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NEW BRUNSWICK NURSES UNION



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MISSION

The mission of NBNU is to enhance the work-life, as well as the social economic and personal well-being of nurses.

VISION

NBNU is the professional, credible, and respected voice for registered nurses, nurse practitioners and the public healthcare system.

OFFICIAL LANGUAGES POLICY - ARTICLE 18

(a) Official Languages – NBNU adheres to the following:

- (i) that the provision of bilingual services be a priority of the New Brunswick Nurses Union;
- (ii) that the New Brunswick Nurses Union strive to offer services in both official languages at all levels of the organization; and
- (iii) that no employees be negatively affected by these initiatives

(b) Translation Services – All NBNU documents for the Annual General Meeting, Executive Council, local presidents or general membership, shall not be distributed unless they are available in both official languages at the time of distribution.

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Nurses Voices Are Needed Now More Than Ever



Many photos featured in this year's parasol were taken before the COVID-19 pandemic during previous events and public relations campaigns. We tried our best to capture the photos we could over the last year; however, this remained a difficult task. We hope the 2021-2022 parasol will see newer photos of our members hard at work.

President's Report

BY PAULA DOUCET

As I write this year's annual report, New Brunswick has moved to the green recovery phase. It's been a difficult and turbulent 18 months, and the pandemic is still very much present, unrelenting even, in some cases. For registered nurses and nurse practitioners in New Brunswick, it is still nerve-wracking, stressful, and exhausting, and yet you continue to show up and step up for New Brunswickers every day.

At a time when this pandemic has shone the light brightly on the value registered nurses and nurse practitioners bring to the system, the health care system is slowly crumbling down around us. Not only is New Brunswick witnessing one of the worst registered nurse shortages, but all of Canada is also dealing with similar situations.

A recent statistic of registered nurses, licenses practical nurses, and personal support workers postings reveals Canada-wide vacancies of 98,700. We know that in New Brunswick, there are approximately a thousand permanent positions unfilled, and that number continues to increase every day. The nursing shortage is making it increasingly difficult for you to provide safe, timely, and ethical care to your patients, clients, and residents, and that is taking a toll on you, both physically and mentally. Your perseverance, courage, and dedication do not go unnoticed by your fellow New Brunswickers, though, sadly, some continuously ask for more even when there is nothing left to give.

VIRTUAL APRIL COUNCIL

We held our Executive Council meetings virtually in April with 148 local presidents and observers in attendance. The two day meeting that was initially booked for April 2020 but was rescheduled due to the pandemic, was filled with updates, information and education sessions where our leaders stressed the importance of a better understanding of our pension and benefits. A representative from Vescor provided an overview of the CBESRP plan and health benefits for Nurses, Part III and Nurse Managers and Nurse Supervisors. A representative from Assumption Life provided an overview of the nursing home health and benefits and Morneau Shepell provided an overview of the nursing home pension plan. Since this is essential information for all members, the recorded sessions are available on the NBNU website/members-only section, under the e-learning tab. Having an understanding of our benefits is important, so we will continue to seek opportunities to keep members informed and updated. Executive Council is a great avenue to continue to offer educational sessions for local Presidents and Executives. We are already planning for another robust and hopefully in-person Executive Council in April 2022.



Paula Doucet

CANADIAN FEDERATION OF NURSES UNIONS (CFNU)

The message to Canada's nurses at the Canadian Federation of Nurses Unions biennial conference was simple: We can't back down and we won't back down.

The June 8 and 9 convention – attended over the internet by about 1,100 nurses from across Canada – took place in the shadow of a deadly global pandemic that continues to dominate Canadian nurses' working lives.



Linda Silas

CFNU President Linda Silas acknowledged that the healthcare system is stretched to the max, nurses' workloads are already unsustainable and nurses mental health is being tested. She also pointed to COVID-19's many devastating impacts, including the disaster in the long-term care sector, where many seniors perished at the hands of a system in which profit motives often trumped care.

