution Amendments

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8.03(2) Establish such advisory committees as may be deemed appropriate.	Delete current 8.03(2) and replace with new 8.03(2) Establish such advisory committees or caucuses as may be deemed appropriate both for the NEB and CFNU's Conventions.	This proposed change will support the ability to stand up caucuses/committees when deemed appropriate in a given situation.
8.06(6) Human Rights and Equity Committee	Delete 8.06(6)	Since 2019, many labour organizations have education sessions for "All", including allies, which also includes a safe space for equity caucuses. The CFNU will move more into creating education material and opportunities for all members. The CFNU will move away from the siloed approach and build Allyship.

CFNU Constitution

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as amended at 2021 Convention

Founded May 01, 1981

ARTICLE 1 - NAME

1.01 This Organization shall be known as the CANADIAN FEDERATION OF NURSES UNIONS, hereinafter referred to as the "Federation".

ARTICLE 2 - DEFINITIONS

2.01 In the interpretation of the constitution, a gender-neutral language will be utilized, and singular shall include the plural and vice versa as applicable.

2.02 **Member Organizations** - means a bargaining agent or representative body with respect to collective bargaining that is a member of the Federation.

2.03 **Associate Member Organization** - means a national representative body of nursing students and may speak to, but may not move or vote on business of the Federation.

2.04 **The Board** - means the National Executive Board.

2.05 **President** - means the President of the Federation.

2.06 **National Officer** - means a member of the National Executive Board.

2.07 **Constitution** - means the Constitution of the Federation, unless otherwise specified.

2.08 **Voting Delegate** - means a member selected by a Member Organization, who is registered as a delegate on behalf of their respective Organization at a Convention of the Federation and who has the right to speak to and vote on business of the Federation.

2.09 **Invited Guest** - means any person whom the President or National Executive Board invites to attend all or part of a Convention of the Federation. Invited guests may speak to an issue with the consent of two-thirds of the voting delegates.

ARTICLE 3 - HEADQUARTERS

3.01 The Federation office shall be in Ottawa – the traditional unceded territory of the Algonquin Anishnaabeg People.

ARTICLE 4 - OBJECTIVES

The Federation shall be the national voice for unionized nurses – its objectives are to:

4.01 Promote nurses' labour issues within the Canadian Labour Congress (CLC).

CFNU Constitution

4.02 Advance the social, economic and general welfare of its members.

4.03 Preserve free democratic unionism and collective bargaining in Canada.

4.04 Promote unity within the nursing unions and other allied health fields through co-operation with and support of other organizations sharing these objectives.

4.05 Provide its members with a national forum for the purpose of promoting desirable legislation on matters of national significance, which affect its Member Organizations and all living in Canada.

4.06 Promote educational goals; disseminate information on labour legislation and labour strategies among Member Organizations.

4.07 Promote the highest standards of health care throughout Canada.

4.08 Be advocates for social justice, equity and inclusion and Health in All Policies (HiAP).

ARTICLE 5 - PRINCIPLES AND STANDARDS OF CONDUCT

In working towards the foregoing general objectives, the Federation shall adhere to the following principles and standards of conduct:

5.01 It shall give full recognition to the autonomy of its Member Organizations. All powers, other than those delegated to the Federation, shall remain with the Member Organizations whose fundamental autonomy and freedom shall be maintained by the Federation as a first principle.

5.02 Notwithstanding Article 5.01, the CFNU shall be the national affiliating body to the CLC, and all Member Organizations shall become members of the CLC.

5.03 It shall speak for and represent its Member Organizations on national matters of its members. In the situation where a Member Organization is specifically involved in such matters, such Organizations will be consulted before a statement is made.

5.04 It shall provide to its members a forum to seek assistance for research, legislative, public relations, educational and any other collective bargaining support.

5.05 It shall be non-partisan and non-sectarian.

5.06 The Federation shall conduct its affairs in both official languages and in the most efficient and expedient manner.

5.07 The Federation shall promote, both within society and our workplaces, an environment free of violence, harassment, bullying and any form of racism.

ARTICLE 6 - MEMBERSHIP

6.01 All bona fide members of a Member Organization or Associate Member Organization shall hold membership in the Federation through their Organization.

6.02 The Federation, by two-thirds (2/3) majority of the Board, may accept additional nursing Organizations as Member Organizations or Associate Member Organizations.

Applications shall be supported by evidence that such is the wish of the applicant's members.

6.03 Membership Certificates shall be issued to all Member Organizations or Associate Member Organizations.

6.04 A Member Organization or Associate Member Organization may withdraw from the Federation subject to written notice of twelve (12) months being given to the Federation, supported by evidence that such is the decision of its membership.

6.05 A Member Organization or Associate Member Organization that has withdrawn from the Federation in the manner described above may make written application for re-admission to the Federation through the Board.

ARTICLE 7 - CONVENTIONS

7.01 A) The Biennial Convention of the Federation shall be held every two (2) years.

B) The Convention shall be the supreme governing body of the Federation. The time and place of the Biennial Convention shall be determined by the Board.

C) Notice of the time and place of the Convention shall be circulated to all Member Organizations and Associate Member Organizations of the Federation one hundred and eighty (180) days prior to the commencement of the Convention.

D) Where due to unforeseen events, the NEB can modify the notice to convention.

7.02 Organizations in possession of a valid membership as a Member Organization with the Federation shall be entitled to representation at Federation Conventions by voting delegates selected by their respective Organizations.

All delegates to Conventions must be members of the Organizations they represent. Each Member Organization may cast its full number of votes provided that it has at least one (1) voting delegate present at the Convention.

7.03 A Special Convention of the Federation may be called at the written request, with signatures, of at least fifty per cent (50%) plus one (1) of the Board and/or ten per cent (10%) of the Federation membership. All expenses for meeting facilities arising out of the Special Convention will be borne equally by the member organizations.

CFNU Constitution

7.04 Each Member Organization of the Federation shall be entitled to three (3) votes for the first five hundred (500) or less persons on whose behalf the Member Organization remits membership dues, and one (1) additional vote for each additional five hundred (500) or major fraction thereof of persons on whose behalf the Member Organization remits membership dues.

7.05 The President, Secretary-Treasurer and National Officers shall have full status as a voting delegate at Conventions by virtue of Office and shall each hold one (1) vote.

A) Members of a Member Organization, who are not voting delegates, may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.

B) Staff of the CFNU Member Organizations and guests may attend a convention of the Federation, and may speak with the consent of two-thirds (2/3) of the voting delegates. Staff and guests may not move or vote on the business of the Federation.

C) Members of Associate Member Organizations may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.

7.06 Member Organizations shall bear the expenses of their own voting delegates and non-voting members and staff.

7.07 The President and Secretary-Treasurer's expenses re attendance at Conventions shall be borne by the Federation.

7.08 A) Resolutions to the Federation may be submitted by any member of the Federation. Resolutions must be received at the Federation Office at least ninety (90) days before the opening date of the Convention. Resolutions shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

B) Emergent resolutions will be accepted at the Convention up to the deadline established on the agenda.

7.09 Any Member Organization which is in arrears to the Federation for membership dues shall not be entitled to recognition or representation at the Convention.

7.10 Any Organization which has not applied for and obtained a Membership Certificate at least one (1) month prior to the Convention shall not be allowed representation.

7.11 Quorum is constituted by a majority of the Member Organizations and a majority of the votes.

7.12 Unless otherwise specified in this Constitution, a majority of votes shall be sufficient to pass resolutions or make decisions for the Convention.

7.13 The Rules of Order of business governing Convention shall be *ROBERT'S RULES OF ORDER* (Newly Revised).

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7.14 Equity caucuses shall meet during allotted times over the course of the Biennial Convention. These caucuses shall include: Young Workers, Racialized Workers, LGBTQ2S+ Workers, Workers with Disabilities, Indigenous Workers, and Francophone Workers.

7.15 The Human Rights & Equity Council shall meet during the Biennial Convention. This Council will consist of members from the equity caucuses, including those who may identify with more than one equity-seeking group. The Council will report to the Human Rights & Equity Committee of the National Executive Board.

