



Annual Meeting of Members

June 1, 2019

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BE IT RESOLVED THAT... the Canadian Nurses Association address the urgent need for the integration of sustainability curriculum within Canadian Schools of Nursing.

Name of submitter

Canadian Association of Nurses for the Environment

Rationale

Climate change has been declared the largest public health threat of the 21st century (Watts, 2018) with many Canadian cities declaring climate related emergencies. There is an immediate need to prepare our future nursing workforce with the education required to care for individuals and communities and the complex care needs associated with the health impact related to climate change (Leffers, 2018). For many years, the inclusion of environmental health content in undergraduate nursing programs has been minimal. Currently in Canada, there is a dearth of evidence related to the state of sustainability curriculum included within undergraduate nursing school programs. Leffers (2018) has noted the deficit of knowledge within undergraduate nursing programs internationally and calls for an increase in curriculum development in the area. George, Bruzzese, and Matura (2017) identify the role of the nurse in addressing climate change as leading initiatives in research, practice, and policy strategies. To enhance understanding for health professionals, and provide evidence based information to patients, as well as promote public health initiatives.

The International Association of Universities (IAU) (n.d) advocates for higher education to support the Sustainable Development Goals (SDG) set for completion in 2030. The nursing profession has the ability to play a key role in progressing goal three – good health and well-being; that seeks to improve reproductive, maternal, newborn and child health; reduce the burden of disease associated with infectious diseases and non-communicable diseases (including mental health), and improve health systems and funding. Additionally the United Nations Astana Declaration (2018) calls for nations to strengthen their primary health care systems as an essential step toward achieving universal health coverage. This document is relevant to developed nations in terms of the environmental determinants of health integration as an essential component of primary health care to achieve the SDG's.

CNA recognizes the importance of ecoliteracy in our current and future nursing workforce. The goals of this resolution are to consult with provincial regulatory bodies to ensure that the entry to practice guidelines clearly articulate the requirements of a newly graduated nurse and education programs to address the immediate need for sustainability content within all nursing programs (LPN, RPN, RN, BN and Advanced Practice Nurse(s)). As well as, differentiate the requirements of an entry to practice nurse and that of an advanced practice nurse.

To ensure that as a profession we honor the Truth and Reconciliation of Canada Calls to Action. We ask that CNA facilitate the ongoing collaboration with the Canadian Indigenous Nurses Association to ensure the content developed reflects Indigenous knowledge and supports the needs of all populations.

Relevance to CNA's mission and goals

CNA supports the nurse's role in addressing environmental health and climate change, recognizing the nurse's role in advocating for and participating in adaptation and mitigation efforts that will improve the health of Canadians creating resilient health systems.

Advancing this resolution will further support CNA's mission, which aims to:

- To promote and enhance the role of nurses to strengthen nursing and the Canadian health system.
- To shape and advocate for healthy public policy provincially/territorially, nationally and internationally.
- To advance nursing leadership for nursing and for health.
- To broadly engage nurses in advancing nursing and health.

Key stakeholders

Canadian Association of Schools of Nursing; Canadian Nurses Association; Canadian Indigenous Nurses Association; Provincial Regulatory Bodies/Associations (The British Columbia College of Nursing Professionals, College and Association of Registered Nurses of Alberta, Saskatchewan Registered Nurses' Association, College of Registered Nurses of Manitoba, College of Registered Nurses of Ontario, Nurses Association of New Brunswick, College of Registered Nurses of Nova Scotia, College of Registered Nurses of Prince Edward Island, Association of Registered Nurses of Newfoundland and Labrador, Registered Nurses Association of the Northwest Territories and Nunavut, Yukon Registered Nurses Association).
Canadian Nursing Student Association

Estimated resources required or expected Outcomes, results, lessons learned:

- 1) CNA/CASN-Assist with writing funding proposals, budgeting, human capital;
 - a. CASN Position statement related to sustainability education to address the increased human health concerns related to climate change and the importance/relevance there of;
 - b. CASN/CNA/CANE collaboration survey that aims to gather detailed information about the current inclusion of content that would support ecoliteracy in undergraduate nursing curriculum across the country;
 - c. Development and differentiation between entry to practice competencies and advanced practice nursing in relation to sustainability education to address the increased human health concerns related to climate change.
- 2) In person/virtual meetings with Provincial regulatory boards to discuss the inclusion of specific language in entry level competencies about sustainability education to address the increased human health concerns related to climate change with a focus on climate action (adaptation, mitigation and resiliency). Advocacy for the development and adoption of position statements or practice competencies for practicing nurses.
- 3) Facilitate a strong working relationship with the Canadian Indigenous Nurses Association, to assist throughout the process to ensure that all populations are considered in terms of their unique needs.

