

CFNU REPORT

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**CANADIAN FEDERATION
OF NURSES UNIONS**





CFNU Report

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MESSAGE FROM CFNU PRESIDENT LINDA SILAS



Linda Silas, President of the CFNU 2003 – present

Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek.

Barack Obama

Dear Members,

When we closed the 2023 CFNU Biennium, we committed to our joint membership that nurses' unions were going to raise the bar, and that is what we have been doing for the last 24 months.

Weeks and months of raising the bar, months of doing our job!

As some may know, my father was an old-fashioned union activist: head down and get the job done. Was he woke? Sadly, no, and not even a bit. If I weren't his oldest child, I am not too sure he would have "approved" of my career choice, but he was very proud of me especially when I stood up to governments. He disliked all of them regardless of their party stripe. Why am I mentioning my father? The best lesson he ever taught me was to never forget who pays your salary. That is my mantra, and that is how we all function at the CFNU. From our staff team to the NEB, we focus on you – our members, Canada's nurses. There is no other organization in Canada that can say they truly represent Canada's working nurses.

The CFNU is accountable to you through your union – our Member Organizations. Does this mean you will agree with us all the time? Of course not. With good governance at the forefront, you can always know we are working on your behalf and speaking for the betterment of your working conditions.

When you read through this report, we hope it makes it clear that our focus is on you as our frontline 24/7 health care professionals. You will read about our advocating for safe hours of work, safe staffing and improved health human resources strategies as key to everything we do.

We closed the 2023 Convention with a strong mandate for action, and we will open 2025 with an apology to Indigenous Peoples on behalf of Canada's nurses. As nurses, it is time we recognize the harms the colonial health care system perpetrated on Indigenous Peoples and their communities, and humbly recognize we made mistakes and that we must do better. We all must take what our responsibility is under the Truth and Reconciliation Commission's report





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recommendations, apologize and follow up with our own action plan – a pledge that we accept the challenge to do better.

This year our Convention theme is ***All In!*** We are confident that you will see yourself in this theme and mostly in the dynamic agenda development by members of your national executive board.

I offer you this report as a glimpse of how your CFNU has answered your mandate for us.

This is your elected team.

NEB members 2023-2025

Linda Silas, CFNU President

Angela Preocanin, CFNU Secretary-Treasurer

Yvette Coffey, RNUNL President

Janet Hazelton, NSNU President

Paula Doucet, NBNU President

Barbara Brookins, PEINU President

Erin Ariss, ONA President

Dawn Armstrong, ONA Interim Vice-President (2023-2024)

Alan Warrington, ONA Vice-President

Darlene Jackson, MNU President

Tracy Zambory, SUN President

Heather Smith, UNA President

Danielle Larivee, UNA Vice-President

Aman Grewal, BCNU President (2023-2024)

Adriane Gear, BCNU Vice-President (2023-2024) and BCNU President

Tristan Newby, BCNU Vice-President

Eyasu Yakob, CNSA President (2023)

Tiffany McEwen, CNSA President (2024)

Opeyemi Kehinde, CNSA President (2025)

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This is an overview of what we have done in chronological order since last convention.

2023 convention donation for Ukraine update (2023-2025)

The \$53,000 donated by the CFNU Convention delegates and Member Organizations in Charlottetown in 2023, initiated by Linda Silas and Heather Smith (UNA), has come a long way. The Dnipro city branch of the Union of Health Care Workers of Ukraine have received the funds.



The ruined home (in Mariupol, Donetsk region) of Tetyana Buha, X-ray nurse in Dnipro

Our money is being used for financial assistance to health care workers – members of the Dnipro branch who suffered from the Russian aggression either by being injured or having lost their homes. To mid-April 2025, the financial assistance from CFNU nurses was paid out in Ukrainian local currency to 131 union members in the amounts from US \$100 to US \$2,000. The majority

of these members who received the financial aid are women, almost half of them are nurses, the rest are doctors, personal care workers, paramedics and technicians. Each of these HCWs chose to stay

in Ukraine in the harsh conditions of the war and continue caring for their patients. While being targeted and



Ivan Tereshchenko, military paramedic

bombed regularly, often with significant numbers of

lethal victims, the city of Dnipro has become the number one hub for the wounded military and civilians – with its biggest in Ukraine regional hospital and several other large state hospitals, including those evacuated to Dnipro from other towns. Many HCWs recently moved to Dnipro with their families as refugees forced to flee from Ukraine's territories occupied by the Russian army. The Dnipro city branch of the HCWs' Union still has almost US \$10,000 of "the Canadian money" on their balance – this money is being allocated sparingly and, unfortunately, still being spent to provide financial aid to those of our peers in Ukraine who are temporarily in need. Detailed reports with all the recipients' names, contact information, bank transfers' copies, heartbreaking photos and videos were submitted to the CFNU.



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Tax incentive for nurses and allied health care workers

We know from our annual member survey – incentives like tax credits would help return and retain nurses and allied health care workers in our health care system. We also heard from you all at our last CFNU Convention – members want the federal government to help nurses by introducing tax incentives targeted at frontline nurses and allied health care workers.

With health human resource shortages being experienced in every region of the country, it is time now for the federal government to act. For the last three years, the CFNU has been calling on the federal government to introduce a tax incentive for the return and retention of nurses. Given that federal tax incentives have been introduced for others, such as trade workers and teachers, it should be a no-brainer. The CFNU has met with Canada's Building Trades Unions, and they shared that they used an accounting firm to help determine costing estimates, which was very useful towards their advocacy efforts. We approached the accounting firm they used, Hendry Warren LLP, and they have prepared a financial analysis for the CFNU. This third-party analysis has helped us lobby parliamentarians, relevant ministers and key contacts in the Canada Revenue Agency. We are now working with a legal firm to assist us further with the campaign to have the federal government introduce a tax credit supporting CFNU members.

ICN Congress, July 1-5, 2023



CFNU symposium

The CFNU hosted a symposium on July 3, 2023. The symposium, titled Taking Action to Achieve Action: Nursing Union Activism in Today's World, focused on how union leaders globally are successfully organizing and mobilizing to engage with decision makers. Aman Grewal presented on BCNU's successful efforts in introducing nurse-patient ratios in British Columbia. Nicola Ranger from the UK's Royal College of Nursing spoke about their strike action in the UK. Janet Hazelton, NSNU, and Mary Turner, Minnesota Nurses Association, rounded out the panel. The CFNU facilitated a discussion to showcase why unions matter for nursing and the nursing profession.

ICN main session – Growing and sustaining the nursing workforce

Linda Silas was invited to be a main session speaker.



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Council of the Federation, July 10-12, 2023



The Council of the Federation (CoF) meeting in 2023 was in Winnipeg.

The breakfast policy briefing held at the Council of the Federation meeting had participation from the premier of every province and territory, except Premier Cochrane of the Northwest Territories (who sent two senior officials in her place). Moderator Dr. Brian Goldman did a wonderful job of setting the context for the health human resources crisis across the country, and of facilitating a long discussion including the premiers and panelists Linda Silas and Dr. Alike Lafontaine (CMA).

The event provided a great opportunity to remind the premiers of our concerns around the nursing shortage crisis, including engagement with Premier Eby on nurse-patient ratios.

Also during COF, we launched Complete the Recovery, a campaign profiling member and the challenges they face in their workplaces. The campaign featured placements in *The Globe and Mail*, *The Winnipeg Free Press* and on social media. Following COF, we also launched a letter-writing campaign to the provincial health ministers and the federal health minister to rearticulate our message ahead of the health ministers' meeting in October.

FINA Pre-Budget Consultation, August 2023

We made a submission to the parliamentary Standing Committee on Finance (FINA) as part of their 2024 pre-budget consultations. The submission contained the following six recommendations to the federal government:

- **Recommendation 1:** That the government introduce a tax benefit for nurses and other health professionals that incentivizes the retention and return of health professionals to the workforce.
- **Recommendation 2:** That the government provide funding in the amount of \$8 million over four years through the Public Health Agency of Canada to tailor and pilot an internet-delivered cognitive behavioural therapy program for nurses.
- **Recommendation 3:** That the government work with the provinces and territories to set legislated limits on consecutive hours of work for nurses.
- **Recommendation 4:** That the government include measures in bilateral health agreements with provinces and territories that:
 - Put a cap on the spending and usage of agency nurses;
 - Bolster permanent nursing positions across health care settings.
- **Recommendation 5:** That the government earmark \$10 million in funding to establish a Health Workplace Violence Reduction Plan, that includes:
 - A national awareness campaign with a pan-Canadian framework for the prevention of violence in health care settings enshrined in federal legislation;
 - Appropriate training of prosecutors and public safety personnel in relevant legislation;

- targeted funding to the provinces and territories to upgrade violence-prevention infrastructure and training.
- **Recommendation 6:** That the government lead a National Nursing Retention Strategy, that advances proven retention, return and recruitment initiatives, including:
 - Adopting safe staffing measures;
 - Expanding nursing programs and supporting students with mentorship and paid preceptorships;
 - Supporting nurses across their careers through initiatives such as bridging programs and flexible schedules;
 - Expediting registration and workforce integration for internationally educated nurses through an ethical framework.

It has been some time since the CFNU participated in a pre-budget consultation put on by the House of Commons' Standing Committee on Finance (FINA). FINA held hearings in cities across the country, and to the knowledge of the committee's clerk, we are the first organization he is aware of that has ever had a chance to appear twice. We were represented by Maria Richard, Vice-President of the New Brunswick Nurses Union, who appeared at a hearing in Fredericton on October 11, and by Darlene Jackson, President of the Manitoba Nurses Union, who appeared at a hearing in Winnipeg on November 15.



Both Maria and Darlene provided a five-minute opening statement, which was followed by questions by the MPs on the committee. They did an incredible job of fielding a variety of questions, many of them quite challenging. Their opening remarks were based on CFNU's pre-budget consultation submission to FINA, which was submitted in August 2023.

[Long-term Care Act consultations, September 2023](#)

The Home and Long-term Care Unit of Health Canada held an online consultation from late July until late September on a future piece of legislation they are referring to as the *Safe Long-Term Care Act*. The Act is part of the Liberal and NDP confidence and supply agreement, which commits the Liberal government to “tabling a *Safe Long-Term Care Act* to ensure that seniors are guaranteed the care they deserve, no matter where they live.”

The consultation was in the form of an online anonymous questionnaire, but you could also submit your recommendations directly to Health Canada, which the CFNU did. We also shared our submission to the NEB and encouraged Member Organizations to make a submission of their own. Our recommendations expressed our concern that the Liberal government is unwilling to incorporate the new standards around long-term care into this piece of legislation,

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which would have the effect of mandating adherence to the standards across the country. We recommended they reverse their position on this, and that they commit in the legislation to ensuring a minimum of 4.5 hours of direct care per resident per day, minimum staffing ratios with at least one registered nurse per shift, and adequate pay, benefits, sick leave and vacation for all staff in the sector. We also recommended that the legislation ensure any future federal funding in the sector go exclusively to public or non-profit facilities, and that the federal government work to phase out for-profit facilities from the sector entirely.

In September we provided a submission to the *Safe Long-Term Care Act* consultations, which was also open to individual submission. We then had a direct meeting with government officials from Health Canada's Home and Long-term Care Unit alongside MNU board member Karen Jantzen (who has worked for 20 years in long-term care). In our submission and in discussions with Health Canada officials, we indicated our strong interest in seeing legislation mandate national standards, phase out profit from the sector and ensure no federal funds go toward shareholder profits, guarantee a minimum number of direct hours of care per resident per day (4.5 hours) and staffing mix with a sufficient ratio of regulated nurses to residents and registered nurses per shift (we recommend 45% of care delivered be by regulated nurses, and that a minimum of one registered nurse is present per shift with an increase in registered nurse numbers as required by the acuity level of residents). We continued engaging with Health Canada on this file leading up to the introduction of the *Safe Long-term Care Act*. Unfortunately, Health Canada has already indicated that they will not be mandating national standards as they see this as a jurisdictional overreach.