ARTICLE 8 - NATIONAL EXECUTIVE BOARD

8.01 There shall be a National Executive Board which shall be the governing body of the Federation when a Convention is not in session.

8.02 The Board shall be comprised of:

President

Secretary-Treasurer

National Officers

Officer from CNSA as a non-voting member

8.03 The Board shall:

(1) Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution.

(2) Establish such advisory committees as may be deemed appropriate.

(3) Be recognized by Member Organizations as the governing body under the terms of the Constitution, except when the Federation is in Convention.

(4) Meet at least twice a year in a face-to-face meeting, unless unforeseen situations make it impossible. When not in session, the National Executive Board shall meet by letter, telephone, e-mail or virtually, on all matters of any nature requiring action by the National Executive Board. Such action so taken by the members of the National Executive Board shall constitute action of the National Executive Board and it shall be reviewed at the next face-to-face meeting and shall be part of the minutes.

(5) Meet at the call of the President or at the request of half the members of the National Executive Board, made in writing to the President.

(6) Initiate action for federal legislation in the interest of the Federation.

CFNU Constitution

(7) Reimburse members of the Board for necessary expenses in performing their duties for the Federation in relation to specific duties assigned by the

Board.

(8) Be authorized to alter membership dues between Conventions, when such an alteration results in a reduction of dues.

8.04 Each Member of the Board shall be entitled to one (1) vote at Board meetings, and a quorum for such meetings shall be a majority of the members of the Board and a majority of Member Organizations.

8.05 The Board shall, as it considers necessary, cause to have such members of the Board and staff of the Federation to be bonded in such amounts as necessary.

8.06 The standing committees of the National Executive Board shall be:

1. Finance/Human Resources Committee
2. Nominations Committee
3. Constitution Committee
4. Resolutions Committee
5. International Solidarity Fund Committee
6. Human Rights and Equity Committee

Representatives on these committees shall be appointed following the CFNU Biennium from the members of the National Executive Board. The National Executive Board may also appoint ex-officio members to serve on these standing committees.

ARTICLE 9 – ELECTIONS

9.01 The President and Secretary-Treasurer shall be elected at each regular Convention. Nominations for the position of President and Secretary-Treasurer must be received in writing by the Federation, showing the mover and seconder of the nominations, at least ninety (90) days prior to the commencement of the Convention, and the Ticket of Nominations shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

9.02 The Nominee for the position of President and Secretary-Treasurer of the Board shall be responsible for submitting within the timelines outlined in 9.01:

- 1) a signed nomination form
- 2) all relevant biographical information, which must include being in an elected position of CFNU Member Organizations' Executive Committee or Board for one term.

9.03 The Nominations committee shall be responsible for conducting the election process.

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9.04 Nominations from the floor will be accepted at the Biennium only if there has been no nomination to the position of President or Secretary-Treasurer in accordance with Article 9.01.

9.05 Each Member Organization with a membership under twelve thousand (12,000) members shall be entitled to have one (1) member as a National Officer on the Board; each Member Organization with a membership over twelve thousand (12,000) members shall be entitled to have two (2) National Officers on the Board. The National Officers shall be selected by, and at the discretion of, their respective Member Organizations.

9.06 The election of the President and Secretary-Treasurer of the Federation shall be by secret ballot. A majority of votes cast shall be required before any candidate can be declared elected, and second and subsequent ballots shall be taken, if necessary, to obtain such a majority. On the second and subsequent ballots, the candidate receiving the lowest number of votes in the previous ballot shall be dropped. In case of a final tie vote, the presiding officer may cast the deciding vote.

9.07 The terms of office of elected officers of the Federation shall commence at the adjournment of the Convention at which they were elected.

9.08 The Member Organizations shall be responsible for notifying the Federation of the name of their National Officer(s).

9.09 In the event of a vacancy or a leave of absence of less than one year, in the office of the President, the Secretary-Treasurer shall perform the duties of the President for the unexpired term or leave of absence.

Should the Secretary-Treasurer be unable to act as President, the Secretary-Treasurer shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.

In the event of a vacancy or leave of absence of one year or more, the unexpired term or leave of absence shall be filled in a manner determined by the Board.

9.10 In the event of a vacancy or a leave of absence in the office of the Secretary-Treasurer, the National Officer(s) on the Finance Committee shall perform the duties of the Secretary-Treasurer for the unexpired term or the leave of absence. Should the National Officer(s) be unable to act as Secretary-Treasurer, the President shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.

9.11 A vacancy occurring in the position of National Officer of the Board shall be filled for the unexpired term by the Member Organization.

CFNU Constitution

9.12 The Board shall, by virtue of office, hold title to the real estate of the Federation as trustees for the Federation. They shall have no right to sell, convey or encumber any real estate without approval of a Convention.

9.13 The number of terms an elected member of the Federation may serve shall not be limited.

ARTICLE 10 – DUTIES OF THE PRESIDENT

The President shall:

10.01 Be the head of the Federation. Be accountable for the affairs of the Federation, sign all official documents and preside at all Conventions and meetings of the Board.

10.02 Be the official spokesperson of the Federation.

10.03 Be the Federation representative to the CLC Executive Committee and Canadian Council.

10.04 Be responsible for overall management and direction of the Federation employees therein.

10.05 Report about the administration of the office and on the affairs of the Federation to the Convention through the report of the Board.

ARTICLE 11 - DUTIES OF SECRETARY-TREASURER

The Secretary-Treasurer shall:

11.01 Carry out the duties as assigned by the President and act in lieu of the President in President's absence.

11.02 Assist the President in the preparation and facilitation of the National Executive Board meetings.

11.03 Be the chief financial officer of the Federation and cause to be kept the books, documents, files and effects of the Federation, which shall, at all times, be subject to inspection by the Board.

11.04 Be responsible for the preparation of a financial report of the Federation for each meeting of the Board.

11.05 Have the books of the Federation audited and an audited financial statement prepared December 31 of each year. Such audited financial statements shall be furnished to the Board and the Convention.

11.06 Report about the administration of the office of the Secretary-Treasurer to the Convention.

11.07 Be empowered to require Member Organizations to provide statistical data in their possession, relating to the number of persons paying dues to the Member Organization.

11.08 Be the second CFNU officer to the CLC Canadian Council.

ARTICLE 12 - DUTIES OF NATIONAL OFFICERS

The National Officer shall:

12.01 Be a bona fide member of a Member Organization.

12.02 Be charged with the responsibility of representing the interests of the Federation and shall assist in establishing and maintaining communication between the Federation and the Member Organizations.

12.03 Aid in the duties of the President as the head of the Federation and act on the President's behalf when requested to do so. Each National Officer shall administer the delegated responsibilities assigned by the President.

12.04 Have voting rights at NEB meetings and during conventions and/or special meetings.

ARTICLE 13 - REVENUE AND FINANCIAL CONTROL

13.01 The revenue of the Federation shall be derived from membership dues as determined at the Convention or as per Article 8.03 (8). Such dues shall be payable by Member Organizations on the full dues paying membership of each Organization.

13.02 Each Member Organization shall forward to the Federation before the last day of each month the membership dues payable for that month.

13.03 Any Member Organization which does not pay its membership dues as specified in sub-section 13.01 of this Article shall be notified of that fact by the Secretary-Treasurer. Any Member Organization three (3) months in arrears in payment of membership dues may become suspended from membership in the Federation and can be reinstated only after arrears are paid in full.

13.04 The fiscal year of the Federation shall be the calendar year.

13.05 The National Executive Board shall appoint a Finance Committee consisting of the President, Secretary-Treasurer and at least one (1) National Officer. The Committee shall perform such functions as the National Executive Board may from time to time direct.

ARTICLE 14 - INTER-ORGANIZATIONAL DISPUTES

14.01 Disputes between Member Organizations shall be addressed in accordance with the policy of the Federation.

14.02 Inter-organizational disputes shall be resolved according to the CLC Constitution.

14.03 If a Member Organization is found guilty under Article IV, section 3, 4, or 5 of the Canadian Labour Congress Constitution, and does not comply with the umpire's ruling within the timelines identified in the Canadian Labour Congress Constitution, the National Executive Board shall meet and determine appropriate action, which may include discipline under Article 15.