References

George, M., Bruzzese, J. M., & Matura, L. A. (2017). Climate change effectors on respiratory health: Implications for nursing. *Journal of Nursing Scholarship*, 49(6), 644–652.

International Association of Universities Building a Worldwide Higher Education Community (n.d) Higher Education and Research for Sustainable Development (HESD). Retrieved from <https://www.iau-aiu.net/HESD>

Leffers, J., & Butterfield, P. (2018). Nurses play essential roles in reducing health problems due to climate change. *Nursing Outlook*, 66(2), 210–213.

Watts, N., Amann, M., Ayeb-Karlsson, S., Belesova, K., Bouley, T., Boykoff, M...Costello, A. (2018). The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. *Lancet*. 391: 581-630.

World Health Organization. (2018). Declaration of Astana. Global Conference on Primary Health Care. Retrieved from <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

BE IT RESOLVED THAT the Canadian Nurses Association (CNA), on behalf of all nurses across Canada, increase its visible leadership in climate change advocacy, impressing upon nurses, other health care professionals and the public a profound concern about a matter that represents the most serious threat to public health or our era, and to do so in a manner that demonstrates an evidence-based commitment to health equity.

Name of submitter:

Nurses and Nurse Practitioners of British Columbia (NNPBC) – Jurisdictional Representative

Rationale:

Climate change is adversely affecting health locally and globally through increased exposure and vulnerability to climate-related stressors, including heat waves, extreme weather and wildfires. The Intergovernmental Panel on Climate Change (IPCC) Special Report on 1.50C (2018) concludes that any increase in global warming, by even half a degree, could adversely affect human health, increasing risks of heat-related mortality, infectious and water-borne disease, ozone-related mortality, extreme precipitation and coastal flooding, and food and water insecurity.

Effects of climate change are not equally distributed; rather, as with social determinant of health, they disproportionately affect the health and wellness those who are already most vulnerable. The IPCC Special Report further concludes that climate change is a poverty multiplier, that poverty and disadvantage increased with recent warming (10C) and additional warming to 1.50C and beyond could widen global income inequality. It confirms that health risks are greater for disadvantaged populations in countries at all levels of development. In Canada, in accordance with our national commitment to the Truth and Reconciliation Commission's Call to Action, we must recognize that climate change is of special concern to the physical, mental, cultural and spiritual health of Canada's Indigenous peoples due to their close ties to lands and territories through which systems of governance, language, culture, livelihoods, food and medicines are embedded.

Through its policy statement "Climate Change and Health" (2009, updated in 2017), the Canadian Nurses Association acknowledges the meaningful role that nurses could play in helping individuals and communities adapt to the adverse health effects of climate change. While taking action to mitigate the changes in health that are already a severe consequence for individuals, families and communities is important, proactive advocacy toward policy change at all levels is also required. As the most trusted profession, nursing has an obligation to promote social justice and act to improve systems and societal structures to create greater equity for all. This includes, as per CNA's 2017 Code of Ethics, advocacy using the principles of primary health care, supporting environmental preservation and restoration while advocating for initiatives that reduce environmentally harmful practices in order to promote health and well-being, maintaining awareness of broader global health concerns, and working and advocating (individually and with others) to bring about change locally and globally.

It is therefore of utmost importance the nursing profession recognizes the vital links between health and climate change, and the nursing profession seeks to add its voice to others calling for immediate action on the issue of climate change. We therefore call on the Canadian Nurses Association to endorse a call for action on climate change and health, and to demonstrate visible leadership in joining with other partners and groups with a similar aim to try to advance meaningful global cooperation in this regard.