Agency nursing, September 2023

In September, the CFNU signed an agreement with Queen's University School of Nursing researcher Dr. Joan Almost to lead the first pan-Canadian study aimed at comprehensively examining the utilization of agency nurses and its implications for our health care system.

Dr. Almost led a research team to examine issues, including: the number of private nursing agencies in Canada; the number of agency nurses being utilized; the average rate of pay for agency nurses; the total dollars spent by provincial and territorial governments on agency nurses; the total number of hours worked by agency nurses; where and how agency nurses are being used.





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[*Opening the black box: Unpacking the use of nursing agencies in Canada*](#) was publicly released on September 23, 2024. CFNU's report authored by Dr. Joan Almost looks at the impact private for-profit nursing agencies are having on ballooning health care costs as well as the detrimental impact they risk to nurses and even our profession.

A video was developed explaining for-profit nursing agencies and can be watched [here](#).

The CFNU will ensure the report gets into the hands of politicians and policy makers and that the media keep looking into the rising use of private nursing agencies.

Report's recommendations

1. Governments must immediately begin working towards phasing out the use of private for-profit nurse staffing agencies in Canada.

- a. Require public employers to develop, publish and implement a strategy to phase out private for-profit nurse staffing agencies, including targets, timelines, regular evaluation and penalties for non-compliance.
- b. Take profit out of nurse staffing by creating or funding government-run or non-profit organizations to staff hard-to-recruit posts.

2. Governments and employers must immediately establish a health human resources action plan to solve the nursing shortage crisis.

- a. Federal and provincial governments should fund and support initiatives for retention, recruitment and return of the nursing workforce, including recommendations set out in Health Canada's (2024) *Nursing Retention Toolkit*.
- b. Public employers should work towards becoming "employers of choice" by providing nurses with greater flexibility, implementing minimum nurse-patient ratios, inspired leadership, enhanced professional development opportunities, and valuing the professional work and voice of nurses.
- c. Governments should implement programs for student and preceptor remuneration to support new graduates entering the workforce.
- d. Governments should expand upon and add new programs that provide supports for those working in rural and remote communities to enhance recruitment and make those jobs sustainable long-term.

3. Until private nursing agencies can be completely phased out, actions must be taken to implement regulations and oversight.

- a. Federal and provincial auditors general should investigate the costs of using private nursing agencies.

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- b. Public health care employers should publicly report nursing agency use and costs paid, adhering to a minimum data standard, for purposes of health human resources planning, data analysis, research and accountability.
- c. Governments and employers must implement standardization procedures for procuring the services of agencies, including a standard vendor selection and agreement process that limits allowable costs and fixed terms.
- d. Employers should implement oversight for approval of requests for agency hours, such as mandatory reporting of reasons for using an agency and high-level supervisor sign-off with written justification of why it could not be avoided.
- e. Agencies should be required to register and hold a license to operate, allowing for necessary oversight and quality assurance.

Pharmacare campaign, September 2023

With the return of parliament, we called on the federal government to uphold its promise to establish a universal, comprehensive and public pharmacare program with its promised legislation. The CFNU launched an ad campaign in collaboration with the Canadian Health Coalition, the Canadian Labour Congress and Heart and Stroke. Placements appeared in the *Hill Times*, iPolitics, National News Watch and other digital channels.



Labour Day, September 2023



For me, Labour Day is always a reminder of how critically important health care workers are and the incredible respect you deserve.

A respected job in nursing – one that makes you proud, pays your bills and helps you build your future – shouldn't be too much to ask for.

For too many nurses, this is no longer the case. Amongst an affordability crisis, stagnant wages, untenable working conditions and increasingly long hours have become the norm not only for nurses but for many workers across sectors.

The future of health care in Canada rests within a stable and committed workforce. Nurses have said time and time again what we need: safe staffing, guaranteed time off, fair wages. What this really amounts to is simple: respect.



Global Nurses United meeting, October 4, 2023



Global Nurses United (GNU) held the first in-person meeting since the pandemic in San Francisco, California, the United States, on October 4, 2023. The GNU meeting occurred in conjunction with the convention/congress of the California Nurses Association, the largest affiliate of National Nurses United, on October 6-8, 2023. This convention/

congress marked the 120th anniversary of the founding of the California Nurses Association.

Health Ministers' Meeting, October 12, 2023



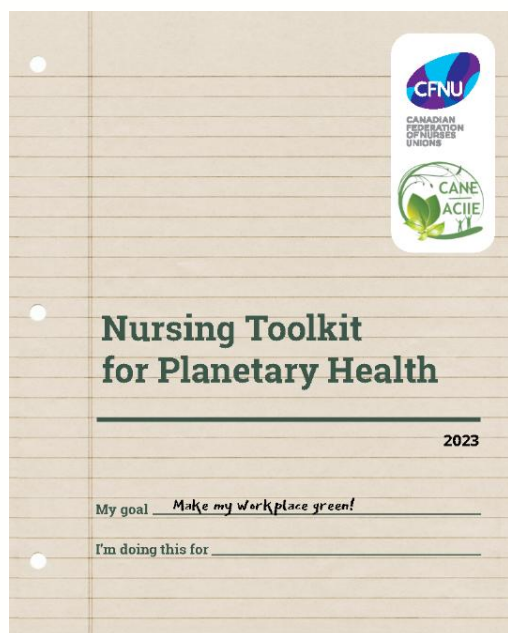
We hosted a breakfast policy briefing at the Health Ministers' Meeting in Charlottetown. The provincial and territorial health ministers met the day before on October 11, and our event was the first of the day of meetings that also included the federal health minister the Hon. Mark Holland.

We had a successful time at the Health Ministers' Meeting. We met with Minister Holland and Leigh Chapman on October 11, along with Deputy Minister Stephen Lucas, and on October 12 we hosted health ministers from across the country, in addition to Minister Holland, Minister Saks, Deputy Minister Lucas and Associate Deputy Minister Eric Costen. The presenters were

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Dr. Joan Almost, who presented preliminary findings on nursing agency research she conducted for the CFNU, and Dr. Heather Scott-Marshall, who presented findings on the safe hours of work study she conducted for the CFNU. Health ministers engaged well with the Q&A portion, with a lot of interest expressed in tackling the agency nursing issue. In the ministers' communique at the end of their meetings, they referenced the CFNU directly, under the priority listed in actions to tackle health workforce challenges: "Health workforce retention through the creation of a *Nursing Retention Toolkit* that will provide concrete tools and guides to employers to create work environments where nurses feel supported and want to stay in their jobs. Ministers also met with nursing stakeholders in the morning, where they heard from the Canadian Federation of Nurses Unions on the importance of exploring solutions to reduce the reliance on agency nurses by stabilizing the nursing workforce."

Climate action, October 2023



The CFNU has been promoting our [Nursing Toolkit for Planetary Health](#) since it was released at our 2023 convention, alongside the Canadian Association of Nurses for the Environment (CANE). We have also been financially supporting CANE's work to help advance the important leadership and education they do in the nursing and broader health care sector. The CFNU has also served on the advisory board of CASCADES, which is an organization that empowers the implementation of sustainable health care practices across Canada. Nicole Simms, CASCADES' Executive Lead and Training and Education Lead, is co-facilitating a workshop on climate change and health at our 2025 convention alongside CFNU's planetary health lead, Teri Forster of

BCNU. Fellow BCNU member Stacy Neilson will also be facilitating a session on plant-based food and planetary health at convention.

House of Commons Justice Committee, November 23, 2023

Linda Silas appeared as a witness at the Parliamentary Justice and Human Rights Committee (JUST) to speak to Bill C-321 – an *Act to amend the Criminal Code* (assaults against health care professionals and first responders), which is a private member's bill introduced by Conservative BC MP Todd Doherty. BCNU's Danette Thomsen, who serves as Regional Council Member for North East Region, also presented in the same session to the committee.

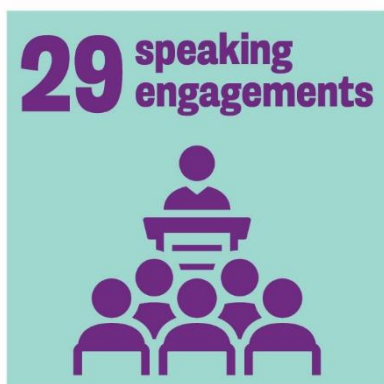
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Public opinion poll, November 2023

Key insights

- Canadians overwhelmingly agree (97%) that nurses play a critical role in our health care system.
- Canadians also overwhelmingly agree (90%) nurses leaving their profession harms Canada's health care system.
- Relative to other health care workers, nurses rank higher in perceived ethical and honesty standards, with a net agreement score of 82.8%.
- Canadians tend to find nurses more believable on health care-related issues, when compared to other sources, including patients (+15%), nurse union presidents (+31%) and health care policy experts (+33%).
- Canadians find nurses' unions more believable than labour unions on health care issues (+42%).
- Canadians are acutely aware of nursing shortages in their provinces (92%).
- Canadians perceive high workloads (64%), burn out and fatigue (62%) and insufficient staffing levels (51%) are the top issues facing nurses.
- For methods to address the nursing shortage, Canadians agreed more with implementing strategies that improve working conditions, such as safe nurse patient ratios, over increasing compensation and other financial benefits.
- Canadians are generally unhappy with governments' efforts to address the nursing shortage, with only 14% indicating they are satisfied.
- Only 43% of Canadians are familiar with nurse agencies and their role in the public health care system. When made aware of their existence, 61% of Canadians are concerned about their use.

Parliamentary Breakfast, December 5, 2023



We hosted a parliamentary breakfast in person for the first time since before the pandemic (the last one was in 2018) on December 5 in the Wellington Building – just opposite Parliament Hill. The event was well attended by MPs, Senators (including two nurse senators, Senator Patterson and Senator Kingston), and by Minister Ya'ara Saks (Minister of Mental Health and Addictions and Associate Minister of Health). There was representation from the Liberal, NDP and Conservative parties, from both anglophone and francophone parliamentarians. Several health care stakeholders were also

present, as well as staff from Member Organizations who were in town for the Occupational Health and Safety Network meeting. The presenters were Dr. Joan Almost, who presented on her research into agency nursing, and CFNU's Arun Shrichand, who presented Dr. Heather Scott-Marshall's research into on safe hours of work.

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We spoke to members of parliament and senators about how we owe it to our health care system to address nurse fatigue proactively. It's a question of safety and respect! Together, we can fix the nursing shortage and complete the recovery of our health care systems!



Left to right: Linda Silas (CFNU President), Arun Shrichand (CFNU Policy and Research Specialist), Dr. Joan Almost (Professor, Queen's University), Darlene Jackson (MNU President), Senator Rebecca Patterson, Senator Marie-Françoise Mégie, Sylvain Brousseau (CNA President) and Senator Joan Kingstons

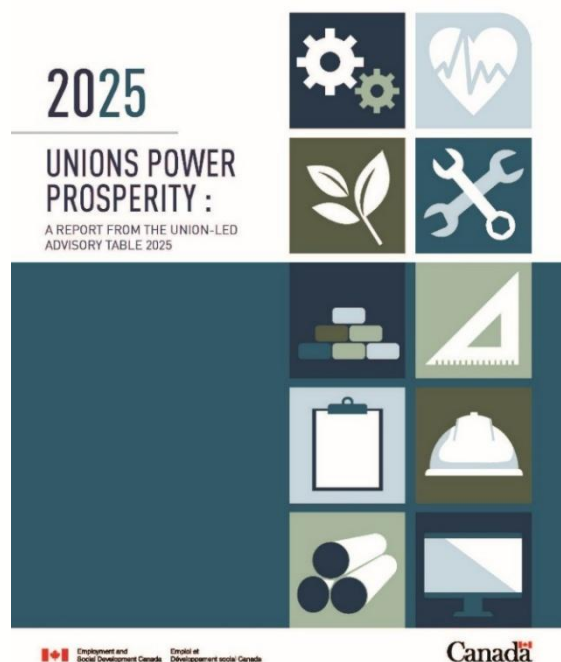
Union-Led Advisory Table, 2023-2025

Linda Silas was honoured to have been appointed by Minister O'Regan to the Union-Led Advisory Table (ULAT) established by Employment and Social Development Canada. This follows the Government of Canada's commitment in Budget 2022 to launch an advisory table that brings together unions and trade associations to advise the government on priority areas for helping workers navigate the changing labour market.