CFNU Constitution

ARTICLE 15 - DISCIPLINE

15.01 Non-compliance with this Constitution, or the Constitution of the Canadian Labour Congress, or action by a Member Organization or Associate Member Organization to the detriment of the objectives and/or activities of the Federation, shall be regarded as grounds for discipline, including fines, suspension or expulsion from the Federation, as determined by the Board.

ARTICLE 16 - AMENDMENTS

16.01 The Constitution of the Federation may be amended by the Convention by a two-thirds (2/3) vote. Amendments to the Constitution can be submitted by the Board or by Member Organizations.

Amendments must be submitted to the Federation at least ninety (90) days prior to the opening day of the Convention and must be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

16.02 All constitutional amendments shall, unless otherwise specified, take effect immediately after they are adopted.

Updated June 2021

by

The Constitution Committee

Tracy Zambory, Chair



RESOLUTIONS

- Report of the Resolutions Committee
- 2021 resolutions action
- 2023 resolutions submissions

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Resolutions

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Report of the Resolution Committee

to the Canadian Federation of Nurses Unions
21st Biennial Convention
Charlottetown, Prince Edward Island
June 5-9, 2023

Resolutions Committee Chair:

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:

Paula Doucet, President, New Brunswick Nurses Union

Angela Preocanin, Vice-President, Ontario Nurses' Association

Danielle Larivee, Vice-President, United Nurses of Alberta

Adriane Gear, Vice-President, British Columbia Nurses' Union

Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and videoconference. The Committee reviewed the resolutions submitted at the 2021 Biennium and prepared a report on follow-up actions.

Notice was sent to all counterparts regarding the March 10, 2023, deadline for submission of resolutions. The Committee will meet again following the June 8, 2023, emergency resolution deadline to review emergency resolutions.

CFNU biennial resolutions

The Committee reviewed 11 draft resolutions and found them all in order. The Resolution Committee accordingly submits the following 11 resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)

Resolutions

2021 resolutions actions

RESOLUTION	ACTION
<p>Resolution #1 – Long-Term Care</p> <p>BE IT RESOLVED that the CFNU work with stakeholders and allies to pressure the federal government, along with the provinces and territories, for a moratorium on private, for-profit care from the long-term care sector; and</p> <p>BE IT FURTHER RESOLVED that the CFNU work with stakeholders and allies to eliminate the use of agency staff and ensure that at least 70% of long-term care staff have permanent full-time positions with paid sick leave and benefits.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Roundtable with MO researchers • Promote research that already exists • Work with stakeholders • Advocate for safe nursing hours of care (4.1 hours per patient per day) • Increase home care services and work to eliminate for-profit home care services • Work with technical committee to establish strong Health Standards Organization (HSO)'s LTC standards
<p>Resolution #2 – COVID-19 Infection and “Long-hauler” Syndrome</p> <p>BE IT RESOLVED that the CFNU lobby and advocate for legislation requiring presumptive workplace insurance coverage of any health impacts arising due to COVID-19 infection; and</p> <p>BE IT FURTHER RESOLVED that the CFNU advocate and lobby government to ensure that no nurse or health care worker suffers any loss of occupational income due to an illness associated with COVID-19.</p> <p>Carried</p>	<ul style="list-style-type: none"> • OH&S network • Presumptive legislation
<p>Resolution #3 – Endorsing Joyce’s Principle</p> <p>BE IT RESOLVED that the CFNU endorse Joyce’s Principle, committing the organization to working with Indigenous stakeholders and allies towards its implementation by governments, teaching institutions and health and social service organizations; and</p> <p>BE IT FURTHER RESOLVED that the CFNU acknowledges the existence of anti-Indigenous racism among Canada’s nurses, and commits to addressing this through education and awareness.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Ongoing work • Possible workshop for next convention

Resolutions

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Resolution #4 – Securing PPE for Canada’s Health Care Workforce

BE IT RESOLVED that the CFNU calls on all Canadian health authorities to work in collaboration with health care unions as partners to ensure the stability and adequacy of an appropriate PPE supply (including N95 respirators or better and/or PAPRs, Full Face Shields, Gowns, Gloves, Bouffant and Shoe Covers) for HCWs, including ensuring transparency about PPE supplies through regular detailed updates on the status of PPE stockpiles;

BE IT FURTHER RESOLVED that the CFNU calls on all Canadian governments to develop a made-in-Canada PPE supply chain so that it can maintain a minimum PPE stockpile, and develop an effective stockpile management system; and

BE IT FURTHER RESOLVED that Canada establish a worker safety research agency to empower employers and workers to create safe and healthy workplaces, with staff representing a wide diversity of fields (i.e., nursing, medicine, epidemiology, occupational hygiene, engineering, etc.) modelled after the US National Institute for Occupational Safety and Health (NIOSH), with the authority to make decisions on worker safety, including the preparation of guidelines, directives and policies.

Carried

- OH&S network
- Common collective agreement language for negotiators

Resolutions

<p>Emergency Resolution #1 – Addressing the health human resources crisis</p> <p>BE IT RESOLVED that the CFNU work with other health care organizations, such as the Canadian Health Workforce Network, to pressure governments to address the health human resources crisis facing nurses and other health care workers through national initiatives that support health human resources planning at the provincial and territorial levels, such as the creation of a federal health workforce agency;</p> <p>FURTHER BE IT RESOLVED that the CFNU continue to reiterate our demands to the federal government to provide urgent funding to the provinces and territories to hire additional nurses and health care workers, and to fund retention and recruitment initiatives to stem the disturbingly high flow of workers out of the sector.</p> <p>Carried</p>	<ul style="list-style-type: none"> • HHR agency • Work with Dr. Ivy Bourgeault • Health Canada proposal on a nursing retention fund
<p>Emergency Resolution #2 – Declaring and mobilizing around a National Nurses Day of Action</p> <p>BE IT RESOLVED that the CFNU declare September 22, 2021 (the end of summer), as a National Nurses Day of Action, in which the CFNU will assist with coordinating Member Organizations to mobilize members to demonstrate outside of their workplaces in solidarity with those impacted by unacceptable working conditions; and</p> <p>FURTHER BE IT RESOLVED that this National Nurses Day of Action will serve as an opportunity to highlight our demands on governments to take concrete actions to address unacceptable working conditions for our members.</p> <p>Carried</p>	<p>Day of Action – done (September 17, 2021)</p>

Resolutions

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Resolution #1 – There is no health without mental health

WHEREAS it is clear that there is a need to support the mental health of nurses;

WHEREAS the 2019 CFNU-University of Regina report on nurses' mental health revealed rates of mental health disorder symptoms similar to public safety personnel (PSP). Almost half (47.9%) of participants screened positive for a mental disorder;

WHEREAS two pan-Canadian CFNU surveys carried out in 2021 and 2022 reveal that the disconcerting state of nurses' mental health continues. In 2021, 67% of nurses said their mental health was worse when compared to one year ago. In 2023, nearly half of nurses said their mental health was worse when compared to one year ago;

WHEREAS the CFNU has been in partnership with Health Canada with expanding the Wellness Together Canada program to better serve nurses during the pandemic;

WHEREAS the federal government has been supporting public safety personnel (PSP) through a well-funded program called PSPNET. PSPNET is an internet-delivered cognitive behaviour therapy program which offers therapist-guided courses designed to improve depression, anxiety and posttraumatic stress injuries,

BE IT RESOLVED that the CFNU partners with the Public Health Agency of Canada on the development and deployment of a mental health program specifically tailored to nurses, modelled on PSPNET.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Support the mental health of nurses