Some possible components of CNA leadership could include calling on our national, provincial, territorial and civic governments to:

1. Meet and strengthen the commitments under the Paris Agreement
2. Transition away from the use of coal, oil and natural gas to clean, safe, and renewable energy.
3. Transition to zero-carbon transportation systems with an emphasis on active transportation.
4. Build local, healthy, and sustainable food and agricultural systems.
5. Invest in policies that support a just transition for workers and communities adversely impacted by the move to a low-carbon economy.
6. Ensure that gender equality is central to climate action.
7. Raise the health sector voice in the call for climate action.
8. Incorporate climate solutions into all health care and public health systems.
9. Build resilient communities in the face of climate change.
10. Invest in climate and health.
11. Ensure that Indigenous voices are central to climate action, following the United Nations Declaration on the Rights of Indigenous Peoples and the principles outlined in the Truth and Reconciliation Commission of Canada Calls to Action.

Nurses need guidance and support from their national professional association to understand these issues, to recognize the role that their professional association can play in being part of solutions, and in acting strategically at provincial, territorial and local levels to ensure that policy makers take the health and health equity impact of climate change into consideration.

Relevance to CNA's mission and goals:

This resolution specifically addresses CNA's mission and goals which aim to:

- Advance positive health outcomes in the public interest;
- Act in the public interest, providing national and international leadership in nursing and health

Key stakeholders:

- Provincial and Territorial Nursing Associations
- International Council of Nurses

Estimated resources required or expected outcomes:

The expected outcomes of this resolution would include:

- Becoming a visible signatory, as appropriate on behalf of Canadian nurses, in public calls for organizational commitment to climate change advocacy
- Updating its policy document Climate Change and Health on a biannual basis (or more frequently) to ensure that it includes timely and accurate information.
- Strengthening explicit linkages between climate change advocacy and its Code of Ethics (the current policy document cites the 2008 version of the Code).
- Creating or compiling a repository of evidence based reports and public policy statements on climate change and health equity that would enable nurses in their jurisdictional regions to engage in meaningful public advocacy from a nursing perspective.

References:

Canadian Nurses Association (2017). *Climate change and health: CNA Position Statement*. <https://www.cna-aicc.ca/-/media/cna/page-content/pdf-en/climate-changeand-health-positionstatement.pdf?la=en&hash=5E757EEDA69508F4EEBF797902D6F843E4407EA4>

Canadian Nurses Association. (2017). *Code of Ethics for Registered Nurses*. Ottawa: CNA. <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive>

Intergovernmental Panel on Climate Change (2018). *Summary for Policymakers*. In: *Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty* [Masson-Delmotte, V., P. Zhai, H.-O. Pörtner, D. Roberts, J. Skea, P.R. Shukla, A. Pirani, W. Moufouma-Okia, C. Péan, R. Pidcock, S. Connors, J.B.R. Matthews, Y. Chen, X. Zhou, M.I. Gomis, E. Lonnoy, T. Maycock, M. Tignor, and T. Waterfield (eds.)]. Geneva, Switzerland: World Meteorological Organization. https://www.ipcc.ch/site/assets/uploads/sites/2/2018/07/SR15_SPM_version_stand_alone_LR.pdf

Truth and Reconciliation Commission of Canada (2012). *Calls to Action*. Winnipeg, MB: TRC Commission of Canada. http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) take active steps to engage Practical Nurses (PN) (Licensed and/or Registered, depending on the jurisdiction) from within its jurisdictional member groups in the development and ongoing modification of practice standards and certification exams for PNs in Canada.

Name of submitter:

Nurses and Nurse Practitioners of British Columbia (NNPBC) – Jurisdictional Representative

Rationale:

PNs play a critical role in providing quality patient-centered, evidence-based care to patients across the health continuum. Advancing the practice of PNs is foundational to sustaining optimal health care quality and safety, and therefore patient outcomes. Building a strong and knowledgeable PN workforce that continues to advance the health of the nation is a priority for the nursing profession. PNs have expertise in relation to their practice that is central to the development of PN practice supports and mechanisms over time. To promote academic progression within PN practice, including the highest quality of exams and professional standards and guidelines, it is critical to engage PN practice experts in this work. Canadian Nurses Association can play a key role in engaging and actively supporting PNs toward leadership in advancing the PN designation.