The Advisory Table provided expert advice to the Minister of Employment, Workforce Development and Official Languages (the Hon. Randy Boissonnault) and the Minister of Labour and Seniors (the Hon. Seamus O'Regan), in support of government priorities. This work is a key element to informing the government's future actions to help workers in the face of a changing labour market.

The Union-Led Advisory Table was tasked with advising the federal government on actions and priorities for supporting mid-career workers affected by industry and occupational transitions. An unstated precondition for the Advisory Table's recommendations is the need to ensure a plentiful supply of good jobs with opportunities to learn, adjust and grow. Linda Silas participated in the Table on behalf of nurses, and CFNU's inputs were included throughout the final report [*Unions Power Prosperity: A Report from the Union-Led Advisory Table.*](#)

The recommendations are the following (there are actions associated with each, but they aren't included here).



1.1 Re-establish sectoral partnership tables to identify and address the specific needs of workers in different industry sectors and occupations in a modern transitioning economy.

1.2 Implement sector-specific initiatives to support workers in industries in transition, address critical human resource challenges and promote sectoral dialogue.

1.3 Develop a comprehensive national skills assessment and inventory for workers in at-risk industries and occupations.

1.4 Invest in accessible and effective career development services to assist workers in transition.

1.5 Promote continuous social dialogue, collaboration and coordination.

2.1 Enhance and adequately support the proven and effective mid-career transition tools and services already in place.

2.2 Adapt federal program policies to support mid-career training opportunities.

3.1 Implement flexible practices and labour market programming for the recruitment, retention and transition of mid- and late-career workers

3.2 Improve the quality of jobs and workplace well-being, especially for vulnerable workers with poor working conditions.

4.1 Encourage and enable employers to support worker skills development.

4.2 Leverage and support unions' capacity to deliver skills upgrading.

5.1 Create and support programs that target specific at-risk groups.

5.2 Leverage public investments to support diversity and inclusion imperatives.

5.3 Leverage federal convening capacity to streamline adoption of initiatives that support at-risk workers.

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UNCSW 68th Session, March 11-15, 2024

The 68th Session of the United Nations Commission on the Status of Women (UNCSW68) was held in New York over a two-week period in March 2024. NSNU President Janet Hazelton and CFNU President Linda Silas participated.

Every year, the Commission sets a priority theme for its discussions and reviews the agreements of the previous Commission on the Status of Women (CSW). 2024's priority theme was "Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective."

8 rallies



Internationally educated nurses – World Education Services, April 2024

The CFNU struck an IEN advisory committee and held its first meeting with IENs on April 18. The advisory committee members are Baljinder Singh of NSNU, Marierose Acero of MNU and Angela Crawford of BCNU. The mandate is to advise the CFNU on our IEN work moving forward.

The CFNU continues working closely with World Education Services (WES) on policy development to streamline the registration and integration of IENs into our health care systems.

Staff Up! campaign, May 2024



The Staff Up! campaign launched ahead of the federal budget and gained momentum heading into CoF.

The campaign generated more than 4,000 letters to representatives, primarily advocating for solutions to the nursing shortage and an end to for-profit nursing agencies. Our supporter base is growing steadily. We now have 24,760 supporters, including 4,046 individuals from vulnerable ridings. Overall, the campaign has generated 553,945 impressions, reaching 117,933 people, primarily through Meta's platforms.

You can follow along the campaign's metrics live at

<https://lookerstudio.google.com/s/pOPsA7creTU>



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Celebrating Nursing Week, May 2024



I know for too many, celebrating Nursing Week feels out of question. It is hard to celebrate while working doubly hard, pushing your limits and caring for more and more patients without adequate support. Your strength is commendable, but I know you cannot continue to prop up our ailing health care systems. Saying this, I still want to say thank you, merci, miigwetch.

There are solutions to the staffing crisis facing Canada's health care systems, and they start with supporting, respecting and retaining nurses. Let's start with making safe staffing a reality with nurse-patient ratios.

Report can be found at [Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada.](#)



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Nurse-Patient Ratios Study Tour, May-June 2024

The importance of nurse-patient ratios and safe staffing models is becoming increasingly critical to our members. Exploring and studying different models will strengthen our understanding and make our collective arguments stronger.

In 2016, the CFNU organized a study tour to New Zealand, and we were planning more but the pandemic hit. The NEB believes it is now time to refocus our energy on NPR.

The CFNU approached INMO and RCN to organize visits of some of their health facilities and to have discussions with nurses, managers, union representatives and researchers on their version of NPR.



The CFNU went to Ireland from May 13 to 17, 2024, and to the UK from June 10 to 14, 2024.

Linda Silas, Tracy Zambory, Janet Hazelton, Paula Doucet, Barbara Brookins, Danielle Larivee, Adriane Gear, Darlene Jackson, Alexandra Hamill and Justin Hiltz met with the Irish Nurses & Midwives Organisation, RCN Northern Ireland, RCN Wales, RCN Scotland and RCN London to hear from policy and research staff, government/academia and nurse managers, as well as hospital visits to meet frontline nurses dealing with ratios. The current evidence report can be found [here](#).

Beyond Equity discussion paper, June 2025

Following our endorsement of Joyce's Principle at our 2021 biennial convention and continued educational work on this issue, the CFNU commissioned a discussion paper with the BC Indigenous Health Research Chair Program. The lead researchers are Dr. Lisa Bourque Bearskin and Dr. Liqaaa Wazni, her postdoctoral researcher. They received support in writing the paper from the Indigenous Health Research Chairs from across the country.

The CFNU appointed three individuals to the advisory team with the NEB's recommendations: Brigitte Goar, who is a Metis nurses from Manitoba and who works as an Anti-Racism and Anti-Oppression Specialist – Reconciliation with ONA; Marla Johal, a Cree nurse and Labour Relations Officer with MNU; and Candi DeSousa, an Indigenous nurse serving as BCNU's regional council member for the Okanagan-Similkameen.

The discussion paper has been printed and is being presented to every delegate at convention. This document will prove to be a practical educational resource going forward for CFNU's membership, and for nurses and other health care workers more broadly.

CFNU Report

The CFNU is also working with an Indigenous Nurse Advisory Committee comprised of Indigenous nurses from across the country and key Indigenous nurse leaders to advice and council the CFNU on the work of an apology and subsequent action plan.

Indigenous Nurse Committee members

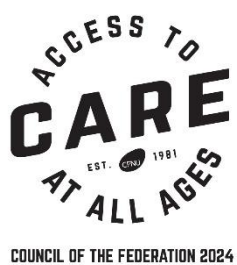
CFNU Member Organizations

Brigitte Goar	ONA
Candi DeSousa	BCNU
Marla Johal	MNU
Kirston Blom	SUN
Lesley Dee Tucker	RNUNL
Rachel Currie	PEINU
Courtney Pennell	NSNU
Makayla Mantla	CNSA

Other Organizations

Rose LeMay	The IRG
Marilee Nowgesic	CINA
Delia McDonald	AFN
Tania Dick	Island Health
Roxanne Sapien	Sankewitahasuwakon
Isabelle Wallace	Indigenous Services Canada
Melynda Ehloak	Inuit Circumpolar Council

Council of the Federation, July 15-17, 2024



We were very excited to host a discussion with **Dr. Jane Philpott**, former Health Minister and author of bestselling *Health for All: A Doctor’s Prescription for a Healthier Canada*, and **Dr. Samir Sinha**, Director of Geriatrics at Sinai Health and the University Health Network in Toronto. Dr. Sinha chaired the HSO technical committee that drafted standards for long-term care. These distinguished guests were accompanied by **Santina Weatherby**, a nurse practitioner from Nova Scotia, to talk about their role in primary care delivery. The theme of the event was **Access to Care at All Ages**.

The breakfast policy briefing held at this past summer’s Council of the Federation meeting had participation from the premier of every province and territory, except Premier Legault of Quebec and Premier Simpson of the Northwest Territories (who sent a senior official in his place).

Linda Silas moderated a discussion called Access to Care at All Ages with the Hon. Dr. Jane Philpott, Dr. Samir Sinha and Santina Weatherby, NP. The conversation was wide-ranging, from primary care to senior’s care, but its central tenant was the need to prioiritize health care in provincial planning and spending. The policy briefing was a great opportunity to comunicate the issues and solutions in health care, and the premiers were very engaged. Three premiers asked questions and each of the speakers were eloquent and informative.

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Canadian Cancer Society Workplace Cancer Research Fund, October 2024

The CFNU and Member Organizations contributed financially to the Canadian Cancer Society (CCS) Workplace Cancer Research Fund alongside other unions, workers compensation boards and the Canadian Institutes of Health Research. The fund has announced its selection of research projects that will receive grants, to hopefully shine a light on potentially preventable workplace cancers.

Of the seven projects that are receiving funding, one of them has a close link to nurses (at least those who work night shifts). Here is the description of the project.

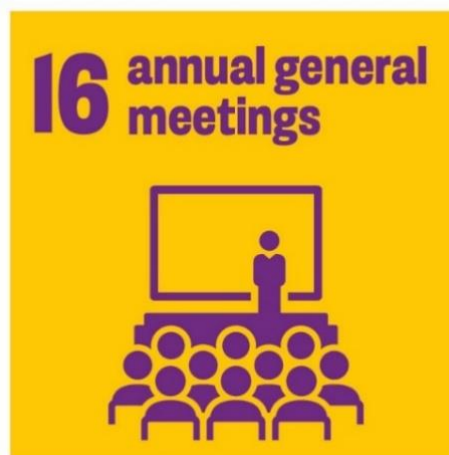
Understanding cancer risk in night shift workers

Night shift work has been associated with increased risks of cancer, and with 1.8 million people in Canada working hours that include midnight to 5 a.m., it's important to understand why. One theory is that night shifts may disrupt the makeup and function of microbial communities in the gut (gut microbiome), whose normal functioning is critical to maintaining good health. A team led by Dr. Bhatti is aiming to identify differences in the gut microbiome between night shift and day shift workers, that contribute to the development of cancer. Collecting data from a broad range of industries, the research team will identify the specific aspects of night work (e.g., sleep disruption, decreased diet quality, decreased physical activity, etc.) that are the primary drivers of changes in microbes in the gut that may cause cancer.

If successful, this project could produce critical insights to develop targeted interventions to reduce the risk of cancer among night shift workers. Given the prevalence of night work in Canada, such interventions would prevent thousands of cancers each year.

GNU Meeting, November 18, 2024

On behalf of the CFNU, Linda Silas participated in the GNU leaders meeting last November in Costa Rica. The GNU welcomed nursing union leaders from 23 countries. Three main topics were discussed: NPR, building power through collective power and the fight against global infectious disease outbreaks.



Nurse-Patient Ratios Summit, November 27-28, 2024



We created and hosted the first ever Nurse-Patient Ratios Summit. We brought together national and international nursing leaders with academic experts, nurses unions, employers and government officials to share and discuss evidence-based strategies, best practices and actionable recommendations for implementing a safe staffing model.

The CFNU hired Gerard Murphy, Barefoot Facilitation Inc., to facilitate the summit, and Michael Villeneuve to write the post-event summary.

The inaugural Nurse-Patient Ratios Summit was held in Ottawa on November 27 and 28, 2024, and was a resounding success. The event was co-chaired by CFNU president Linda Silas and RCN Professor Jane Ball. It featured international speakers and members of our National Executive Board discussing nurse-patient ratios. 124 participants attended, with 91 joining in person and 33 participating online.