- The 2023 CFNU member survey found that:
 - Nearly half of nurses said their mental health was worse when compared to one year ago.
 - 2 in 10 nurses were unable to work 1 to 2 days due to a mental health issue.
 - Early- and mid-career nurses are more likely to experience symptoms of burnout, compared to late-career nurses.
 - In a recent 2-week span, a majority of nurses felt symptoms of anxiety and depression on some or all days.
- A 2019 survey of over 7,300 nurses from across Canada found that 1 in 3 nurses screened positive for major depressive disorder, 1 in 4 nurses screened positive for generalized anxiety disorder and clinical burnout, 1 in 3 reported having suicidal thoughts, and 20% screened positive for PTSD and panic disorder.¹
- Based on the co-design work undertaken by the CFNU staff and our nurse advisory team consisting of Pauline Worsfold, Barb Abele (SUN) and Barb Campbell (UNA), the CFNU has promoted offerings of MindWell for Health Care Workers and the Togetherall platform. Both programs fall under the federal government-funded platform, Wellness Together Canada.
- The MindWell program has been very successful – with participants surveyed showing that, in just four weeks of the program, their levels of mindfulness and resilience increased, while PTSD, exhaustion and anxiety decreased over time.
- 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 engaged in a co-design process with the Togetherall team, creating a self-directed course on PTSD, two articles (one on compassion fatigue and another on critical incident stress) and a health care-specific peer-to-peer community within their system.
- The CFNU has long been interested in obtaining federal support for nurses' mental health to the same degree such supports have been provided to public safety personnel. Through the federally funded PSPNET, which provides internet-delivered cognitive behavioural therapy to PSP under therapist-guided online courses, there is the potential to model a similar program for nurses.
- The CFNU has been in discussions with the Public Health Agency of Canada (PHAC) about tailoring PSPNET for nurses and piloting a program in one or two provinces. The PHAC agreed to fund the tailoring of a nursing version of the program, but within a very short window of time. Unfortunately, with our partners at PSPNET, we were unable to take advantage of that opportunity based on the challenging timing. However, we have a commitment from PHAC to accept an unsolicited proposal from us, and they will try to find sufficient funding to cover all the costs of tailoring and piloting the project later this year.

¹ Carleton, N. and Stelnicki, A. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. CFNU.
<https://nursesunions.ca/research/mental-disorder-symptoms/>

Resolutions

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Resolution #2 – Fairness to internationally educated nurses

WHEREAS many internationally educated nurses (IEN) already living in Canada are unemployed or underemployed due to many barriers they encounter, from immigration to licensure recognition to employment;

WHEREAS a 2019 OECD study found that 61.7% of foreign-born, foreign-trained RNs in Canada were not working in their trained profession;

WHEREAS the CFNU has a responsibility to these future members to support them in their registration process and support them when integrating in our health workplaces. All of this must be done ethically both for the receiving workforce and the country they leave,

BE IT RESOLVED that the CFNU continue its work with expert partners such as World Education Services (WES) to develop an IEN Blueprint that will inform all parties on the best practices to recruit and integrate IENs in Canada's health workplaces and communities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): CFNU position statement on internationally educated nurses

In an attempt to address the nursing shortage crisis in Canada, which has been significantly worsened by the COVID-19 pandemic, many provincial governments are turning to internationally educated nurses (IENs), both those currently in Canada and through international recruitment.

Recruiting nurses internationally should be part of a comprehensive health human resource plan. All efforts to address nurse shortages within the domestic context must be a priority for all provincial and territorial governments. A multi-pronged approach to health human resources must focus on both short-term and long-term measures to enhance the retention and recruitment of nurses within Canada, which would include IENs.

The CFNU endorses the ethical recruitment strategies as outlined by the International Council of Nurses (ICN) and encourages governments and organizations, including employers, recruiters and non-governmental organizations, to adopt the ICN principles², including:

- Access to full and flexible employment opportunities
- Regulation of recruitment and good faith contracting
- Comprehensive and effective nursing regulation
- Freedom of movement, freedom of association, freedom from discrimination
- Equal pay for work of equal value
- Access to grievance procedures, safe work and effective orientation/mentoring/supervision
- National self-sustainability to effectively match health human resources to population needs

In keeping with these principles, the CFNU would discourage the targeted recruitment of nurses from countries that are experiencing a chronic or temporary shortage of nurses. When international migration occurs, the CFNU will advocate to protect nurses' interests and rights to ensure decent work. The CFNU also strongly supports IENs' right to freedom of association, including the right to join a union in the pursuit of collective workplace goals arrived at through the collective bargaining process.

The CFNU recognizes that many internationally educated nurses currently in Canada are unemployed or underemployed. Internationally educated health professionals are significantly less likely to work in their field than their Canadian-born counterparts. Faced with many barriers to employment in their fields, many internationally educated nurses may experience deskilling. Getting a good data picture is difficult, but we do know that thousands of internationally educated nurses have applied to nursing regulators to work in nursing. Even as Canada desperately needs nurses on the front lines, non-practising nurses continue to be unemployed or underemployed. IENs may be working as personal support workers, as live-in caregivers, in home care, or even in non-health care jobs like retail – because the barriers to working as a nurse in Canada are onerous, expensive and time-consuming. According to World Education Services, many of these nurses will be unable to return to practise in their chosen field.

Internationally educated nurses have the right to expect appropriate clinical and cultural orientation and supportive supervision in their workplaces. IENs have the right to fair and equal treatment on employment-related issues, including working conditions, promotion and access to career development.

² International Council of Nurses (ICN). (2019). ICN position statement. *International career mobility and ethical nurse recruitment*. Retrieved from <https://www.icn.ch/nursing-policy/position-statements>

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They must be educated about union rights and occupational hazards, including workplace violence. When nurses' rights, benefits or safety are threatened or violated, appropriate processes must be in place to hear grievances in a timely manner.

The Canadian Federation of Nurses Unions (CFNU) and its Member Organizations are committed to representing our IENs and ensuring that they are educated about the provisions in the collective agreement, and ensuring that IENs have access to all provisions within it and are supported by the union. Nurses will be provided with a union orientation, focusing on areas such as seniority, job postings, hours of work, overtime, no discrimination/harassment, etc., to ensure that they are aware of their rights and are able to actively participate in the workplace. Nurses' unions will actively engage with employers to ensure that IENs have conditions of employment as favourable as those of other nurses in Canada, and to encourage a workplace environment that is culturally safe, and respects diversity and multicultural perspectives. IENs will be provided contact information for union representatives, who will provide advocacy and support for workplace issues.

In September 2021, the Ontario Council of Agencies Serving Immigrants (OCASI) coordinated an open letter to the federal government, signed by over 50 organizations and calling for better, more timely and comprehensive data on internationally educated health professionals to support systems-wide reforms. The letter included the following recommendations for a national strategy on the effective integration of IENs and IEHPs into Canada's health human resource pool.

- Rebuild and strengthen Canada's health care human resources and fortify the health care system.
- Address the longstanding underutilization of the skills of Canada's IEHPs.
- Address the needs of Francophone IEHPs in primarily English language communities.
- Re-invest in the health care workforce for the future and reduce economic losses associated with underutilization.
- Provide inclusive, and linguistically and culturally representative patient care services for an increasingly diverse population.
- Empower talented IEHPs economically, professionally and personally.
- Modernize and scale up the equitable integration of IEHPs across all sectors of the health care system³.

On an immediate basis to help address the nursing shortage, Canada and employers must act to better utilize internationally educated nurses in Canada.

Federal and provincial governments must adopt a pan-Canadian approach to addressing the underutilization of IENs systematically, and in a coordinated and coherent way, including:

- Establishing a dedicated coordinating body to address critical health workforce data gaps, including with respect to basic data on IENs currently in Canada (i.e. numbers, status in licensure process) to significantly enhance existing health workforce data infrastructure, and standardize data collection and analysis across workers, sectors and jurisdictions.
- Creating a coherent system-wide approach across the country, built by all the key stakeholders that would ensure systematic, equitable and accountable labour force integration of IENs. The strategy must address the three interconnected elements of the IEN journey, and the roots of underutilization and inequity: the immigration and licensure process, as well as employment.