Relevance to CNA's mission and goals:

This resolution specifically addresses CNA's mission and goals which aim to:

- Promote and enhance the role of nurses to strengthen nursing in Canada
- Promote nursing excellence and a vibrant profession
- Engage nurses in advancing nursing and health

Key stakeholders:

- CNA Jurisdictional Representatives
- Ministries of Health
- Provincial/Territorial Health Regions/ Authorities
- Licensed and Registered Practical Nurse Associations
- The public

Estimated resources required or expected outcomes:

The expected outcome is to engage PNs who can bring an understanding of their scope of practice and professional designation more fully into the processes that will advance the knowledge and practice of practical nursing. Resources required will include financial and human resources to support the work necessary to collaborate in the modification and development of certification and examination processes.

References:

British Columbia College of Nursing Professionals. (2019). Professional Standards for Licensed Practical Nurses. https://www.bccnp.ca/Standards/LPN/StandardResources/LPN_ProfessionalStandards.pdf (May 15, 2019).

College of Licensed Practical Nurses of Nova Scotia. Professional Practice –Leadership. (2013).<http://clpnns.ca/wp-content/uploads/2013/09/Leadership-Guidelines2.pdf> (May 15, 2019).

Government of British Columbia, Ministry of Health, Nursing Policy Secretariat Priority Recommendations. (2018). <https://www.health.gov.bc.ca/library/publications/year/2018/nursing-policyconsultation-report-Jan24-2018.pdf> (May 16, 2019)

Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D., Mowat, D., Nasmith, L., Postl, B., Shamian, J., Sketris I. (2014). Optimizing Scopes of Practice: New Models for a New Health Care System. Canadian Academy of Health Sciences. Ottawa, Ontario. https://www.caahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice_REPORT-English.pdf

RNAO. (2014). Full and expanded scope of practice. Retrieved from <http://rnao.ca/sites/rnao-ca/files/vision-docs/RNAO-Vision-Full-and-Expanded-Scope-of-Practice.pdf> (April 10, 2018)

BE IT RESOLVED THAT the Canadian Nurses Association demonstrates leadership and advocacy for the greening of our health system by (1) ensuring online visibility of environmental responsibility initiatives, (2) joining healthcare coalitions so as to increase the power of our advocacy, and (3) leading and regularizing environmental responsibility action, as per proposed expected outcomes detailed below.

Name of submitter:

Canadian Association of Nurses for the Environment

Rationale:

Our Canadian health care institutions have significant environmental impacts as per our resource use and waste production (Strashok et al. 2010). The carbon footprint of our health care institutions is significant and needs to be reduced. As scientific and inter/governmental reports continue to confirm the very real impacts of climate change on our societies and our health (WHO 2009, IPCC 2018, Environment Canada 2019), an increasing number of para/health care organizations have been strongly advocating for the greening of our health system, the CAN included (CNA 2008, CNA&CMA 2009, CPA 2009, CNA 2017, CAPE 2018, CAPE 2019a, 2019b, 2019c). The response from within our health care system does not match the scale of these concerns. We believe the CNA can take leadership to enable concerted organized efforts that are needed to achieve the required large scale transformative change within our healthcare system.

Relevance to CNA's mission and goals:

As nurses, we know that the environment is an important determinant of health. Our CNA Code of Ethics affirms that registered nurses may carry out actions that are “supporting environmental preservation and restoration, and advocating for initiatives that reduce environmentally harmful practices in order to promote health and well-being (...)” (CNA 2017). The CNA (2017) position statement on Nurses and Environmental Health affirms that urgent collaborative action is needed to reduce harm to the environment caused by climate change, as per the 2015 UN Paris climate conference. It is the CNA's goal to promote and enhance the role of registered nurses to strengthen the Canadian health system and to advance nursing leadership. We strongly believe advocating for the greening of our health system is in every respect consistent with this goal.