- Professor Jane Ball: [Nurse Staffing: From Evidence to Policy](#)
- Professor Alison Leary: [Ratios – why now? Lessons from safety-critical industries](#)
- Dr. Kim McMillan: [What Canadian nurses need: Insights from the front lines](#)
- Helen Whyley: [Staffing for Safe and Effective Care in the UK](#)
- Lisa Fitzpatrick: [Ratios in Victoria, Australia](#)
- Michelle Mahon: [Safety in Numbers: Two Decades of California’s Nurse-to-Patient Ratios Law](#)
- Janet Hazelton: [Forging Ahead: Nova Scotia’s Path to Guaranteed Nurse Staffing](#)
- Adriane Gear: [Implementing Minimum Nurse-Patient Ratios](#)

Prominent nursing leader Michael Villeneuve was asked to attend the summit and write a report based on the ideas shared during the facilitated discussions. Key themes identified by summit participants included: the opportunity to implement minimum care standards; fortify nurse retention and recruitment; improve organizational, patient and nurse outcomes; increase public trust and system efficiency; positively impact the socio-political environment; develop, consult and integrate data and evidence-informed policy.

“Achieving success will require strategic planning, substantial investment and collaboration among federal, provincial and territorial governments, health care employers, unions, nursing schools, research bodies and professional associations. A coordinated, evidence-based and

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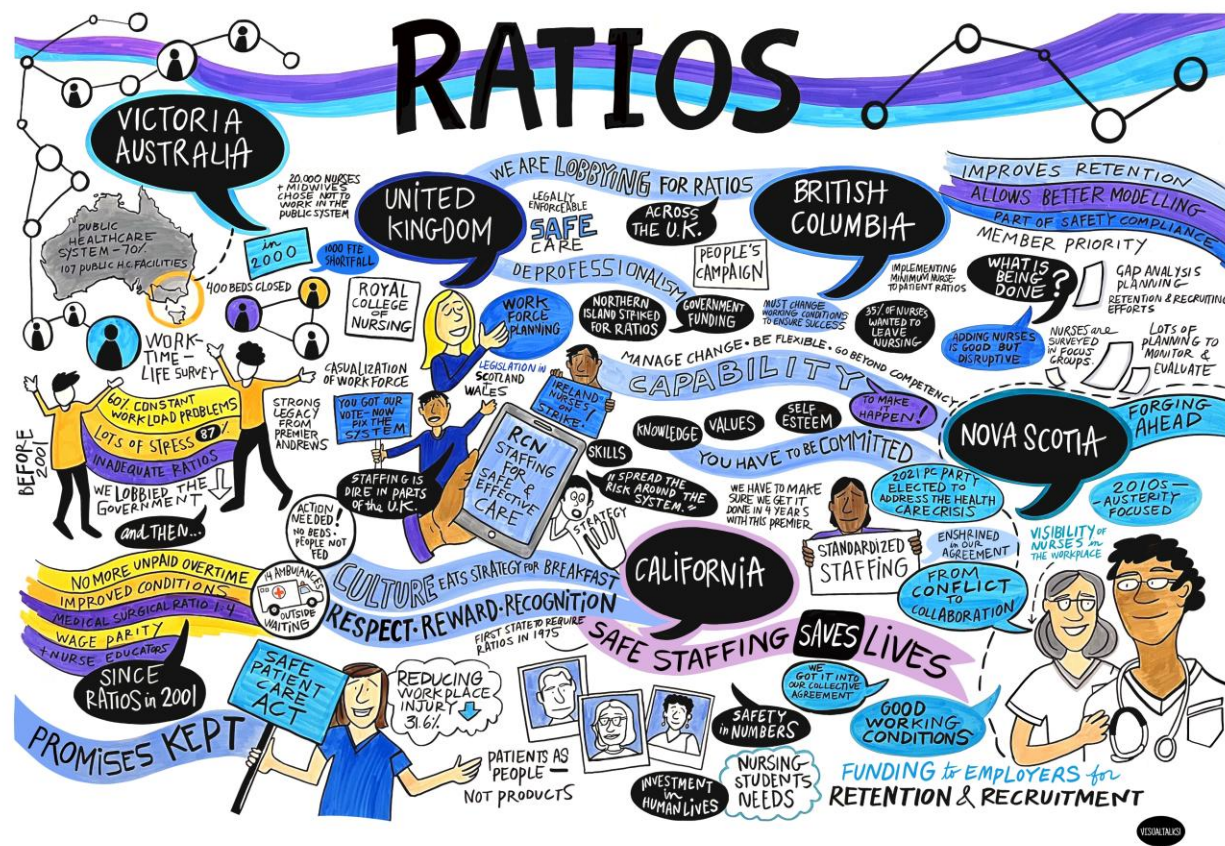
data-driven approach is essential to ensure sustainable staffing improvements. While challenges such as funding, workforce distribution and regional differences must be navigated, the long-term advantages – lower costs, better working conditions and increased public confidence – make NPR implementation a compelling policy initiative. If executed carefully, it can strengthen Canada’s health care system while prioritizing both patient care and nurse well-being.” – Villeneuve, 2025

The latest CFNU’s [nurse-patient ratios evidence reports](#) by Dr. Candice McTavish and Andrea Blain explore Canadian and global approaches to nurse staffing and consolidate research on the impacts of nurse staffing on patient, nurse and systemic outcomes. They present the current available academic research, legislation and policy efforts to inform future work in this area.

You can watch CFNU’s video on nurse-patient ratios [here](#).

Kathryn Maxfield, a talented Ottawa-based graphic recorder, created the below illustrations depicting the Summit’s discussions.





CFNU Report

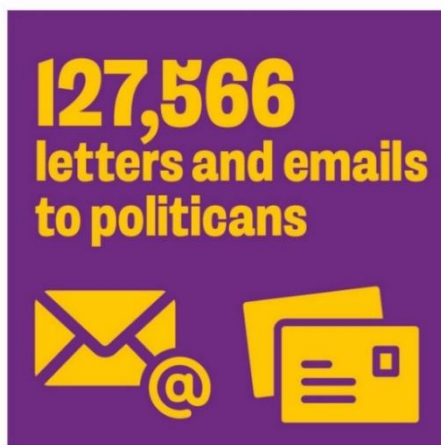


Safe Long-term Care (LTC) Campaign, December 2024

In December, the CFNU sent a joint letter with 11 allied organizations to the federal Health Minister and Minister for Seniors. In it, we advocated that the government follow through on its promise to table a *Safe Long Term Care Act*. We called for enforceable national standards such as 4.5 minimum hours of direct care per resident daily, the elimination of for-profit LTC homes and increased accountability. In association with this letter, the CFNU launched a website called **safeltc.ca**, where members and other people living in Canada could send emails to the relevant ministers and their MP. We also launched an ad campaign that focused on social media engagement to push more people to the campaign website. The campaign encouraged 360 people to reach out to the health minister and other senior ministers. In all, the brief campaign reached close to 25,000 people and generated more than 50,000 impressions.

CFNU Report

Meetings with Auditors General, 2024



After *The Globe and Mail* investigative piece came out in February 2023 on private for-profit nursing agencies, the CFNU and MOs wrote for a second time (December 2023) to all provincial Auditors General. The CFNU wrote separately to the federal Auditor General.

We have since had very productive meetings with Alberta, Saskatchewan and Newfoundland and Labrador. BCNU met in early May with the BC Auditor General, and the CFNU met with the office of the federal Auditor General. Both New Brunswick and Newfoundland and Labrador have called for investigations into agency use in their province. The New Brunswick Auditor General has now

issued their scathing report on the use of for-profit nursing agencies in the province. The Auditor General for Newfoundland and Labrador has committed to a performance audit on health sector contracts. We received a written response from the Ontario Auditor General. We will continue to follow up with Auditors General.

National Pharmacare Committee of Experts, 2024-2025

On November 14, 2024, Linda Silas was appointed to sit on the committee of experts established after the passage of the Bill C-64, *An Act respecting pharmacare*, in October 2024. Over the next year, the Committee will consider the path towards a national universal pharmacare in Canada. As part of its work, the Committee will engage with provincial and territorial governments, Indigenous groups, and experts from relevant fields, including patients, drug plan administrators, health care providers, industry and academics.

By October 10, 2025, the Committee will provide a written report to the minister, setting out its recommendations, which the minister will then table in parliament.

Health Ministers' Meeting, January 29-30, 2025

After the November Health Ministers' Meeting (HMM) was cancelled due to a snap provincial election in Nova Scotia, there was confusion about whether there would be a 2024 HMM. During the first week back from the holidays we were informed by the federal health minister's office that there would be an HMM held in Halifax on January 29-30.

After securing a venue, the CFNU sent out invites to all ministers and held a pared-down version of our annual HMM breakfast. The event opened with remarks from Canada's Minister of Health Mark Holland and Nova Scotia Minister of Health and Wellness Michelle Thompson, followed by short comments from health stakeholders, such as CFNU, CMA, CNA and CFPC, and ended with a robust discussion with health ministers and CFNU National Executive Board members.

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Despite the short timeline, nearly every province and territory was represented and there was a strong consensus on the importance of nurse practitioners in team-based care.

Student survey and video for CNSA, January 2025



The CFNU partnered with the CNSA and Viewpoints Research to conduct a national survey of nursing students across the country. The CFNU helped design the survey questions with CNSA and with guidance from Viewpoints. 3,571 students participated. It aimed to get a better understanding of nursing students' financial wellbeing and its impacts on their studies, support for different financial support policies, satisfaction with their studies, levels and sources of stress, and work intentions following graduation.

Highlights from the survey include the following.

- 82% are concerned about their finances, and more than 1 in 4 have considered dropping out due to financial difficulties.
- Students who are working full time are especially likely to say that they've considered dropping out or transferring out of their nursing program due to financial difficulties (47%), vs. students who don't work (23%).
- Almost all nursing students support pay for time in clinical placements (92%), and allowances or subsidies to offset costs incurred in attending clinical placements (83%).
- 93% of students report high (63%) or moderate (30%) stress during their studies.
- Most final-year students (57%) are interested in having a mentor to assist with their transition to the profession.
- Most students (76%) intend to work in their province of origin after graduation and are interested in pursuing full-time work.
- 84% of students are somewhat or very interested in working for a private agency (we are not releasing this publicly).
- 47% of students are fully intending on practicing nursing by the bedside after graduation, and an additional 28% are likely to work in bedside nursing.

A video was also presented at the CNSA Conference. <https://youtu.be/Dp3hN1j3lk>

Full report will be presented at convention.

National public opinion poll – Abacus, January 2025

We worked with Abacus Data to commission a national opinion poll in follow up to the public opinion poll we did last year around the same time. The poll aimed to get a reading of Canadian opinions on the public health care system, the nursing shortage and openness to private care, and to test CFNU's public policy asks.



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The survey is done to inform our public advocacy campaigns and asks of elected officials. The survey was in the field in January. Report was shared with the NEB. Some findings from the survey were amplified through our various channels.

Canadians named long wait times for access to medical care as the most pressing challenge facing our health care system. The survey also revealed that nearly half of Canadians say the health care system is getting worse.

The CFNU has been calling on the federal government to create a Patient Safety Bill of Rights to enshrine Canada's commitment to safe, timely, accessible and quality care across the country. The Bill would create national standards for nurse-patient ratios, safe hours of work, long-term care and working conditions, aiming to keep people working in the public health care system. The Abacus poll found that 77% of Canadians support such a bill.

[Viewpoints survey, January 2025](#)

The Annual 2025 member survey conducted by Viewpoints Research was in the field in January. Similar questions were asked over the past several years, covering domains such as mental health, working conditions, violence and more, with additional questions included to support current and upcoming research and campaigns. We received crude internal results in mid-February and publicly launched the report in late March.

Most nurses surveyed report experiencing some form of violence related to their job over the past year. One in three nurses described the quality of care delivered in their workplace over the past year as fair or poor, with one in two nurses reporting that the quality of care in their workplace has deteriorated – trends in line with the last three years of national nursing surveys.