³ World Education Services. Addressing the Underutilization of Internationally Educated Health Professionals in Canada: What the Data Does and Doesn't Tell Us. <https://knowledge.wes.org/canada-report-addressing-the-underutilization-of-iehps-in-canada.html>

Resolutions

- Implementing existing best practices and solutions, drawing on the dozens of successful programs and models that exist across the country (and internationally) to effectively assess, orient, bridge or upgrade, where necessary, and integrate IENs into our workplaces. Scale up externship pilots and expand successful externship pilots, including in LTC, community health and home care settings.
- Taking a multi-stakeholder approach, bringing all players to the table, to identify the barriers and design solutions collaboratively, engaging governments, occupational regulatory bodies, employers, unions, health education faculties, immigrant service delivery agencies that support IENs, consulting directly with IENs themselves and the unions that represent them.
- Providing financial support to preceptors and for the cost of the registration support.
- Developing national strategies to recognize the contribution of IENs and to encourage an environment that respects diversity and multicultural perspectives.

The employer must demonstrate accountability for third parties contracted to recruit nurses, including the following:

- Appropriate accommodations
- Relocation allowances
- Demonstrated sensitivity and attention to cultural issues faced by both internationally educated nurses and their co-workers
- Facilitating contact so that internationally educated nurses are assisted in establishing a community
- Ensuring that any recruitment initiatives do not create additional fees or barriers to IENs obtaining employment in Canada and joining one of its affiliate bargaining units

Resolutions

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Resolution #3 – Tax credit for nurses' return and retention

WHEREAS nurses need financial supports as part of a multipronged strategy to retain and return nurses in our public system;

WHEREAS a pan-Canadian CFNU survey found nurses indicating that paying less taxes is one of the top retention solutions that would keep them in their job;

WHEREAS retired nurses are concerned the income they would receive if they return to work would reduce their other entitlements (e.g., Old Age Security). Meanwhile, frontline nurses are paying higher taxes due to extra shifts and extensive mandatory overtime;

WHEREAS nurses need a temporary tax incentive that will help ensure nurses are financially supported, rather than burdened, for the extra work they are being called on to perform during this pandemic;

WHEREAS The government can model this on existing tax measures, such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year,

BE IT RESOLVED that the CFNU continue its work with the Department of Finance Canada to establish a new two-year income tax incentive for nurses, either in the form of a deduction or a tax credit.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

Facts (May 2023): Financial supports for nurses

- The CFNU has heard directly from retired nurses, who have stated that their tax treatment is a deterrence for them to return to the workforce. Retired nurses are concerned the income they would receive if they return to work would bump them into a higher tax bracket and reduce their other entitlements (e.g., Old Age Security). We also hear from frontline nurses, including those working in hard-to-recruit areas, that they are paying higher taxes due to working extra shifts and extensive mandatory overtime. Surveyed nurses have indicated that paying less taxes is one of the top retention solutions that would keep them in their job.⁴
- The CFNU is calling on the Department of Finance to launch consultations with stakeholders such as nurses' unions to hear the perspective of frontline nurses, to design details of this tax incentive. This tax incentive can take the form of a tax deduction or a tax credit.
- The tax credit will create a benefit that is typically based on the lowest tax bracket of 15%. A tax deduction is a more comprehensive measure, given that it would reduce taxes at nurses' marginal tax rate. This deduction in taxable income will ensure nurses do not see reductions in governmental benefits they may utilize such as the Canada Child Benefit, GST/HST Credit and Old Age Security.
- The government can model costing on existing federal measures such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year. The credit is calculated by applying the lowest personal income tax rate to a credit amount of \$3,000 per individual. Approximately 43,000 individuals claimed this credit in 2019.⁵
- The government can also consider tax incentives in other jurisdictions. Quebec, for instance, has previously offered a tax credit of \$10,000 to retired nurses to return to work.⁶ In the state of Hawaii, there is a bill that has been introduced which would establish a \$10,000 income tax credit to health workers, including nurses, to support retention efforts.⁷
- The public reaction to this financial incentive should be positive, given that polling data has shown that nurses are perceived positively by Canadians.⁸ In addition, recent polling data has shown that health care is the top national issue of concern for Canadians, ahead of inflation, jobs and the environment.⁹
- In the face of an unprecedented exodus of nurses from the profession, the federal government must act to ensure nurses are not being forced to pay more through their taxes because of the extra, emergency work they are being called on to perform. A tax measure, such as deducting mandatory overtime and other financial incentives from nurses' income tax, could help tip the scales for frontline nurses on the verge of throwing in the towel while helping entice departed nurses back into the profession. Alongside other critical actions to recruit, return and retain nurses, this will help sustain our collapsing health care system.

⁴ CFNU. (2023). Viewpoints Research survey results. <https://nursesunions.ca/new-poll-alarming-number-of-nurses-are-looking-for-the-exit-sign/>

⁵ Department of Finance Canada. (2022). *Report on Federal Tax Expenditures: Concepts, Estimates and Evaluations*. <https://www.canada.ca/content/dam/fin/publications/taxexp-depfisc/2022/taxexp-depfisc-22-eng.pdf>

⁶ Lévesque, L. (2019). Quebec health care centres working to hire more nurses, minister says. *Montreal Gazette*. <https://montrealgazette.com/news/local-news/quebec-health-care-centres-working-to-hire-more-nurses-minister-says>

⁷ Hawai'i State Legislature. Health care provider tax credit. https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives8-12.aspx?year=2022&billtype=HB&billnumber=2437

⁸ Abacus Data. (2022). Impressions of Public Sector Workers and Wages.

⁹ Nanos. (2023). Healthcare ahead as the top national issue of concern. <https://nanos.co/wp-content/uploads/2023/02/Political-Package-2023-02-03-FR-with-tabulations.pdf>

Resolutions

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Resolution #4 – No more mandated overtime, it's not safe

WHEREAS the evidence is clear, Canada is experiencing a critical nursing shortage; in 2009 we predicted Canada would be almost 60,000 nurses short by 2022 if no new solutions were put into place. No comprehensive nursing workforce planning has been undertaken by the federal government since that time;

WHEREAS across the country we are not only hearing anecdotal stories of nurses working 24-hours shifts, but employers are now admitting they have no choice but to mandate a nurse to stay beyond their scheduled shift;

WHEREAS working excess hours poses serious concerns around nurse fatigue, which in turn increases risk of medical errors and has implications for patient outcomes;

WHEREAS nurses are making it clear that they expect safe hours of care (i.e. knowing that during their shift they will work with safe nurse-to-patient ratios and at the end of their shift they can go home); safe hours of care impact all recruitment and retention initiatives,

BE IT RESOLVED that the CFNU initiates research and a campaign for regulation/legislation to limit hours of work for nurses – similarly to pilots, truckers and bus drivers. This work will need to be done in collaboration with the Canadian Nurses Protective Society to protect nurses' professional responsibilities.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Facts (May 2023): Safe hours of care for nurses and patients

- The CFNU is undertaking research and a campaign that would provide recommendations on safe nursing work hours. Project specifics include:
 - A CFNU-appointed advisory committee (made up of staff from the CFNU and member unions) will provide guidance throughout the project.
 - The CFNU is contracting a researcher that will be expected to conduct activities, such as:
 - A literature review of excess work hours, fatigue and its implications. This literature review will focus on the nursing profession and other safety-sensitive industries such as aviation, trucking and the military, among others. This literature review will lead to an analysis providing recommendations to inform this project.
 - A jurisdictional scan of approaches to safe nursing work hours. This would include an overview of nurses' collective agreements across the provinces. It will additionally include a review of international approaches thought to be informative for the Canadian context.
 - Gathering information about nursing practice professional responsibilities and liability considerations.
 - Key informant interviews and/or focus groups of nurses, employers, occupational health and safety experts, union leadership, regulatory bodies and other relevant stakeholders.
- The CFNU is also exploring a national survey of nurses on this subject. This survey will be designed to elicit feedback from nurses on current work hours and their perceptions on the effect of work hours on their health and well-being, performance and patient safety.
- Key outcomes of this project include:
 - Advocate for new legislation and regulations by decision-makers around safe hours of continuous work and safe hours per week.
 - Offer supports for nurses to escalate concerns around safe hours of work internally within their place of work in a timely manner.
 - Provide clarity on whether nurses can lose their license over leaving workplace due to unsafe hours of work.
 - Offer improvements to the design of fatigue management interventions.