Key stakeholders:

- CNA
- The Canadian population at large and client-families recipient of healthcare specifically
- All health care providers and nurses and Canadian Nurses Association members specifically
- Canadian federal, provincial and territorial government and health care sectors
- Canadian Association of Nurses for the Environment
- Canadian Association of Physicians for the Environment
- Synergie Santé Environnement

- Canadian Coalition for Green Health Care
- Health Care without Harm
- HealthCareCAN
- Canadian Public Health Organization
- Canadian Medical Association
- Urban Public Health Network
- Canadian Pharmacists Association
- Canadian College of Health Service Executives
- Canadian Healthcare Engineering Society
- Canadian Dental Association
- National Specialty Society for Community Medicine
- Canadian Public Health Association
- David Suzuki Foundation

Estimated resources required or expected outcomes:

- (1) Creating a tab and webpage on the CNA-AIIC website (i.e. in the Policy & Advocacy section) where existing CNA position statements, media releases, tools, resources and information concerning environmental sustainability and green health care can be easily accessed.
 - a. Expected outcome is an easily accessible tab and webpage that groups CAN environmental documents on www.cna-aiic.ca/en/policy-advocacy/ page, such as exists for Primary Health Care, and etc.
 - b. Support funding for the review and revision of the outdated workbook *The Role of Nurses in Greening the Health System* in collaboration with CANE.
- (2) Joining the coalition of health professionals that call for action on climate change in Québec, as per the Canadian Association of Physician's for the Environment's 2019-04-23 media release.
 - a. Expected outcome is a written solidarity statement with approval of the CNA board.
- (3) Facilitating regular meetings with interprofessional and intersectoral allied organizations advocating for the greening of our health system. The goal would be to increase our effectiveness in advocating for change on Parliament hill and throughout Canada.
 - a. Expected outcome is formalizing and structuring ongoing environmental responsibility work that is being done by the CNA, CANE and other environmental health care organizations.

References:

Canadian Association of Physicians for the Environment (CAPE) (2019a). Health sector unites in the fight against climate change: An unprecedented coalition of health professionals calls for action against climate change. Retrieved from <https://cape.ca/wp-content/uploads/2019/04/PR-ACME-23-avril-2019-EN.pdf>

Canadian Association of Physicians for the Environment (CAPE) (2019b). Twice the Global Rate of Warning Demands Twice the Leadership: CAPE Doctors Respond to Environment Canada's Canada's Changing Climate Report. Retrieved from <https://cape.ca/wp-content/uploads/2019/04/CAPE-Media-Release-2019-Canadas-Climate-Report.pdf>

Canadian Association of Physicians for the Environment (CAPE) (2019c). Health Professionals to Federal Political Parties: Action Needed to Prevent Catastrophic Climate Change. Retrieved from <https://cape.ca/wp-content/uploads/2019/02/Press-Release-CC-Call-to-Action-Feb-4-1.pdf>

Canadian Association of Physicians for the Environment (CAPE) (2018). Letter to Ministers concerning the Sustainability of AHS [Alberta Health Services]. Retrieved from <https://cape.ca/wp-content/uploads/2018/08/AHS-Sustainability-Letterfinal.pdf>

Canadian Nurses Association (2017). Position Statement: Climate Change and Health. Retrieved from <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/climate-change-and-healthposition-statement.pdf>

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Canadian Nurses Association (2008). The Role of Nurses in Greening the Health System. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdfen/greening_the_health_system_2008_e.pdf?la=en. ISBN 978-1-55119-216-1

Canadian Nurses Association & Canadian Medical Association (2009). Joint Position Statement: Environmentally Responsible Activity in the Health-Care Sector. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/jps99_environmental_e.pdf

Canadian Pharmacists Association (2009). Joint Position Statement Toward an Environmentally Responsible Canadian Health Sector. Retrieved from <https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/PPTowardEnvironmentallyResponsibleCanadianHealthSectorEN.pdf>

Environment Canada (2019). Canada's Changing Climate. Retrieved from <https://www.canada.ca/en/environment-climate-change/news/2019/04/canadas-changingclimate.html>

Intergovernmental Panel on Climate Change (IPCC) (2018). Special Report Global Warming of 1.5 °C. Retrieved from www.ipcc.ch/sr15/

Strashok, C., Dale, A., Herbert, Y. & Foon, R. (2010). Greening Canadian Hospitals. Retrieved from https://www.crcresearch.org/sites/default/files/u641/discussion_paper7_greening_canadian_hospitals.pdf

World Health Organization (2009). Healthy Hospitals Healthy Planet Healthy People: Addressing climate change in health care settings: A discussion draft paper. Retrieved from https://www.who.int/globalchange/publications/climatefootprint_report.pdf

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) release a public statement condemning the recent influx of anti-abortion legislation in the United States.