44% of nurses report at least one near-miss or patient safety incident within the last six months, with 23% reporting multiple near-misses or incidents over the same time. These conditions drive nurses away from the bedside and away from patient care. The findings are stark for early-career nurses, revealing that one in three early-career nurses are considering leaving their current job within the next year.

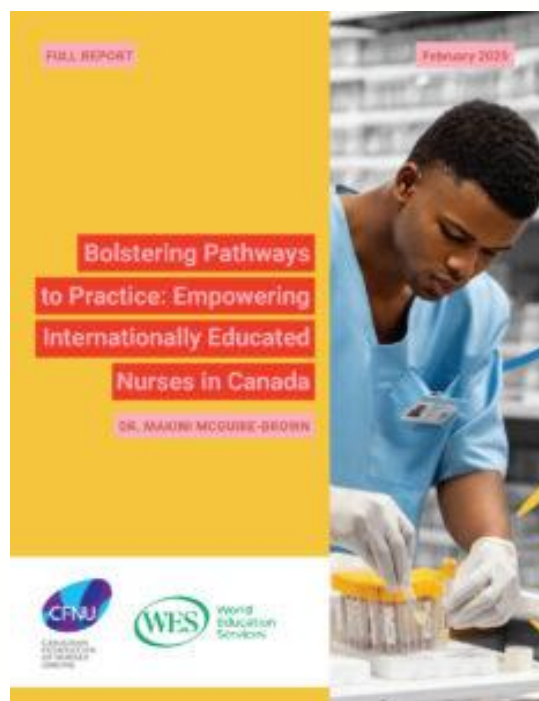
Enforced nurse-patient ratios is the top solution nurses say would influence them to stay in their job. Nurses overwhelmingly support a federal patient safety bill which would include key measures such as implementing nurse-patient ratios, setting limits on consecutive hours nurses can work, and mandating a minimum of 4.5 hours of direct care per patient in long-term care homes. Most nurses surveyed (71%) said they would be more likely to vote for a party committed to adopting such a bill.

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IEN pathways, February 2025

We worked closely with World Education Services (WES) on the report [*Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada*](#). We were planning to launch it at our parliamentary breakfast on February 4, but those plans had to change in light of the prorogation of parliament. We instead released the report on February 19 and held a live webinar on Facebook on March 19, which featured Joan Atlin, WES' Director of Strategy, Policy and Research, alongside IENs from our advisory committee who shared some of their personal experiences.

Copies of the executive summary were mailed out to parliamentarians and to our Member Organizations to use accordingly.



Report recommendations

1. Establishing a collaborative multi-stakeholder body to assist with strategy, planning and coordination of IEN registration, integration and necessary supports to be hosted at the federal level by Health Canada. This would include representatives from Immigration, Refugees and Citizenship Canada (IRCC), Employment and Social Development Canada (ESDC), provincial regulatory bodies, provincial and territorial health ministries, nursing education, IEN support providers, nurses' unions, employers and IENs.
2. Standardising the registration process for IENs across Canadian jurisdictions to reduce complexity, redundancies, barriers and costs through federal-provincial-territorial joint coordination.
3. Approving nursing education abroad that prepares one for practice as a regulated nurse as sufficient to meeting the educational requirements for registration, accompanied by a transition to practice in Canada course.
4. Expanding proof of language proficiency options.
5. Implementing a comprehensive curated supervised clinical experience (SCE) to provide income, clinical orientation and assessment opportunities, and to meet recent practice and language requirements. SCE compensation packages should consider the whole IEN context. Nursing preceptors participating in the SCE should be compensated for their involvement.

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6. Providing NCLEX (or CPRNE) preparatory resources and flexibility in exam timing as well as a reimbursement for those able to pass the NCLEX (or CPRNE) within the first 6 months of their SCE.
7. Ensuring paid mentors (preferably IENs who are now registered and working) are available to support incoming IENs in every jurisdiction.
8. Instituting anti-bias/discrimination training for Canadian-trained health care professionals to safeguard IENs from discrimination in the workplace, accompanied by anonymous reporting mechanisms.
9. Implementing institution-specific orientation plans that foster a supportive and welcoming environment.

Nurse practitioner research project, February 2025

In 2018 the results from the previous CFNU Pan-Canadian Retention and Recruitment project recognized the value nurse practitioners can provide to the health care system.

Since the completion of the initial survey in 2017-2018, there have been significant changes and challenges within the health care system impacting on NPs and that may influence the implementation of their roles, job satisfaction, and recruitment and retention.

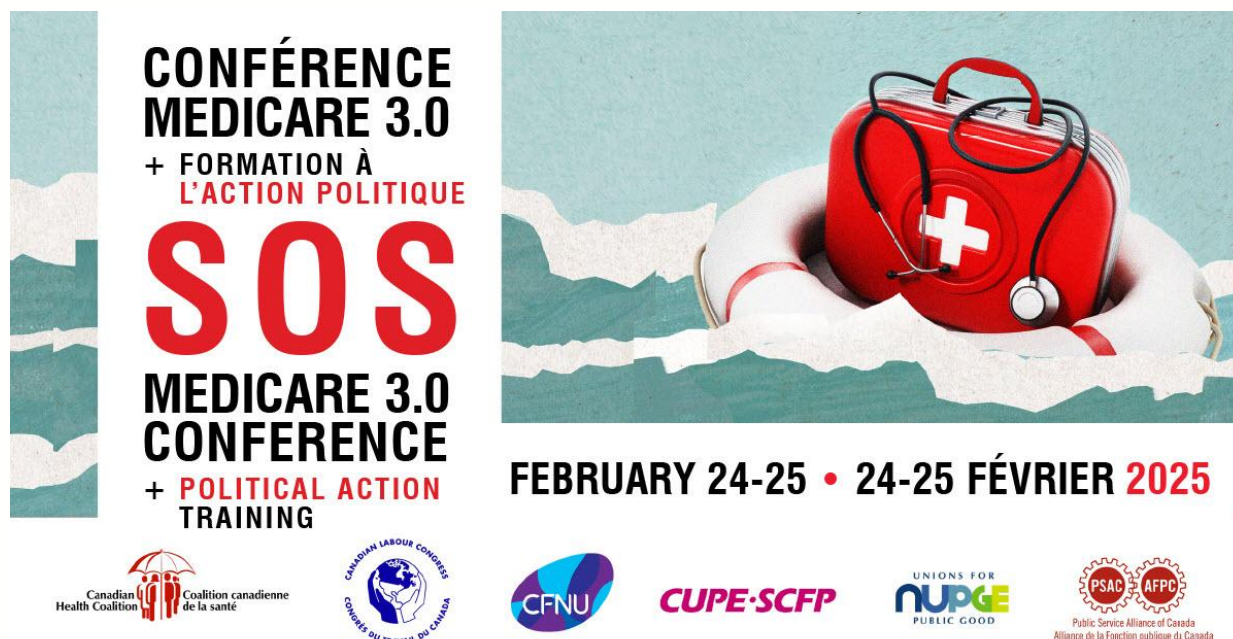
There have also been changes to NP funding models and remuneration in many provinces, including British Columbia, Alberta, Ontario and Nova Scotia. British Columbia has established a contracted funding model for NPs which allows them to establish a new team-based care clinic or join an existing one, the aim being to improve access to primary care.

The CFNU is commissioning a research project that will expand upon the 2018 CFNU Pan-Canadian Retention and Recruitment project. The project consists of a short literature review followed by a survey of nurse practitioners' work lives and key informant interviews. The research will conclude with recommendations that will support the rapidly growing and changing role of nurse practitioners.

The principal investigator is Dr. Erin Ziegler, PhD, NP-PHC. She is a practicing nurse practitioner and an associate professor at the Daphne Cockwell School of Nursing at Toronto Metropolitan University (formerly Ryerson). The nurse practitioner research advisory committee members are Santina Weatherby (NSNU), Michelle O'Keefe (SUN) and Marilynn Dee (ONA).

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SOS Medicare 3.0, February 24-25, 2025



The SOS Medicare Conference 3.0 had over 300 people attending the two-day event in Ottawa. Health care workers, activists and experts shared stories and research. CFNU President Linda Silas co-hosted the event with CHC Chair Jason MacLean, and participants heard from federal Health Minister Mark Holland, NDP Leader Jagmeet Singh and health care champions from across the country. On day two attendees took the opportunity to strategize on advancing better public health care in Canada at the Workers Together political action training facilitated by the Canadian Labour Congress. CFNU's Secretary Treasurer Angela Preocanin as well as members from MNU, RNUNL and CFNU attended SOS Medicare 3.0. Representatives from FIQ were also in attendance.

UNCSW 69th session, March 10-14, 2025

This year, the Commission will mark the thirtieth anniversary of the [Fourth World Conference on Women](#) and adoption of the [Beijing Declaration and Platform for Action](#) (1995). The main focus of the session was on the review and appraisal of the implementation of the Beijing Declaration and Platform for Action. The review will include an assessment of current challenges that affect the implementation of the Platform for Action, and the achievement of gender equality, empowerment of women and its contribution towards the full realization of the 2030 Agenda for Sustainable Development.

The CFNU was represented by Yvette Coffey and three RNUNL board members Kim Parsons, Margo Antle and Taylor Smith, Barbara Brookins (PEINU), Janet Hazelton (NSNU), Erin Ariss (ONA), Linda Silas and Emily Watkins (CFNU).

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Leaders' Summit, June 1, 2025

The CFNU will be hosting a Leader's Forum on June 1 in Niagara-on-the-Lake. The Queen's Landing Hotel has been booked for the event. The communications agency Stiff has been hired to help develop and execute a consultation plan, research report, environmental scan, and to develop from that an agenda for the meeting. They will also facilitate the meetings.



Based on further feedback from research and consultations, which are well underway, they will approach the session in June with a focus on the following three areas.

Position: Key areas that the CFNU should stand for – so its members don't have to.

Voice: What "having a voice" means in the CFNU context and principles that shape it.

Engagement: Identifying an approach to activism that the CFNU can fuel for its members.

Bonnie Castillo, Executive Director from National Nurses United, and Dr. Leigh Chapman, Chief Nursing Officer from Health Canada, will speak to the Member Organizations' leaders to motivate the participants to keep fighting during difficult times, to encourage them to step up in their leadership and see the value of nursing unions to the national scene and the influence all our Member Organizations have. This theme will be part of the CFNU delegation rally on June 6.

Indigenous Apology and Pledge, June 3, 2025



The CFNU Convention will be holding a session titled *Working towards an apology on behalf of Canada's nurses*. The event will feature a panel that will explore anti-Indigenous racism in health care and how health care professionals can contribute to reconciliation.

As an organization the CFNU will be issuing an apology to Indigenous Peoples on behalf of Canada's nurses for the harm perpetrated by the colonial health care system. We aim for the event to further spurn our collective work as nurses and

allied health care workers on contributing to reconciliation and ensuring cultural safety throughout the health care system. This event will lead to CFNU's pledge that will be signed by delegates on June 6.



CFNU Report

We have invited both national and local Indigenous leaders to the event, and our Indigenous Nurse Advisory Committee will be in attendance. We also have the honour of being able to showcase local singers and drummers.

Research on today's nurses' needs and expectations – to be released July 2025

Workers are changing – and changing fast. Sadly, workplaces are not keeping up. The worst examples are probably health care and nursing. Not only are there 24/7 shifts, but the professional pressure placed on our nurses makes it easy for employers to take advantage or not think outside the box on how to accommodate to fulfill their work-life balance and career expectations.

It's time for the CFNU to renew its work on answering the need of today's generation of nurses. This was a key topic from 2006 to 2015 with publications like *Taking steps forward: Retaining and valuing experienced nurses*; *From textbooks to texting: A nurse's guide to intergenerational diversity*; and *Bridging the generational divide*.

Dr. Kim McMillan from the University of Ottawa led a study to understand what today's Canadian nurses need to stay in the profession long term. Amid a growing nursing shortage, the study explored the factors that support retention across career stages, especially in light of post-pandemic challenges. The findings of the qualitative study come from focus groups of nurses in all provinces that have CFNU Member Organizations. Structured around the Enabling Environment framework, the research uncovered actionable insights to improve work environments and inform policy, with the goal of sustaining a strong, resilient and modern nursing workforce in Canada.