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Resolution #5 – Bill C-3

WHEREAS on December 17, 2021, Bill C-3 received Royal Assent, and the Government of Canada enacted changes to the *Criminal Code*, amending it in such a way that intimidation of a health professional is considered a criminal offence, including threats or other forms of violence intended to provoke fear and interfere with the professionals' duties;

WHEREAS the changes to the *Criminal Code* also made the intimidation of a health care worker and obstruction of their work an aggravating factor when sentencing offenders;

WHEREAS nurses continue to face barriers from employers, police and government when pursuing justice in the form of charges against perpetrators of violence in their workplaces,

BE IT RESOLVED that the CFNU and its Member Organizations meet with provincial ministers of justice and attorney generals to educate them on the application of Bill C-3 and its importance as a tool in deterring workplace violence, and as an avenue for nurses to seek justice when they experience violence in the workplace.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts: Media release: Canada's nurses applaud new federal legislation to protect health care workers against violence

November 26, 2021 (OTTAWA, ON) – The Canadian Federation of Nurses Unions (CFNU) welcomes the federal government's announcement of new legislation intended to protect health care workers from violence at work.

Nurses are applauding measures outlined today aimed at protecting health care workers, including criminalizing activities blocking access to health facilities and amending the *Criminal Code* to recognize violence against a health worker as an aggravating factor during sentencing.

"Nurses' unions are pleased that the government is committing to tackling rampant violence against health care workers with the introduction of this new bill," said Linda Silas, CFNU President. "This is an essential measure that responds to longstanding calls for our federal leaders to step up and recognize the serious risks of assault and injury that health care workers face on the job."

The CFNU spearheaded this effort targeting the *Criminal Code*, first calling for an amendment in 2017 and working with NDP health critic MP Don Davies to bring about this change.

In 2019, the House of Commons Standing Committee on Health included an amendment to the *Criminal Code* as one of the recommendations in its wide-ranging study, *Violence Facing Health Care Workers in Canada*. Other critical recommendations include the development of a national public awareness campaign to sensitize Canadians on the violence faced by health care workers and highlight the valuable role health care professionals play in providing care, along with collaborating with the provinces and territories to address staffing shortages by updating the Pan-Canadian Health Human Resources Strategy. Canada's nurses urge the federal government to implement these key recommendations as well.

"This represents the culmination of a long fight to protect nurses and all health care workers from the very troubling physical and emotional assaults they experience all too often at work," added Silas. "It's a critical step toward making health care workplaces safer and addressing one of the underlying factors that is driving nurses out of their jobs and the nursing profession altogether."

Similar federal legislation already exists to safeguard workers in other sectors who perform high-risk jobs, including public safety personnel and transit workers.

"Nurses are pleased to hear the government has finally listened to our call to hold perpetrators of violence against health care workers accountable and recognize that we provide an essential service and deserve to be protected as we do so," said Silas.

Ultimately, safer workplaces for health care workers also mean safer care for patients and residents.

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Resolution #6 – Urgent retention plan for nurses

WHEREAS the nursing workforce is struggling with numerous complex and intersecting issues, including chronic shortages, inadequate staffing, excessive workloads, mandatory overtime, toxic workplaces and endemic violence;

WHEREAS the COVID-19 pandemic has exacerbated these challenges and introduced new concerns with occupational exposures, overcapacity issues and resource shortages;

WHEREAS nurses at all levels are increasingly experiencing frustration, moral distress, burnout, growing mental and physical illness themselves due to being overworked, insufficient supports, an absence of control over their work and home lives, and lack of respect;

WHEREAS too many nurses are deciding to leave their professions in public health care and long-term care, feeling they have no other choice, and turning to the private sector or other occupations to seek out work-life balance and protect their own health and well-being;

WHEREAS nurses remaining in their jobs in the public health care system and in long-term care are left with little hope for change;

WHEREAS long-term care facilities are too often not even meeting legislative requirements for adequate, let alone quality, care to patients and residents;

WHEREAS nurses have borne the brunt of too little planning and preparation for the growing acuity and complexity of patients, clients and residents for whom they provide care amid insufficient resources, including a well-known impending and forecasted labour shortage;

WHEREAS nurses are left with workforce issues unaddressed leaving them unsafe and with the quality of health care access and delivery increasingly compromised;

WHEREAS there is at this point a national health care labour crisis creating also a health care access and delivery crisis;

WHEREAS there is every reason to believe these issues will worsen in the absence of a strong, focused and immediate health care labour force strategy;

WHEREAS health care employers are turning to private agency/travel nurses at double the costs to taxpayers to fill growing gaps in crises modes, who are too often unfamiliar with worksites to which they are assigned;

Resolutions

WHEREAS nurses still love their professions but are increasingly not seeing an ability to provide the professional practice that they have been educated and become skilled to provide;

WHEREAS in the absence of a national health care workforce strategy, provinces and employers are left competing unsuccessfully and inefficiently for the same few resources,

BE IT RESOLVED that the CFNU and its Member Organizations lobby the federal government to utilize an evidence-informed, made-in-Canada, coordinated, collectively planned and carefully sequenced national health care workforce strategy to be implemented, focused on retention, recruitment and return of nurses, and respect for nurses;

BE IT FURTHER RESOLVED that, as part of a workforce strategy, Health Canada launch a Nurse Retention Fund for \$35 million over 4 years, starting in 2023-2024, as a partnership with the CFNU aimed at identifying and scaling-up proven initiatives for nurse retention and return; and

BE IT FURTHER RESOLVED that for the duration of the labour force crisis, tuition for nurse education at all levels be covered by government immediately.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): Better retain nurses and bring back nurses who have left the profession

- The CFNU has approached Health Canada to partner with the CFNU to identify and scale up proven mentorship projects as our first Nurse Retention Fund proposal.
- Mentoring programs have been recommended as a way to retain new nurses in the workforce by providing a more supportive environment while they adjust to a fast-paced and high-stress work environment. Mentoring has also proven to be key to integrating knowledge transfer into the everyday work environment and help new nurses transition successfully to autonomous, professional nursing.
- Mentorship programs also give value to, and utilize the experience of, veteran nurses. In fact, these programs can also help to retain nurses who may be contemplating retirement because it reinforces the value of their experience and the importance of their contribution to building a high-quality workforce.
- This project would look to work with employers and frontline nurses to identify, share and implement existing mentorship programs. The focus will be on at least nine projects that will provide much needed support to better retain late-career nurses and reduce the attrition of new nursing graduates and nurses who transition into other specialties.
- It is critical these mentor-mentee programs are delivered as supernumerary programs. The CFNU has consulted various provincial nursing officers across the country, who have stated mentors and mentees need paid protected time to ensure that they are not in a mentorship arrangement that is an add-on to their already overwhelming workload.
- There will be training and coaching support provided to designated mentors through a pan-Canadian mentorship training program.
- The project will be overseen by a national steering committee composed of key stakeholders. A provincial steering committee will be established to oversee each jurisdiction's efforts.
- The national steering committee will look to identify and advance concurrent HHR solutions along with this project. For instance, it will be important to advance measures such as staff staffing so there is system capacity for mentors/mentees to actually have supernumerary status.

