

## Canadian Nurses Association Activities and 2001 AGM Resolutions A Progress Report

### 1. Registered Nurses Recognized as Passport Guarantors

In a series of telephone conversations and e-mails CNA raised this issue during autumn 2001 with the Passport Office of the Department of Foreign Affairs and International Trade. On 10 October, the Passport Office replied to the CNA's request to include nurses on the list of eligible guarantors for the issuance of Canadian passports. The relevant paragraph of that response is as follows:

*“There are many groups which could qualify to act as guarantor which do not appear on the list. Although the Royal Commission on Security recommended some time ago that additions to the guarantor list be resisted, changes have been made when it was evident that insufficient access to guarantors existed in certain geographical areas or within communities. There is no indication from applicants, however, that the list is not extensive enough at present to ensure reasonable access to a guarantor in their community. Administration of an expanded list, when the current one is sufficient, would not be an effective utilization of Passport Office resources.”*

In its reply to this message, CNA stated that it hoped the Passport Office would consider guarantor policy as a part of its on-going review of passport issuance and security matters. CNA maintains a watching brief on this file and will identify potential opportunities to add nurses to the list of guarantors.

### 2. For Profit Delivery

CNA has taken advantage of several opportunities to encourage the federal, provincial and territorial governments to hold the line on for-profit delivery of government-funded health care.

- The Board of Directors ratified a Primary Health Care Framework in November 2001. This framework identifies six focus areas for CNA's work to promote the implementation of a primary health care approach.
- CNA presented briefs to the House of Commons Standing Committee on Finance and the Romanow Commission recommending the adoption of primary health care.
- CNA responded to the January 2002 release of the Premier's Advisory Council on Health in Alberta (Mazankowski Report), and its recommendations related to increased investment in prevention and collaborative practice.

- In June 2002, CNA addressed the issue of for-profit delivery as part of a presentation to members of the Senate Standing Committee on Social Affairs, Science and Technology (the Kirby Committee).

### **3. User Fees**

In its two submissions to the Romanow Commission and in its pre-budget brief to the Commons Finance Committee, CNA expressed its support for a national publicly funded health system. It has also engaged parliamentarians with evidence about the consequences of fees on the accessibility of health services.

### **4. Child Poverty**

In its October 2001 Romanow Commission submission, CNA states that the Association has “identified the need to integrate health policy and health services with other social policy initiatives and with the economic agenda” in part by way of its work with the National Children’s Alliance.

CNA continues to work with National Children’s Alliance to enhance social and financial supports for families and children. In this regard, both groups are joined by the National Council of Welfare, a citizens’ advisory body to the federal government on matters of concern to low-income Canadians. The Council presents the following four recommendations families with young children on page 16 of its Winter 2001-02 report entitled *The Cost of Poverty*.

- Canada requires a “coherent family policy” that includes public support for children from birth to age six. To do this, policies affecting preschool children (e.g. tax recognition, child care subsidies, postsecondary education support, parental access to the supports required to meet family income and care needs) must be based on universality and national standards so as to cover all Canadians, including social assistance recipients.
- The example of supporting families through recent improvements to maternity and parental benefits should be extended for the babies of parents who do not qualify for Employment Insurance. Such an extension would be considered as an advance on future EI contributions, given that the vast majority of young mothers today will spend decades in the labour force over their adult lives.
- Canada requires the establishment of a “national program for affordable, accessible, quality child care and development.”
- More must be done to bring those at the depths of poverty up within the context of reducing overall poverty rates. For example, despite its positive aspects the National Child Benefit System is failing families on social assistance and single-parent families, because it does not recognize the time limitations of their lives.

### **5. Nursing Week (defeated)**

CNA adopted the International Council of Nurses’ (ICN’s) theme *Nurses Always There for You: Caring for Families* for Nursing Week. National Nursing Week is celebrated each year to coincide with the birthday of Florence Nightingale on 12 May. This year National Nursing Week was held on 6-12 May. Although the resolution was defeated, CNA is working with ICN to develop a multi-year approach for Nursing Week.

## **6. Report Card**

See Resolutions 2 and 4.

In its October 2001 Romanow Commission submission, CNA recommends the health care system be “rebuilt using the principles of the Primary Health Care approach developed by the World Health Organization.” Furthermore CNA identifies accountability, in its submission, as an important issue governments must address.

CNA has also dealt with the accountability question in its work with HEAL over the years.

## **7. Criminalization of Youth**

There is one bill before Parliament that is relevant to this resolution: *Bill C-15a, An Act to amend the Criminal Code and to amend other acts*. This bill addresses, among other legal issues, the protection of children from sexual exploitation.

The Senate proposed three amendments to Bill C-15a during the Senate Amendment Stage that began 18 April. One amendment was defeated, while two others were passed on a recorded vote on 23 April.

Another relevant piece of legislation has been adopted this year by Parliament. It is *Bill C-7, An Act in respect of criminal justice for young persons and to amend and repeal other Acts*. This bill was introduced and given First Reading in the House of Commons in February 2001 and was given Royal Assent on February 2002.

Bill C-7 goes at least some of the way in meeting the intent of the June 2001 CNA resolution on the Criminalization of Youth. Part One of the bill defines “extrajudicial measures” intended to hold young people accountable for offending behaviour without proceeding with a formal charge through the courts. The government has made the bill a component of a larger Youth Justice Strategy that also includes preventative measures such as the Crime Prevention Initiative and the National Children’s Agenda. Together all of these Youth Justice Strategy components can be considered as “preventative and early intervention infrastructure programs aimed at decreasing the criminalization of our youth.”

However, it is also clear that the opposition parties have raised some valid criticisms of Bill C-7 and the rehabilitation of youth. Appropriate funding levels will be required to make the Youth Criminal Justice Act work. However, it is not clear that such funding will be forthcoming. Furthermore it is evident that Bill C-7 tries to walk a fine line between an approach to youth criminal justice, such as in Quebec, that emphasizes rehabilitation and another approach, promoted by the Canadian Alliance, that stresses safety in society. In walking such a fine line, Bill C-7 has been criticized by those who espouse both approaches.

## **8. Canada Health Act**

See Resolutions 2 and 3.

Throughout the past year, CNA met on several occasions with the staff of the Romanow Commission regarding the importance of the principles of the *Canada Health Act*. In March 2002, CNA's Board of Directors discussed the impacts of changing the *Canada Health Act*.

During 2001-2002, the Senate Committee on Social Affairs, Science and Technology (Kirby Committee) released Volumes Two to Five of its on-going study of the federal government's role in health care. CNA submitted its brief to the Committee in May 2001 and appeared before the Committee on 6 June 2002.