BE IT RESOLVED THAT the CNA strongly oppose any attempts to restrict access to reproductive health services in Canada, whether through criminalization, delegalization, through restricted funding, the spread of misinformation or deliberate falsification of facts, or through participation by political powers in any of these actions.

Name of submitter:

Courtney Blake, Indigenous Advocacy Ally, Canadian Nursing Students Association; Jessica Guthier, Community and Public Health Committee Chair, CNSA

Rationale:

Induced abortions have been legal in Canada since 1988 and are currently governed by the Canada Health Act (Government of Canada, 2019). Furthermore, in section 7 of the Canadian Charter of Rights and Freedoms states every Canadian has the right to “life, liberty, and security of the person and the right not to be deprived thereof” (Government of Canada, 2019). In 1988, when induced abortions were legalized in Canada, the highest courts of our country also ruled that nobody but the pregnant person themselves could decide for or against an induced abortion. To attempt to control a person’s reproductive capacity would be to violate that person’s right to life, liberty, and security of the person (Government of Canada, 2019; LawforAlbertaWomen.ca, 2015).

Access to an induced abortion is a right, however, there are many people in Canada who do not have reliable access to abortion nor other reproductive services. This is due to the inconsistencies in funding throughout the country, geographical constraints, as well as the ideological alignment of many powerful non-profit groups. Many provinces regulate which facilities can provide induced abortions, unnecessarily requiring services to be performed in hospitals and refusing to allow these services to be performed in smaller clinics with equally trained professionals (CBC, 2019). This constraint creates a barrier for people living in rural and remote communities, who would then be required to commute possibly long distances to receive services at a hospital. When there are barriers to accessing reproductive services - including legislative barriers, social stigmatization, and bureaucratic processes - people who require or depend on these services cannot access them. Thus, their reproductive options and bodily autonomy can be limited (Reeves et al, 2018). Additionally, there are many fake abortion clinics, often called “Pregnancy Crisis Centers”, which cater to vulnerable pregnant populations but refuse to refer their clients to abortion services (ARCC, 2019). These fake clinics provide misinformation about abortion or withhold information in an attempt to exaggerate the dangers of abortions (ARCC, 2019). These clinics are funded by religious organizations and private donors, are not medical clinics, and do not willingly disclose their religious ties (ARCC, 2019) People who are seeking abortion services also face long wait times to receive the services they require, which compromises their eligibility to receive said services (CBC, 2019).

Nurses have a moral, ethical, and professional obligation to advocate for increased access to health care services, regardless of our personal opinions about those services. Nurses know that inadequate access to reproductive services does not lead to less abortions, it leads to less safe abortions. At home remedies become enticing and may seem like viable options, but these can have devastating, and sometimes fatal, effects. Creating barriers to proper reproductive health will only assure that many unwanted pregnancies end in the death or disfigurement of the pregnant person.

Relevance to CNA’s mission and goals:

It is an object of CNA to advance nursing excellence and positive health outcomes in the public interest.

It is a goal of CNA to shape and advocate for healthy public policy provincially, territorially, nationally and internationally.

It is a goal of CNA to advance issues of social justice as they relate to nurses and nursing care.

Key stakeholders:

Canadian nurses, nursing associations/ organizations, nursing students, all levels of the government, and the Canadian public.

Estimated resources required or expected outcomes:

References:

Gollum, M. (2019, May 18). Abortion may be legal in Canada but that doesn't mean it's easy to access | CBC News. Retrieved May 21, 2019, from <https://www.cbc.ca/news/health/abortion-access-canada-us-bans-1.5140345>

Reeves, M. F., Mark, A., Jones, R. K., Blumenthal, P. D., Nichols, M. D., & Saporta, V. A. (2018). Abortion Research at the 2018 National Abortion Federation Annual Meeting. *Contraception*, 97(5), 458-459. doi:10.1016/j.contraception.2018.03.030

<https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html#a2e>

<https://www.lawforalbertawomen.ca/women-and-health/abortion/>

<http://www.arcc-cdac.ca/graphics-memes/#fake-clinic>

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) strongly condemn the practice of forced sterilization on Indigenous women in Canada

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) create a working Indigenous Health Committee that works closely with other Indigenous organizations in which the creation of the Terms of Reference of this committee is dedicated to the essential need of cultural safety.