Resolutions

RESOLUTION #7 – No more private for-profit long-term care

WHEREAS long-term care is not covered by the *Canada Health Act*, even though it is an integral piece of the overall health care system;

WHEREAS deep-rooted and systemic problems have plagued the Canadian long-term care sector for decades, including underinvestment, insufficient staffing, and substandard living and working conditions;

WHEREAS Canada’s nurses and health and long-term care advocates have called for urgent government leadership to address the lack of resources and high resident-to-staff ratios in most long-term care facilities;

WHEREAS 91% of Canadians feel that all older Canadians should be guaranteed the same standards of care, regardless of where they live or how much money they have;

WHEREAS the CFNU has called for the elimination of private for-profit care from the long-term care sector;

WHEREAS 94% of Canadians feel that long-term care should focus on making sure seniors live with dignity, not on private profit, and 83% of Canadians agree that Canada is failing to provide sufficient public long-term care options for seniors;

WHEREAS increasingly private places of care operate as businesses with a profit focus, rather than a focus of “every penny should go for care” (CFNU/Armstrong, 2021) approach;

WHEREAS close to 70% of all COVID-19-related deaths in Canada have taken place in long-term care facilities – 54% of which are privately-owned;

WHEREAS the catastrophic impact of COVID-19 on the long-term care sector was likely worsened by the outdated and unsuitable physical infrastructure in many facilities, which led to conditions that hindered infection prevention and control measures;

WHEREAS research has revealed that for-profit long-term care homes had worse patient outcomes with COVID-19 than not-for-profit homes, and the highest mortality rates, prioritizing “profit at the expense of other goals” (Martine August, University of Waterloo, 2021),

BE IT RESOLVED that the CFNU and its Member Organizations pressure the federal government for a moratorium on private for-profit care from the long-term care sector; and

BE IT FURTHER RESOLVED that all CFNU’s Member Organizations pressure their provincial governments for a moratorium on private for-profit care from the long-term care sector.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Long-term care

- Total Canadian spending on LTC represents approximately 2% of its GDP.¹⁰
- 18.5% of Canadians were 65 and older in 2021; projected to increase between 21.3% (slow-aging scenario) and 22.9% (fast-aging scenario).¹¹
- In April 2021, CIHI reported that COVID-19 deaths in LTC in Canada represented 69% of total deaths, a proportion significantly higher than the international average (41%).
- One study found that the pandemic approximately doubled the risk of dying among residents of long-term care homes in Canada, compared to comparable groups in the community.¹²
- Overall, 54% of LTC homes in Canada are privately owned, and 46% are publicly owned.¹³
- An Ontario study found that an increasing proportion of LTC residents are older and have greater multimorbidity and limitations in physical functioning over time.¹⁴
- Public versus private LTC: majority of research studies favour public LTC as the quality of care was found to be lower in most for-profit nursing; not-for-profit ownership is associated with higher staffing levels, lower staff turnover and better health outcomes.¹⁵
- Multiple studies have demonstrated the link between staffing levels and quality care. Experts recommend four hours of direct care per resident per day. More recent research would suggest that figure should be closer to six hours.¹⁶
- “The conditions of work are the conditions of care” (Dr. Pat Armstrong).

¹⁰ OECD. Health at a Glance 2021: OECD Indicators. Safe long-term care. https://www.oecd-ilibrary.org/sites/ae3016b9-en/1/3/10/5/index.html?itemId=/content/publication/ae3016b9-en&_csp_=ca413da5d44587bc56446341952c275e&itemIGO=oecd&itemContentType=book

¹¹ Statistics Canada. Population Projections for Canada (2021 to 2068), Provinces and Territories (2021 to 2043) <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2022001-eng.htm>

¹² Grignon, M., & Hothi, H. (2023). *Life and death in long-term care: Are we learning the wrong lessons from COVID-19?* IRPP Study No. 89. Montreal: Institute for Research on Public Policy.

¹³ Canadian Institute for Health Information. Long-term care homes in Canada: How many and who owns them? [infographic]. Accessed March 31, 2023: <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>

¹⁴ Ng, R., Lane, N., Tanuseputro, P., Mojaverian, N., Talarico, R., Wodchis, W.P., Bronskill, S.E., Hsu, A.T. Increasing Complexity of New Nursing Home Residents in Ontario, Canada: A Serial Cross-Sectional Study. *J Am Geriatr Soc.* 2020 Jun;68(6):1293-1300. doi: 10.1111/jgs.16394. Epub 2020 Mar 2. PMID: 32119121.

¹⁵ McGregor, M. J., & Harrington, C. (2020). COVID-19 and long-term care facilities: Does ownership matter? *Cmaj*, 192(33), E961-E962. <https://www.cmaj.ca/content/cmaj/early/2020/07/22/cmaj.201714.full.pdf>

¹⁶ CFNU. (2021). Long-Term Care: “We know what needed to be done, we just haven’t done it.” <https://nursesunions.ca/canada-beyond-covid-magazine/long-term-care-we-know-what-needed-to-be-done-we-just-havent-done-it/>

Resolutions

Resolution #8 – Implementation of the Health Standards Organization (HSO)’s National Long-Term Care Services Standard

WHEREAS the Health Standards Organization has released standards for LTC operators that focus on delivering resident-centred, safe, high-quality care by a healthy and safe workforce;

WHEREAS quality concerns and poor working conditions have plagued the Canadian long-term care sector for decades;

WHEREAS use of the standards is currently voluntary, with application by Accreditation Canada utilizing the standards resulting in 94% of publicly operated homes being assessed but only 36% of privately owned homes nationwide;

WHEREAS the COVID-19 pandemic revealed the vulnerabilities of inadequate staffing in long-term care with deadly results,

BE IT RESOLVED that the CFNU and its Member Organizations advocate to federal and provincial/territorial governments to legislate, fund and enforce the application of the National Long-Term Care Services Standard in all of Canada’s long-term care workplaces;

BE IT FURTHER RESOLVED that CFNU’s advocacy specify that these standards apply equally to public and privately owned and operated long-term care facilities;

BE IT FURTHER RESOLVED that the CFNU pressure the federal government to tie any federal funding for provincially regulated long-term care homes to those standards.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Facts (May 2023): Voluntary national long-term care standards

- The Health Standards Organization (HSO) has published new national standards for long-term care homes as part of the federal government's commitment to improve the provision of long-term care (LTC). The report can be found here:
<https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/>
- HSO established a 32-member LTC Services Technical Committee to guide the development of the standards, which includes notable leaders such as Dr. Pat Armstrong. It also integrated feedback from over 18,000 Canadians.
- The standards do a commendable job highlighting key elements of advancing high-quality long-term care. It correctly points to LTC homes being both homes and workplaces, where the conditions of work are the conditions of care. It offers important guidance on fostering a healthy and competent workforce and advancing quality improvement efforts to deliver high-quality resident-centered care. The report also recommends CFNU's longstanding recommendation of ensuring there are staffing levels to guarantee a minimum four hours of care per resident per day.
- However, the standards are glaringly limited in terms of actual implementation. At this juncture, the Federal government has indicated that the HSO standards will not be mandated in all Canadian LTC facilities, and leaves uptake to the discretion of provincial and territorial jurisdictions. As it stands right now, the standards will be applied through Accreditation Canada in a disjointed manner across the country. As reported by the *Globe and Mail*, the organization accredits 94 per cent of nursing homes across Canada that are publicly owned, but only 36 per cent of privately owned facilities (including for-profit ones). Furthermore, only select provinces such as Quebec require LTC homes to be accredited. In Ontario, for instance, accreditation remains voluntary.¹⁷
- The CFNU will push for full implementation of these HSO standards (and beyond), that should be backed by federal funds to enhance the provision of long-term care. The government needs to put a stop to for-profit ownership of LTC homes to ensure that we don't see a repeat of the alarming number of outbreaks and deaths we witnessed during the pandemic. Ultimately, the government must deliver on its promise to implement a Safe Long-Term Care Act to ensure that all seniors can access high-quality long-term care.

¹⁷ Howlett, K. New national long-term care standards unveiled, but Ottawa not planning to make them mandatory. *Globe and Mail*. <https://www.theglobeandmail.com/canada/article-new-national-long-term-care-standards-unveiled-but-ottawa-not-planning/>

Resolutions

Resolution #9 – Private nursing agencies

WHEREAS Canada's publicly funded health care system is struggling with a severe nursing shortage that has been exacerbated with each wave of the COVID-19 pandemic;

WHEREAS without nurses, emergency departments and intensive care unit beds are closing, and surgeries continue to be backlogged;

WHEREAS nurses continue to leave the profession due to stagnant wages, unmanageable workloads, moral injury and unsafe staffing levels;

WHEREAS little has been done to meaningfully recruit and retain registered nurses and other health care professionals;

WHEREAS health care employers, including hospitals, long-term care facilities, public health units, and home and community care support services, are turning to private nursing agencies to supplement their staffing needs;

WHEREAS private agencies are employing contract nurses at staggering rates and charging public health care providers double or triple the amount of a nurse on staff;

WHEREAS taxpayer dollars could be better and more efficiently spent creating more full-time nursing positions and strengthening the public system;

WHEREAS nurses and health care workers need and deserve respect, manageable workloads and wages that allow them to live dignified lives,

BE IT RESOLVED that the CFNU and its Member Organizations pressure the provincial and territorial governments to restrict the use of private nursing agencies and require employers to hire permanent staff to fill vacant nursing positions in the public health care system.