The research is in its final stages of publication and will be released in July 2025.

CLC update

On April 2, 2025, the Canadian Council of the Canadian Labour Congress (CLC) voted to lift the sanctions placed on the British Columbia Nurses' Union over a decade ago. The vote on the question put to the Canadian Council: "Are you in favour of lifting the sanctions on the British Columbia Nurses' Union?" was passed unanimously.

The CFNU was honoured to welcome the BCNU back into our federation over two years ago. Having a larger and stronger national voice is critical given the challenges our members are up against. Thank you to BCNU President Adriane Gear, Vice President Tristan Newby and CEO Jim Gould, for their collective patience throughout this process. We all look forward to seeing what we can all continue to accomplish in the years to come on behalf of nurses and health workers.

Equity Caucus

Six caucus groups met during the 2023 Convention.

Facilitator teams were as follows:

Indigenous Workers – SUN Lynne Eikel, Darcy McIntyre

People of Colour – BCNU Aida Herrera, Parveen Gill

Workers with Disabilities – BCNU Kelly Woywitka, Teri Forster

2SLGBTQI+ Workers – NSNU Jamie Stewart

Francophone Workers – NBNU Maria Richard, Maria Cormier

Young workers – MNU Christina Woodcock, Laura Schattner



Caucus at the 2023 Convention discussed proposed constitutional amendments, workplace issues and changes that should be considered for future events. We thank the facilitators, Hanif Karim from BCNU (who lead the groups) and delegates for their active participation.

Facebook Live events (2023-2025)

We hosted a webinar focusing on the intersection of climate change and health care, featuring Dr. Sheri Weiser from UCSF, an expert on climate change’s impact on public health. Dr. Weiser’s presentation highlighted the real-world effects of environmental changes on health delivery, which was followed by a Q&A session. The webinar emphasized the latest research on climate change, strategies for nurses to adapt and the pivotal role of nurses in driving change within health care.

The CFNU hosted a webinar exploring the new *Safe Hours Save Lives* report, featuring lead researcher Dr. Heather Scott-Marshall and CFNU President Linda Silas. This webinar was viewed 1,600 times and garnered 235 engagements, including 129 comments, 21 shares and 85 reactions.

For Nurses Week, we hosted a webinar “By Nurses, for Nurses”, exploring retention solutions, with a spotlight on Health Canada’s *Nursing Retention Toolkit*. Canada’s Chief Nursing Officer Dr. Leigh Chapman joined Linda Silas for the widely attended event. Within six days of publishing, the webinar was viewed 3,100 times and garnered 365 engagements, including 232 comments, 10 shares, and 123 reactions.

The CFNU hosted a Zoom webinar with Médecins Sans Frontières in January 2025, titled “Health Care in Conflict Zones”. With presentations from MSF Canada Humanitarian Representative Jason Nickerson and MSF Canada Emergency Coordinator Sylvain Groulx, the session explored how MSF manages health care delivery in conflict zones and works to uphold health care as a human right.



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In March 2025, the CFNU and World Education Services officially launched our report, *Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada*. This one-hour session included a presentation on the policy changes recommended in the report and a panel discussion with three IENs living in British Columbia, Saskatchewan and Nova Scotia. The webinar was viewed more than 5,600 times and had high levels of live engagement with 301 interactions. Notably, dozens of users shared the webinar and clicked through to the report.

Beginning April 4, the CFNU hosted weekly live sessions throughout the election period exploring the importance of being all in for public health care this federal election. The sessions featured speakers from Member Organizations and allied health and labour organizations and focused on what was at stake for public health care in the election, pharmacare, patient safety and safe staffing, and get out the vote efforts. The sessions garnered thousands of views and hundreds of interactions throughout the month.

CFNU network meetings

The CFNU was proud to host staff from all Member Organizations for network meetings on a variety of topics. We take a moment to thank all the Member Organizations staff members for their dedication to nurses, nurses' unions and to the CFNU. This is what makes us efficient and relevant.

Researchers: December 4-5, 2023

Occupational Health & Safety: December 5-6, 2023

Professional Practice: February 1-2, 2024

GR/Communicators: February 13-15, 2024

Educators: October 3-4, 2024

Researchers and Professional Practice: November 28-29, 2024

Occupational Health & Safety: December 11-12, 2024

GR/Communicators: March 4-5, 2025

Federal election 2025 CFNU engagement

The CFNU launched a very successful federal election engagement campaign. [All In for Public Health Care](#) set out to encourage our audience to advocate for public health care as a key issue in the federal election and included compelling stories, clear calls to action and accessible resources. We focused on the following objectives.





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- Encouraging voters to elect candidates who support protecting and expanding our public health care system
- Influencing federal party platforms to reflect CFNU's priorities, including:
 - Committing to tabling a Patient Bill of Rights / Patient Safety Act
 - Retaining, recruiting and returning nurses by addressing working conditions
 - Expanding pharmacare
- Raising awareness of our issues between the general public, stakeholders, incumbents and candidates, building our grassroots support for after the election.

Our campaign website was a hub of information and allowed members and visitors to engage party leaders and candidates around our key advocacy ask. The campaign did a digital advertising campaign on meta platforms as well as programmatic channels that drove traffic to our **All In** website. We ran radio ads across the country, had a direct mail piece Member Organizations could mail to members and focused our efforts on a get out the vote campaign during the advance polls and in the lead up to election day.

During the election the CFNU also held weekly Facebook Live events around public health care, pharmacare, a Patient Safety Bill of Rights and the importance of voting in this critical election. The event drew large online crowds and had lots of lively discussion.

During the election campaign period, we started appointing CFNU Health Care Champions, including political leaders during Canadian Public Health Week (April 7-11) and health care leaders during Nurses Week (May 12-18).

Making the Chief Nursing Officer a permanent position

The CFNU along with other nursing organizations wrote to the Minister of Health in January 2025, advocating for the Chief Nursing Officer (CNO) position within the federal government to be reclassified into a permanent role at the Assistant Deputy Minister level within Health Canada. We argued that creating a permanent position that is well-situated in government would ensure the CNO has the authority, resources and capacity to effectively address the critical challenges facing Canada's nursing workforce. We also wrote to all federal leaders with our request for a permanent CNO as a key part of our election asks prior to the election. Just before the election was called, we received news from Health Canada that the Chief Nursing Officer would be considered a permanent position. This is a big victory for nurses that will help ensure the longevity of the role in government. We removed the CNO advocacy ask from our suite of demands during the federal election as a result of this win and will continue advocating for the position to be at the ADM level.



CFNU Report

Staffing

Over the past two years, the CFNU has experienced a number of staffing transitions and welcomed new team members, all of which have strengthened our organization and deepened our capacity. We are grateful to those who have moved on to new opportunities after making meaningful contributions to our work. Their dedication, professionalism and commitment to our shared values helped shape our efforts during their time with us.

At the same time, we are pleased to have welcomed several new staff and students, each bringing a diverse skillset, fresh perspectives and a deep passion for advancing our movement. Their contributions across policy, research, communications, operations and advocacy have already made an impact, and we look forward to what we will continue to achieve together.

We also want to recognize the students and short-term team members who joined us for specific projects – your energy, insight and commitment have been deeply appreciated.

As always, we proudly acknowledge that our bargaining unit staff are members of Unifor Local 567 and thank all our staff – past and present – for the invaluable role they play in strengthening the work of the CFNU.

Dues Structure Committee

Since the 2023 Convention, the Dues Structure Committee has met several times to examine how CFNU's dues model supports the work of our national federation. The committee has focused on ensuring that the value of membership is clearly communicated, that contributions from all Member Organizations are recognized as proportional and meaningful, and that CFNU's role as a unifying national voice for nurses is reflected in how we talk about and structure dues. An update on the committee's work and next steps will be shared with delegates during this Convention.

Strategic Plan



Canadian Federation of Nurses Unions Strategic Plan 2024 - 2029

Our vision

In our pursuit to amplify the collective voice of CFNU's 250,000+ members, we seek to establish the CFNU as the foremost authority for Canadian nurses. As a reliable source of forward-thinking research, we provide insightful health care perspectives to the public, media and key stakeholders and aim to resource Canada's nurses for safe workplaces and the evolving workforce.

Our mission

We are the recognized voice advocating for Canada's nurses and high-quality public health care nationally and internationally.

Our values

- Solidarity and unity
- Accountability and transparency
- Integrity and trustworthiness
- Equity and inclusion
- Leadership, forward thinking and action

Our strategic objectives and initiatives

1. National voice for the nursing profession	2. Safe workplaces and strong labour rights	3. Organizational succession and ongoing effectiveness	4. The evolving workforce	5. Patient safety and protecting national public health care	6. Partnerships with relevant stakeholders
<p>To be the recognized voice for nurses in Canada, whose respected views on health care are sought after by the public, media and other key stakeholders</p> <p>1.1 Increase our presence in the media on nursing and health care issues.</p> <p>1.2 Seek and create opportunities to speak on behalf of the profession and health care, particularly in federal conversations.</p> <p>1.3 Refine CFNU brand to better reflect broader role.</p> <p>1.4 Increase exposure of members and students to the CFNU.</p>	<p>To work with a focus always on protecting the safety of frontline nurses and promoting their labour rights</p> <p>2.1 Facilitate a national bargaining strategy with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships</p> <p>2.2 Promote the right for all nurses to have competitive salaries and benefits that reflect their professional status and invaluable contributions to the health care system.</p> <p>2.3 Advocate for the elimination of physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students</p> <p>3.4 Focus advocacy and research efforts on efforts to retain, return and recruit nurses, with a goal of improved working conditions and patient care.</p>	<p>To ensure ongoing effective delivery of the CFNU vision, mission and values through the implementation of sound succession strategies and good governance</p> <p>3.1 Review structures and roles of CFNU's elected leadership.</p> <p>3.2 Clarify the process of succession for key CFNU positions to ensure that the CFNU is in a strong position to maintain continuity of operations in support of its members.</p> <p>3.3 Create an onboarding manual with procedures and processes for the NEB, which includes mandate for board members' roles and responsibilities.</p> <p>3.4 Continue to optimize value for dues paid by Member Organizations.</p>	<p>To resource Canada's nurses to be equipped for an evolving workforce</p> <p>4.1 Support Equity, Diversity and Inclusion (EDI) by promoting cultural competencies and a cooperative, collaborative work environment.</p> <p>4.2 Seek approaches to successfully integrate IENs into the workforce.</p> <p>4.3 Identify changes in the workforce demographic and future trends to support future health workforce resource planning.</p> <p>4.4 Develop knowledge translation / government relations plans with partner organizations to continually make advancements.</p> <p>4.5 Prepare materials and political advocacy to promote the value of professional nurses (RN, LPN, RPN, NPI).</p>	<p>To be a consistent and reliable source of key metrics that leads to an engaged and informed public on the state of Canada's public health care system</p> <p>5.1 Research established approaches to determine best practices on health human resource (HHR) planning and reporting. This would include promotion of nurse-patient ratios and putting an end to the overreliance on for-profit nursing agencies.</p> <p>5.2 Establish measuring and reporting frameworks that will support the generation of relevant metrics and data on patient safety, nursing, HHR and the health system.</p> <p>5.3 Develop the credible and user-friendly platform(s) that will support information sharing and dissemination of information and messaging.</p> <p>5.4 Be at the forefront of defending and improving Canada's universal public and not-for-profit health care system.</p>	<p>To strengthen the national and international union partnerships that will amplify the voice of CFNU's 250,000+ members</p> <p>6.1 Promote mutually beneficial and productive relationships with other labour unions and bodies in Canada.</p> <p>6.2 Continue to work on strengthening CFNU's organizational and membership structure going forward.</p> <p>6.3 Enhance engagement with other nursing and health care unions domestically and international nursing voices such as the ICN and GNU.</p>