Name of submitter:

Victoria Marchand, President, Canadian Nursing Students' Association, Isabelle Wallace, New Brunswick Health Council

Rationale:

As a part of Canada's dark history with its evident genocide on Indigenous Peoples, the mechanisms of assimilation continue healthily under legislative veils today. Forced sterilization within the Indigenous community has been prevalent at a high rate since the 1970's, affecting more than 70,000 Indigenous women in North America. This is a conservative number as many documents have been tampered with, and/or not truthfully documented. With this being said, the estimated amount of Indigenous women in Canada that were forcefully sterilized may be up to 50% of our Indigenous women population. As the Truth and Reconciliation Commission came to light, as well as the UNDRIP (United Nations Declaration on the Rights of Indigenous People), Canada seemed to have been turning a page towards reconciling Indigenous issues across the nation. However, according to hundreds of women just this past year, forced sterilization is still very much a live issue.

Sterilizations on Indigenous women in post-partum are performed by physicians using either hysterectomy or tubal ligation. To this day, Canadian nurses have not exercised their role as advocates and have been complicit in these acts. Nurses have an ethical responsibility in promoting justice to their client, by not "discriminat[ing] on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute" (CNA, 2017). Where are our nurses? Why are we not speaking up against discrimination and basic human rights? Our accountability as a profession is at risk.

Both the commissioners of the Inter-American Commission on Human Rights and the United Nations Committee against torture confirmed that accountability is lacking here in Canada concerning this alarming issues and that, "forced sterilization may constitute torture" (UN, 2018).

"A handful of courts have issued decisions on the recent forced sterilization of marginalized women finding that such actions violate the women's rights. However, they have all failed to address the women's claims of discrimination. The failure to acknowledge that forced sterilization is at its core a violation of the prohibition of discrimination undermines efforts to eradicate the practice (Patel, 2017)". These international organizations are urging Canada to thoroughly investigate any and all allegations of forced sterilizations. To this day, we have verbal recognition from our Canadian government, however no action has been made, including lack of supportive legislation in any form of government. Canada needs to be accountable. Canadian healthcare needs to be accountable. Canadian nurses need to be accountable.

Relevance to CNA's mission and goals:

- It is an object of CNA to advance nursing excellence and positive health outcomes in the public interest.
- It is a goal of CNA to promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system.
- It is a goal of CNA to shape and advocate for healthy public policy provincially, territorially, nationally and internationally.

Key stakeholders:

- CNA's jurisdictional members and networks
- Indigenous health organizations
- All levels of government, and legislative branches
- Cultural safety training groups chosen by Indigenous leaders
- First Nations communities
- Inuit communities
- Métis communities

Estimated resources required or expected outcomes:

Resources: the creation of an Indigenous Health committee within CNA to address these issues.

Partnerships are not enough. CNA must create their own working committee.

Expected outcomes: Cultural knowledge and safety for our Canadian nurses. CNA will advocate along with our partners and jurisdictional members to increase cultural safety training for all our nurses.

References:

CNA Code of Ethics 2017.

D. Marie Ralstin-Lewis. (2005). The Continuing Struggle against Genocide: Indigenous Women's Reproductive Rights. *Wicazo Sa Review*, 20(1), 71-95. Retrieved from <http://www.jstor.org/stable/4140251>

Leonardo Pegoraro (2015) Second-rate victims: the forced sterilization of Indigenous peoples in the USA and Canada, *Settler Colonial Studies*, 5:2, 161-173

International Justice Resource Centre Retrieved from: <https://ijrcenter.org/forced-sterilization-of-indigenous-women-in-canada/>

Patel P. (2017). Forced sterilization of women as discrimination. *Public health reviews*, 38, 15. doi:10.1186/s40985-017-0060-9