BE IT FURTHER RESOLVED that the CFNU lobby provincial and territorial governments to legislate a cap on the salary of private agency nurses. If the agency exceeds the cap, they would have fines imposed on them.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): CFNU letter to Auditor General of Canada regarding private nursing agencies (April 2022)

The Canadian Federation of Nurses Unions (CFNU) requests that the Office of the Auditor General of Canada conduct an audit, jointly with provincial auditors general, into private agencies employing contract nurses to fill vacant nursing positions in the public health care system around the country.

Across Canada, health care facilities are experiencing a severe shortage of nurses and are increasingly relying on contract nurses to deliver care and fill gaps in our overburdened health care system. This affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – money that could be better invested in strengthening Canada’s public health care system.

We note that on March 25, federal Minister of Health the Hon. Jean-Yves Duclos announced an additional \$2 billion in funding, on the condition that it be used to address five priority areas identified by the federal government, including medical procedure backlogs, access to family health services, long-term care and home care, mental health and substance abuse, and health data and virtual care.

In keeping with the principles of the *Canada Health Act*, Minister Duclos reiterated the federal government’s commitment to sustainable, predictable health care funding, emphasizing that any new investments must deliver results for people in Canada. The provinces and territories are in agreement that the five areas highlighted by the federal government represent key priorities.

Establishing the effectiveness of previous health care spending is vital to ensuring these new investments lead to the desired outcomes. The recognition of these shared priorities is similar to federal/provincial/territorial governments’ agreement to earmark \$6 billion in targeted funding to improve access to mental health resources, home care and palliative care services in 2017.

The federal government plays a critical role in ensuring the sustainability of Canada’s provincial and territorial health care systems, administering the *Canada Health Act* and delivering health care to certain populations. In light of this, we believe that it is critical that the Office of the Auditor General of Canada along with provincial auditors general examine health care funding on a joint basis so we can establish a comprehensive Canada-wide picture of the effectiveness of health care investments.

Canada’s nurses are concerned that the astronomical increase in the use of nurses employed by private agencies in the past few years represents a significant and potentially dangerous challenge to the sustainability of our public health care system. The question of whether federal and provincial investments are delivering value to Canadians warrants a close joint examination by your offices.

Key questions these audits could reveal include the total amount of dollars being spent to hire contract nurses in each province and territory, average pay rates for contract nurses in each province and territory, and the change in average pay rates for contract nurses in each province and territory over the past five years.

We believe these audits could also determine to what extent the ongoing and increasing use of contract nurses has a direct effect on patients and residents, and how this may be impacting our ability to retain and recruit nurses within the public system, thereby jeopardizing the future of our cherished Canadian health care.

The CFNU is proud to represent nurses and to serve the Canadian public, and it is with this in mind that we request your offices work together on this critical audit. We stand ready to assist you in this effort and ensure that Canadians get the answers they deserve about how their tax dollars are being spent.

CFNU position statement on agency nurses

In Canada, decades of underinvestment, privatization and weakened regulation have led to catastrophic gaps in funding, staffing and the delivery of health care services.

Untenable working conditions, including unsafe staffing levels, mandated overtime and rampant violence, are driving an exodus from the nursing profession. A January 2022 Conference Board of Canada report revealed that Canada could lose about 20% of all its health care workers to retirement between 2021 and 2026.¹⁸ A CFNU survey conducted in late 2021 confirmed this trend, with more than half of all respondents considering leaving their current position in the next year.¹⁹

Similarly, the Canadian Institute for Health Information (CIHI) notes that Ontario's ratio of registered nurses to population is the worst in Canada, and the Ontario Nurses' Association (ONA) estimates that the province's shortage of nurses now stands at close to 30,000.²⁰

Faced with perennial shortfalls in funding along with the unprecedented challenges brought on by the COVID-19 pandemic, the provinces and territories are increasingly relying on agency nurses to deliver care and fill gaps in our overburdened health care system.

All premiers are currently lobbying the federal government for billions more by increasing the federal share of health care spending through the Canada Health Transfer to the tune of an additional \$28 billion per year. With no obligation to invest these funds in strengthening public health care, the CFNU has significant concerns that the unchecked use of private nursing agencies will only grow.

This approach affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – funding that could be better invested in strengthening Canada's public health care system and improving patient safety.

Unfortunately, there is little publicly available data that reveals the extent of the use of agency nurses across Canada, though nurses report that the problem is both widespread and growing.

Where data is available, it paints a stark and alarming picture. Canada's largest research and teaching hospital network, the University Health Network in Toronto, reports that for its last fiscal year ending in March 2022, it has already spent \$6.7 million on agency nurses. This figure represents a significant increase from 2018, when UHN spent \$1.035 million.²¹

¹⁸ Francis, J., Florko, L., Thibault, T. (2022, January). *Talent Trends: Languishing and the Great Attrition*. Conference Board of Canada. <https://www.conferenceboard.ca/product/talent-trends-languishing-and-the-great-attrition/>

¹⁹ CFNU. (2022, January). Viewpoints Research survey results summary. <https://nursesunions.ca/governments-need-to-act-now-nurses-are-hanging-on-by-a-thread/>

²⁰ Registered nurses. Canadian Institute for Health Information. <https://www.cihi.ca/en/registered-nurses>

²¹ Yang, J., Mojtehdzadeh, S. 'It's going to bankrupt health care': Spending on temp agency nurses up more than 550% since pre-pandemic at one Toronto hospital network. *Toronto Star*. <https://www.thestar.com/news/investigations/2022/08/16/its-going-to-bankrupt-healthcare-spending-on-temp-agency-nurses-up-more-than-550-per-cent-since-pre-pandemic-at-one-toronto-hospital-network.html>

Resolutions

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CFNU POSITION

The Canadian Federation of Nurses Unions (CFNU) recommends that:

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

Resolutions

Resolution #10 – Nursing students

WHEREAS nursing students represent the future of the nursing workforce in Canada's public health care system;

WHEREAS nursing students in Alberta are the only nursing students in Canada who have the option of financial compensation for a portion of their practicums;

WHEREAS nursing students in every province and territory deserve to be fairly compensated for their labour during their final practicums;

WHEREAS it is in the best interest of the nursing profession and Canada's health care system for nursing students to have as much practicum experience as possible before entering the workforce as nurses,

BE IT RESOLVED that the CFNU partner with the CNSA to advocate that all Canadian provinces provide the option of financial compensation for nursing students for the nursing work done during their final practicums;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations work with employers to ensure that nursing students across Canada be provided the opportunity of employment providing nursing care as undergraduate nurses.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Facts (May 2023): Nursing students represent the future of the nursing workforce

- The Long-Term Bargaining Goals statement, which was approved by the NEB in February 2023, also articulates CFNU member unions' commitment to support nursing students. Salient long-term objectives include the following:
 - 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.
 - 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.
 - Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical components of their educational programs.

Resolution #11 – Dues Structure Committee

WHEREAS the current CFNU dues structure is based on the full dues-paying membership of each Member Organization;

WHEREAS the CFNU dues structure should be reviewed on a regular basis to ensure the growth and sustainability of the CFNU;

WHEREAS there is a need to ensure that the CFNU dues structure not only provides financial stability for the CFNU but also meets the needs of all the individual Member Organizations;

WHEREAS a report on the dues structure should be made to each CFNU Convention,

BE IT RESOLVED that the CFNU create a Dues Structure Committee by January 2024, which will review and provide recommendations regarding the Member Organizations' dues to the National Executive Board for consideration of any necessary resolutions/constitutional amendments to be presented at the 2025 CFNU Convention.

Submitted by: Ontario Nurses' Association