CFNU Report

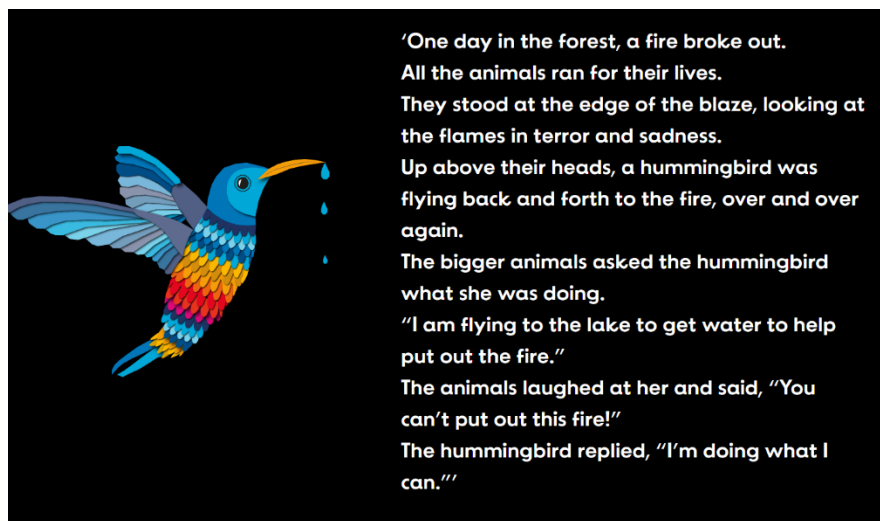
Conclusion

After 22 years on the job, I have learnt who we can count on versus whom we can work with. Trust and solidarity have always been strong amongst the leaders around the CFNU National Executive Board table. If you have doubts, I have a few scars to show you when I mistakenly believed in others, and you all patched me up.

What I hope that I can do during my time at the CFNU is make each of you believe you can do it too, and that means holding the proudest job in the country – President of the CFNU!

In March, while at the United Nations Women's Conference, our group found this little pin – a hummingbird. It said: *Be like a hummingbird; do what you can do to help solve the water and sanitation crisis. In the ancient story of the hummingbird, she carries droplets of water to put out a great fire. The other animals laugh at her, but she replies,*

"I'm doing what I can". Small personal action, together with big institutional change, can make a big impact.



With a new federal government, a new prime minister and a new minister of health, we have our work cut out for us. We are facing a lot of uncertainty with the leadership to the south of us, the racism, the homophobic policies, the wars, the eradication of complete communities, families. Closer to your daily work – still working short, still scared to death of making a mistake and hurting a patient or yourself, neighbours and friends still going to a food bank or unable to buy a house. Those are true realities which only serves as fuel for us as your nurses' unions to work even harder.

At this convention, we will present you a plan to move forward and ask you to accept our challenge to be that hummingbird!

In solidarity always,

Linda Silas



Long-Term Bargaining Goals

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, the introduction of AI, 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.

Key for all of us is to foster a culture that is positive and supportive for all nurses.

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



Long-Term Bargaining Goals

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.
- 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, or a return from 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 be negotiating opportunities to create jointly administered Enhanced Disability Management Program (EDMP) or other early return-to-work initiatives. These initiatives, designed to provide compassionate evidence-based support for nurses, ensure they maintain a connection to the workplace, can return safely and



Long-Term Bargaining Goals

promptly after illness or injury, and receive professional case management, health promotion initiatives and a focus on wellness within a safe and inclusive workplace. The EDMP promotes early intervention, effective rehabilitation and structured return-to-work plans tailored to individual needs by addressing medical, personal, vocational or workplace barriers. Adhering to legislative requirements and collective agreement obligations, the EDMP must safeguard confidentiality and ensure timely equitable outcomes, balancing the well-being of nurses with organizational sustainability.

- 11) Unions should negotiate contract language which reduces the reliance on casual workforce and promotes the establishment of appropriate levels of permanent employment.
- 12) Unions should negotiate contract language that promotes a healthy work-life balance and promotes physical and psychological well-being.
- 13) Unions should negotiate family and personal leave, child and dependant care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.
- 14) Unions should negotiate provisions that promote portability and recognition of service and seniority.
- 15) 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.

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.



Long-Term Bargaining Goals

- 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

- 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 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

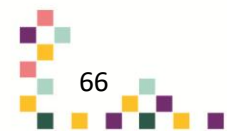
- 1) Unions should negotiate improved employer-paid short- and long-term education leave provisions and mandatory education programs and career laddering within the health care delivery sector.
- 2) Unions should negotiate collective agreement provisions that respect nurses' professional autonomy and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



Long-Term Bargaining Goals

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. [The National Standard of Canada for Psychological Health and Safety in the Workplace](#) should be adopted and implemented by all health care workplaces in Canada. 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.
- 8) Negotiate mandatory obligations on the Employer that, in the event of an assault on a nurse (including but not limited to physical, sexual, verbal or psychological), the Employer shall advise and support the Employee of their right to report the issue to the police.





Long-Term Bargaining Goals

G Union and job 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 use of agency nurses, and that promote, protect and respect bargaining unit integrity across Canada.
- 4) Until private nursing agencies can be completely phased out, regulations and oversight must be implemented by governments and employers. Public health care employers should publicly report nursing agency use and costs paid, adhering to a minimum data standard, for purposes of health human resources planning, data analysis, research and accountability. Governments and employers must implement standardization procedures for procuring the services of agencies, including a standard vendor selection and agreement process that limits allowable costs and fixed terms. Employers should also implement oversight for approval of requests for agency hours, such as mandatory reporting of reasons for using an agency and high-level supervisor sign-off with written justification of why it could not be avoided. Finally, agencies should be required to register and hold a license to operate, allowing for necessary oversight and quality assurance.
- 5) Contracting in/out health care services is a form of privatization and should be explicitly mentioned in collective agreements. Collective agreements should strive to contain language that outright bans contracting in/out of bargaining unit work, especially if bargaining unit members can perform the work. If such language is not achievable, the collective agreement language should speak to only contracting in/out in emergencies, and that no member of the bargaining unit can be laid off.
- 6) Unions should negotiate contract provisions that promote a positive image for the union and ensure its growth, survival, importance and relevance to members.
- 7) 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.



Long-Term Bargaining Goals

- 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 **Respect of Indigenous rights**

- 1) Unions should negotiate language that promotes the principles and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action*.
- 2) Jordan's Principle ensures that First Nations children receive full and equitable public services without any jurisdictional delays. The government of first contact must pay for these services and resolve jurisdictional disputes later. This, of course, includes access to culturally based and equitable health care services. Collective agreement language should uphold Jordan's Principle as a human right that health care employers commit unequivocally to implementing with the full support of the union. Joyce's Principle confronts anti-Indigenous racism in health care and guarantees to all Indigenous people the right to equitable access – free from discrimination – to all health and social services, as well as the right to enjoy the best possible physical, mental and spiritual health. It also requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.
- 3) Collective agreement language should commit to the implementation by the employer and union of Joyce's Principle, including through fostering cultural safety in the workplace, mandated education on anti-Indigenous racism for the employer and employees, and strict anti-discrimination provisions to protect Indigenous employees and patients from discrimination.

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

Reviewed January 22, 2025



Report of the International Solidarity Committee

Respectfully submitted by:

Tracy Zambory, SUN, Chair

Barbara Brookins, PEINU

Yvette Coffey, RNUNL

Erin Ariss, ONA

Emily Watkins, CFNU

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 of the Fund for the years 2023 and 2024.

Humanitarian

Uganda Nurses and Midwives Union (UNMU)

Uganda Nurses and Midwives Union (UNMU) is a government-recognized, non-partisan, non-discriminative professional association and labour organization representing Ugandan nurses and midwives to improve their working conditions, salaries, career advancement, housing and pensions.

UNMU received funds (USD 7,200) from the Canadian Federation of Nurses Unions. Their goal is to increase membership by 1,000 members in 2024. It is hoped that UNMU will be able to apply for similar funding in 2025 and the coming years, as was the idea in our original application.

In 2023 UNMU had a membership base of 10,000 members, who were checking off (paying their monthly membership fees through payslip deduction) or in the process of being approved for check-off. Revenue from membership fees is the backbone of UNMU financially. An increase in members will also give UNMU a stronger voice in negotiations with employers and government.

Upon receipt of the funds UNMU embarked on a rigorous recruitment project, especially in Eastern and Midwestern parts of Uganda. The result so far is an increase in members, bringing the total number of members to 10,897. We are especially pleased with an increase in the number of members in private facilities, as this has been an area of concern (few members).



Report of the International Solidarity Committee

Stephen Lewis Foundation



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.

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)



Sudan

MSF has been present in Sudan since 1979, witnessing historic changes and escalating needs in response to the rapid shifts in the country's political and social dynamics, which in turn impact health needs.

On April 15, 2023, intense fighting broke out between the Sudanese military, or Sudanese Armed Forces (SAF), and the Rapid Support Forces (RSF) in Khartoum, [Sudan](#). The violence quickly spread across most of Sudan, killing and injuring thousands and forcing millions of people from their homes.

Doctors Without Borders/ Médecins Sans Frontières (MSF) teams in Sudan are treating war-wounded patients with catastrophic injuries and providing humanitarian aid and medical care in refugee camps and displacement sites, where people are living in poor conditions and lack adequate health care and basic essentials. More than [12 million](#) people have been displaced by the current conflict, including over 3 million people who have fled to neighboring countries such as [Chad](#) and [South Sudan](#).

Report of the International Solidarity Committee



MSF RESPONSE TO THE WAR IN SUDAN

By the numbers

6,557 war-related wounded patients treated in MSF facilities

135,970 emergency room consultations

6,030 surgical interventions

185,183 pediatric consultations

39,011 malnutrition cases treated

47,580 inpatient admissions

558,965 outpatient consultations

3,664 individual mental health consultations

126,692 mental health group session attendees

Recent Sudan news

On January 10, a Doctors Without Borders/ Médecins Sans Frontières (MSF) ambulance was shot at in El Fasher, North Darfur, by an unknown gunman, while referring a female patient in labor requiring emergency surgical procedure from MSF field hospital in Zamzam camp to Saudi Hospital in El Fasher, the only public hospital with surgical capacity still standing in the area despite relentless attacks.

Palestine

“What our medical teams have witnessed on the ground throughout this conflict is consistent with the descriptions provided by an increasing number of legal experts and organizations concluding that genocide is taking place in Gaza.”

Christopher Lockyear,
MSF secretary general



Women and children at the MSF Hospital in Metche camp, which hosts about 40,000 Sudanese refugees who have fled violence in Darfur. Chad, August 2024. © Finbarr O'Reilly/VII Photo

As of December 19, 2024, some 1.9 million people – 90% of the entire population of the Strip – have been forcibly displaced, many forced to move multiple times.

Fewer than half of Gaza's 36 hospitals are even partially functional, and the health care system lies in ruins. During the one-year period covered by the report – from October 2023 to October 2024 –



Report of the International Solidarity Committee

MSF staff alone have endured 41 attacks and violent incidents, including airstrikes, shelling and violent incursions in health facilities; direct fire on the organization's shelters and convoys; and arbitrary detention of colleagues by Israeli forces. MSF medical personnel and patients have been forced to evacuate hospitals and health facilities on 17 separate occasions, often literally running for their lives. Warring parties have conducted hostilities near medical facilities, endangering patients, caretakers and medical staff.

Recent Gaza news

As of January 8, electricity for the MSF-supported Nasser hospital might be cut-off in some departments, leaving people without lifesaving care. In the neonatal intensive care unit, MSF is currently treating three children and four newborns with mechanical ventilation, as well as 15 newborns in incubators, all dependent on electricity provided by fuel generators. Nasser hospital has a capacity of 500 beds, where MSF teams are providing emergency, maternity, pediatric, burn and trauma care. Oxygen provision is one of the hospital's main fuel requirements. MSF teams are treating over 100 cases of pneumonia on average each month, some who need oxygen support. At the same time, our teams are performing more than 100 C-sections each month, all of which require a constant supply of electricity.