Furthermore, she spoke to the impacts on our economy, which left countless Canadians without jobs. Without a universal national pharmacare program to fall back on, many of Canada's unemployed also had to grapple with losing an employer-provided drug coverage. The virus also disproportionately affected Indigenous peoples and people of colour.

The biennial went on to discuss that nurses worked themselves ragged against waves of COVID-19, and governments did not let up their attacks on the health care sector and its workers. The pandemic may have made the case for strong public health care, but some provincial governments are still looking for cuts, forcing nurses do more with less.

Canada's premiers may have applauded nurses in public, but they were busy undermining us behind the scenes. And while government failures and attacks are infuriating, nurses need to channel their anger into action. As nurses, we all need to speak up. Not just to elected leaders, but to friends and family – anyone who can vote – about the need to strengthen and safeguard Canada's public health care system. We have to make ourselves heard.

CANADIAN LABOUR CONGRESS (CLC)

The Canadian Labour Congress held their 29th Triennial Convention on a virtual platform from June 16-18. The event brought together labour leaders and activists from across the country for an event full of great speakers, business and elections. The theme, Defining the Future, was apt, as resolutions were passed and decisions made on the work to be done by the national organization over the next three years.

After seven years in the role, CLC President Hassan Yussuff passed the torch to new President, Bea Bruske, who was elected during the convention. For three decades, Bea has served workers and families as an activist, advocate, negotiator, community organizer and union labour leader. She has been a union representative for UFCW Local 832 in Manitoba for 25 years, most recently serving as Secretary-Treasurer. Her expertise will make her a formidable leader for CLC.

We thank Hassan for many years of bold leadership. He travelled extensively across Canada to stand with workers on the picket lines, and on many occasions made the trek to New Brunswick to lend his support and spoke at many of our past AGMs. His strong voice, kind demeanour and dedication to workers of all stripes will be missed.



Hassan Yussuff

The CLC represents diversity and elevates the voices of those in marginalized communities. The CLC has dedicated caucuses for workers who are indigenous, people with disabilities, women, people of colour, LGBTQ2SI and young workers. During the event, these caucuses met and held elections, promising strong leadership into the future.

The CLC advocates for healthcare workers at the national level, and NBNU is pleased to affiliate with them and their provincial counterpart, the New Brunswick Federation of Labour. We congratulate the CLC on another successful convention and look forward to continuing our work together to achieve fairness and equity for all workers.

BOARD OF DIRECTORS

The Board of Directors continues to carry out the union's work between meetings, and during this pandemic, that work has continued virtually. We adapted to Microsoft Teams meetings to replace in-person meetings. It truly was challenging, but as registered nurses, we are familiar with adaptability and flexibility, so we made the necessary changes to make it work.

One significant change to the Board of Directors was the retirement of long-standing board member and Part III Unit Representative, Norbert Robichaud.

After almost four decades as a union activist, Norbert took his much-deserved retirement in May. His dedication and passion for nursing and union work will be hugely missed - but we know where to find him when his opinion is needed. Norbert's departure left us with the need for an election to replace his seat and some shuffling at the Board of Directors' table. Catherine Little is the new Unit Representative for Part III Hospitals, and her previous role of Secretary-Treasurer was filled by Local President at the Dr. George-L. Dumont University Hospital, Maria Cormier. Maria is a relatively new Local President but a long-time activist and leader in her local.

Just one more example of the leadership and mentorship of Norbert. Welcome to the Board of Directors, Maria and welcome to your new role, Catherine.

The Board of Directors is looking forward to our planned in-person AGM in October in Moncton and the next Strategic Plan session scheduled for later in the Fall/Winter of 2021/22.

NEW BRUNSWICK FEDERATION OF LABOUR

Like all labour organizations, it has been a trying year for the New Brunswick Federation of Labour. Many of us thrive from the energy of others and having to do everything virtually has definitely affected that dynamic.

Sadly, the 2021 Blair Doucet Youth Summer Camp had to be postponed again. However, the planning committee is still dedicated to put together a great camp once the pandemic is finally declared over and it is once again safe for everyone to gather.

The NBFL also had to make the difficult decision to postpone their 2021 convention to 2022 in the hope that an in-person convention can take place. Despite the many challenges that COVID-19 has presented, the integral work and advocacy efforts of the NBFL have not stopped. Public sector unions of the province have joined forces under the umbrella of the Federation to call upon government to recognize and invest in the public sector. To recruit but also retain the valuable workforce of the more than 58,000 provincial public sector employees.

Being part of a larger collective group helps to give strength and build solidarity during these difficult times. Now more than ever, the labour movement needs to support each other and stand firm to governments and employers wanting to divide and conquer.

CAMPAIGN 2021/22

We have recently engaged a new marketing agency, Pilot Communications, to build on our last campaign, "This is a Nurse." We now

need to depict the reality faced by nurses in a more direct manner for government, employers, and the public to truly appreciate the role registered nurses and nurse practitioners play in keeping our healthcare systems afloat.

Arguably, your working conditions are primarily rooted in problems of chronic understaffing, inappropriate allocation of human resources, planning healthcare based on finances, and an ageing and acutely ill population requiring more complex care.

We will be highlighting the imbalance between the work you do and your personal lives. You're exhausted, frustrated and yet expected to continue at an unacceptable pace. We will continue to pressure government and employers to make the right decisions. Decisions with the best interest of a sustainable healthcare system in mind and not based on financial bottom lines or political interests.

We hope that all New Brunswick nurses will feel a deep connection to this campaign, as, once again, we are pleased to have New Brunswick nurses be the stars of this project.

CLOSING

In closing, I want to reiterate that we are a collective; we are stronger together. Now more than ever, I am committed to strengthening the awareness of the role registered nurses and nurse practitioners play in healthcare and that, without us, there is no healthcare system. It is absolutely essential to keep the spotlight on the dire staffing shortage. Only once everyone understands the magnitude of this problem will we be able to create positive change. Even more importantly, we need to ensure that registered nurses and nurse practitioners are at the decision tables because their voices, expertise, and knowledge will be necessary for a successful healthcare reform.

It has been a tough year on many levels - professionally and for many, personally, and exacerbated by the COVID-19 pandemic. The most important trait needed to get through tough times is resilience. The five pillars of resilience are self-awareness, mindfulness, positive relationships, purpose, and self-care. As nurses, we have been described as the definition of resilience countless times, and yet we often neglect one of these pillars: self-care. We need to take better care of ourselves and learn not to feel guilty for doing so. I am asking each and every one of you to take some time to practice it. It may look different for all of us, and I encourage you to research self-care and find what works best for you. Ultimately, only you get to decide how to best care for yourself, but please do, for your family, your friends, your patients, clients and residents and most importantly, for yourselves.

As I put my pen down, I look to the future. I look forward to meeting with many local activists in person at our AGM in Moncton. It has been much too long since we've been able to be in a room together. I miss the energy that we provide one another to motivate ourselves on this journey together. 2021 may be winding down, but I can assure you that my commitment, desire, and the "fire in my belly" are ramping up. I will never stop pressuring decision-makers to do better on your behalf. As Maya Angelou once said, "A wise woman wishes to be no one's enemy; a wise woman refuses to be anyone's victim."

In solidarity,



Paula Doucet
NBNU President

Wishing Norbert Robichaud a Happy Retirement!

On behalf of the NBNU Board of Directors and staff, we wish Norbert Robichaud a long, happy and healthy retirement.

Norbert was involved with NBNU for many years. He was the Nurses, Part III Hospital Unit Representative since 2015 and was a recipient of the Glenna Rowsell Award in 2018, which recognizes members who have demonstrated outstanding commitment to NBNU. Norbert's involvement stems back to many years ago when regional representatives were part of NBNU's structure. Forty years as a registered nurse and a strong union activist, Norbert and his commitment and passion for nursing is dearly missed. We hope he is enjoying his time embarking on his new adventure.