The announcement of a possible ceasefire, **which has yet to be signed and implemented**, is a vital respite, though it comes tragically late – after immense suffering and countless lives lost. While we are waiting for its implementation, we call for this fragile relief to be more than a pause, so that people can rebuild their lives, reclaim their dignity and mourn for those killed and all that's been lost. Israel's bombing needs to stop, and a massive urgent scale-up of humanitarian assistance is needed to meet



Youssef Al-Khishawi, an MSF water and sanitation agent, helps children carry water to their tents in the Tal Al-Sultan area of the southern Gaza town of Rafah. Palestine, 20 January 2024. © Mohammed Abed

people's catastrophic humanitarian and medical needs. While the ceasefire must be respected and long-term, it is only the first step in addressing the overwhelming humanitarian, psychological and medical needs in Gaza. We urge all parties to ensure humanitarian assistance reaches people across Gaza now.



Report of the International Solidarity Committee

The CFNU held a webinar with MSF on January 31, 2025.

Nurses and other health care professionals provide critical medical care in various settings across the globe. Even through wars and conflict zones, nurses and health care workers are on the front lines providing patient care. Doctors Without Borders/ Médecins Sans Frontières (MSF) is one organization working to provide medical humanitarian assistance to people who need it most in more than 70 countries around the world. This webinar explored health care delivery in conflict zones and upholding health care as a human right.

Haiti

In Haiti, we provide care to victims of [trauma](#), survivors of sexual and gender-based violence, as well as sexual and reproductive care. With [natural disasters](#) regularly occurring in the country, emergency response also remains a central aspect of our work in the country.

Since the assassination of the Haitian President in 2021, the people of the capital Port-au-Prince have been struggling to survive as armed gangs, police and civilian self-defence brigades fight in the streets of the city. The already volatile situation has been deteriorating even further after an announcement on 28 February 2024 that elections would be postponed until as late as August 2025. More than 15,000 people were displaced in Port-au-Prince within just one week in early March.

We are scaling up our medical activities to care for the mounting number of people injured in the escalating violence and political unrest that has engulfed the city.

Our teams currently run two trauma hospitals in Tabarre and Carrefour, two emergency centres in Drouillard and Turgeau, and one centre for survivors of [sexual violence](#) in the Port-au-Prince metropolitan area. Mobile clinics have been temporarily suspended due to the volatile situation.

Port-au-Prince is being devastated by a wave of violence and insecurity that is causing a great number of injuries and large-scale displacement, while making it nearly impossible for patients to access medical care and for medical facilities to continue functioning.

Tabarre hospital increased its capacity by 50%, and another hospital has opened in Carrefour, while our Emergency Centre in Turgeau re-opened earlier than planned due to the recent escalation of violence.

Our response relies on our ability to ensure sufficient supplies for our hospitals; this ability is currently threatened by the blockage of our incoming medical supplies at the city port, due to the length of the customs clearance procedures and the disruption caused by the fighting. We are now urging the authorities to expedite said clearance and are trying to make sure these supplies are shipped to our medical facilities with the utmost urgency. It is essential that our teams are able to bring in supplies to continue responding to the growing health and humanitarian needs in Haiti.



Report of the International Solidarity Committee

The airport also remains closed, making it impossible for supplies or staff to arrive by air. We are exploring all options to move additional medical supplies and specialized staff into Haiti, to maintain and even further increase our activities.

Recent news

Médecins Sans Frontières (MSF) has provided comprehensive medical and psychological care to victims and survivors of sexual and gender-based violence through the Pran Men'm clinic in Port-au-Prince since 2015. After a [city-wide suspension of all our medical activities](#) due to threats against staff and patients in November, the clinic reopened in December and is continuing to receive patients 24/7, free of charge.

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.

Report of the International Solidarity Committee

Antigua, Guatemala

August 2024

I am so thankful to receive this donation from the CFNU's International Solidarity Fund in support towards my previous mission to Antigua, Guatemala (August 2024).

Our journey began on a Sunday morning when the team and I arrived in Antigua, Guatemala. 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 nurses, anesthesiologists and surgeons –

obtaining a physical assessment and health history, deeming successful candidates for surgery. By the end of the day on Sunday, we were able to triage 70 patients for our team. We had a variety of cases on our list for the week.

Each day we managed to perform about 12 surgeries with my team working 10-hour days. By the end of the week all our patient surgeries were completed, and all the patients were doing well. The patients were all very grateful that we were there in Guatemala able to perform their surgeries.

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, and that we can still provide optimal care to our patients. Our patients are very grateful to us for our work in Guatemala – it was a truly heart-warming experience.

I cannot wait to go back down to Guatemala to help more people! The next mission I am planning to go on is happening in 2025. This will be my eleventh surgical mission to Guatemala!

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

Tiffany Boudreau, RN
Nova Scotia Nurses' Union (NSNU)





Report of the International Solidarity Committee

International Solidarity - for the 23 months ended December 31, 2023			
	Actual	Actual	Budget
	2022 FY	2023 FY	2023 FY
Opening Fund Balance - December 31	155,465	132,349	132,349
Revenue			
BCNU			
UNA	3,000	3,000	
SUN	1,000	3,457	
MNU	100	100	
ONA			
NBNU	1,833	2,030	
NSNU	2,000	2,200	
PEINU	1,150	755	
RNUNL	2,625		
CFNU Convention		9,248	
<i>Sub-Total</i>	11,708	20,790	15,000
Dues allocation (1 cent/member/month)	15,676	21,041	21,192
Total Revenue	27,384	41,830	36,192
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	30,000	42,500	30,000
MSF/Doctors Without Borders	20,000	20,000	20,000
<i>Sub-Total</i>	50,000	62,500	50,000
Worker-to-Worker			
BCNU			
UNA		1,000	
SUN			
MNU			
ONA			
NBNU			
NSNU	500	2,000	
PEINU			
RNUNL			
<i>Sub-Total</i>	500	3,000	10,000
Capacity-Building			
<i>Sub-Total</i>			
Total Expenditures	50,500	65,500	60,000
Net Increase (Decrease)	(23,116)	(23,670)	(23,808)
Closing Fund Balance - December 31, 2023	132,349	108,679	108,541

Stephen Lewis Foundation extra \$12,500 is catch up of 2020 to 2023 MO contributions received after payment made in 2021.

Report of the International Solidarity Committee

International Solidarity - for the 12 months ended December 31, 2024			
	Actual	Actual	Budget
	2023 FY	2024 FY	2024 FY
Opening Fund Balance - December 31	132,349	108,679	108,679
Revenue			
BCNU			
UNA	3,000	3,000	
SUN	3,457	2,133	
MNU	100		
ONA			
NBNU	2,030	2,015	
NSNU	2,200	2,200	
PEINU	755	1,325	
RNUNL		1,600	
CFNU Convention	9,248		
<i>Sub-Total</i>	<i>20,790</i>	<i>12,273</i>	<i>15,000</i>
Dues allocation (1 cent/member/month)	21,041	22,027	21,269
CFNU NEB Allocation		20,000	
Total Revenue	41,830	54,299	36,269
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	42,500	50,000	
MSF/Doctors Without Borders	20,000	20,000	20,000
RNRN (through National Nurses United)		5,203	5,000
<i>Sub-Total</i>	<i>62,500</i>	<i>75,203</i>	<i>25,000</i>
Worker-to-Worker			
BCNU			
UNA	1,000	1,000	
SUN			
MNU			
ONA			
NBNU			
NSNU	2,000	1,000	
PEINU			
RNUNL			
<i>Sub-Total</i>	<i>3,000</i>	<i>2,000</i>	<i>10,000</i>
Capacity-Building			
Uganda Nurses and Midwives Union		10,027	10,027
Care4Net		10,000	
<i>Sub-Total</i>		<i>20,027</i>	
Total Expenditures	65,500	97,230	35,000
Net Increase (Decrease)	(23,670)	(42,931)	1,269
Closing Fund Balance - December 31, 2024	108,679	65,748	109,948

Strengthening Health and Supporting Healthcare Workers in Eswatini and Tanzania - Progress Report for CFNU

On behalf of the Stephen Lewis Foundation and our partners, we extend our heartfelt gratitude to Canadian Federation of Nurses Union (CFNU) for your unwavering support of community-led healthcare initiatives in Africa. Your commitment to improving healthcare access for healthcare workers and vulnerable populations in Tanzania and Eswatini is making a profound difference in the lives of thousands.

CFNU's dedication to equitable healthcare aligns deeply with the mission of the Maasai Women Development Organization (MWEDO) and the Eswatini Nurses Association (ENA). These organizations work tirelessly to address structural inequities that disproportionately impact women, girls, and grandmothers; ensuring they receive the healthcare, education, and support they deserve.

Your generous support empowers MWEDO and ENA to continue their critical work, equipping nurses and healthcare staff to expand services; as well as strengthen healthcare systems in their communities, while also caring for their needs.

MWEDO

MWEDO's Community Healthcare Project is transforming maternal health, family planning, and sexual reproductive health services to the Maasai community in the Kiteto district of Tanzania. The organization provides comprehensive community healthcare services, through the KIPOK Medical Facility. By strengthening the KIPOK Medical Facility and integrating Traditional Birth Attendants (TBA) with community health workers, MWEDO has improved access to vital healthcare services, particularly for remote communities.

Key Achievements:

- *Maternal and Child Health:* 80% of women in the community attended at least four antenatal care sessions, significantly improving maternal and infant health outcomes.
- *Immunizations & Nutrition Services:* Reached 7,000 children with life-saving vaccinations and nutritional support.
- *Community Awareness & Outreach:* Expanded outreach efforts to 15 villages, providing essential education on maternal health, family planning, and reproductive health.
- *Emergency Healthcare Access:* Partnered with five villages to facilitate emergency medical evacuations, ensuring timely interventions for critical cases.
- *Boma Model Engagement:* Reached 12,000 households with immunization services, HIV & AIDS education, and nutrition support.
- *Community Dialogue:* Conducted three dialogue sessions across ten villages, fostering social behavior change and encouraging increased healthcare service utilization.

MWEDO remains steadfast in its mission to foster sustainable health improvements, ensuring long-term positive outcomes for women, children, and families.



ENA

ENA's healthcare initiatives focus on supporting healthcare workers and their families, ensuring they remain healthy and capable of delivering essential services to their communities. Through targeted screenings, expanded outreach, and psychological support, ENA is making significant strides in improving healthcare access in Eswatini.

Key Achievements:

- *Enhanced screening and preventive healthcare measures for healthcare workers and their families:* ENA provided 2,685 curative services, 112 cancer screenings, and 45 TB infection control and prevention sessions benefiting 100 healthcare workers.
- *COVID-19 Response:* Continued screening and treatment efforts for healthcare workers affected by the pandemic.
- *Community Healthcare Services:* Conducted 84 health education sessions and provided 82 family planning services to healthcare workers.
- *Mobile Outreach Expansion:* Increased healthcare access in remote areas, ensuring more healthcare workers receive essential services at their workplaces.
- *Psychological Support:* Delivered 48 psychological counseling sessions and 24 follow-up sessions to healthcare workers facing stress, trauma, and burnout.

Through ENA's initiatives, healthcare workers in Eswatini are receiving the support they need to continue providing life-saving care in their communities.





Conclusion

The continued solidarity and support from CFNU has played an instrumental role in strengthening healthcare systems and improving access to essential services for marginalized communities in Tanzania and Eswatini. They directly and indirectly impact the health and well-being of tens of thousands of people in their communities by promoting access to holistic healthcare. MWEDO and ENA continue to make significant strides in addressing healthcare inequities, and with CFNU's ongoing commitment, their impact will only deepen. We look forward to sharing further progress with you and remain deeply grateful for your partnership in this vital work. Together, we are fostering healthier communities, empowering healthcare professionals, and ensuring a brighter future for those in need.