Deadlines to submit applications for educational assistance for Part III Nurses and Nurse Managers and Supervisors: **November 28, 2021 | February 28, 2022 | May 28, 2022 | August 28, 2022**

Deadlines to submit applications for educational assistance for Nursing Home Nurses:
October 15, 2021 | February 15, 2022 | June 15, 2022

NBNU Humanitarian and Disaster Relief Fund application deadline for travel in 2021: **December 31, 2021**

New Brunswick Federation of Labour Convention: **May 29-June 1, 2022**

Eastern Labour School: **June 6-8, 2022 (tentative)**

Executive Director's Report

BY MATT HILTZ

I. NEGOTIATIONS FOR NURSES, PART III, NURSE MANAGERS AND NURSE SUPERVISORS AND NURSING HOMES

At the time of writing, voting on the Nurses, Part III and Nurse Managers and Nurse Supervisors tentative collective agreements has concluded with a strong double "NO" vote, while our nursing home group is poised for a strike vote should this province fail to provide NBNU members with competitive wages and safe working conditions.

While wages and working conditions have remained the top two bargaining issues, the global pandemic exacerbated the negative effects of short staffing. Our members have done as much "with less" as anyone possibly could, this double "NO" vote is a strong signal to healthcare leaders that our members will no longer tolerate the state of healthcare in our province. Something more must be done to allow our members to live and work safely. They are no longer willing to put themselves last on the triage list, knowing that the healthcare system will not have their back when they get burned out.

The next steps will be to meet with the negotiating teams and local presidents to debrief and strategize on working towards a tentative agreement that will more fully meet the members' needs. NBNU still has dates for the conciliation board for September, which will be a necessary step before a strike vote can be taken.

II. PENSION & BENEFITS

Two major issues that have arisen from the membership are: 1) the retirement age in the CBE pension plan; and 2) the compulsory nature of the long-term disability plan (amount of premiums).

With respect to the "age of retirement" being 65 under the terms of the CBE pension plan, it is crucial to remember that the age of retirement is just one factor in the equation of "*how much to contribute, and for how long, to get a retirement payment of \$X.XX for a given mortality rate*". It is not a "penalty" for retiring early – your contributions are being taken earlier and by taking them earlier, you are expecting the same funds to last longer. When this plan was designed "inter-generational equity" was a feature of the plan to ensure that active members (and/or retirees) do not unfairly fund the plan benefits for the other group.



Matt Hiltz

However, it is an obvious issue that deserves analysis and reporting back to members. The issue will be raised at the next CBE Board of Trustees meeting for discussion and report back to membership.

With respect to the long-term disability ("LTD") plan that is compulsory for our public sector members, our labour relations team assists many members who would have lost much without the safety net of our LTD plan. However, we have also heard from enough members that can find LTD insurance elsewhere. As a union, NBNU must represent all our members and face analogous questions from members who pose the question: "*I don't file any grievances, so why do I need to pay dues?*", or from ourselves when we look at all the years of home fire insurance that we have paid into and have not used.

LTD is an essential form of insurance for our members, so the question becomes how to make it affordable. NBNU's Board of Directors will discuss possible solutions to this issue at its next meeting and update the membership afterwards.

III. NANB COMPLAINTS

For the last couple of years, I have been given the honour of teaching a class to first year nursing students at UNB. My talk mostly focuses on how not to get fired or reported for acting inappropriately on social media. While there is a lot of material and some "grey" areas – there is one question I ask that continues to astound students: *"When is a registered nurse or nurse practitioner NOT a registered nurse or nurse practitioner?"*

The answer is **NEVER**: not after the worst shift ever, not after your employer treats you as disposable for the umpteenth time, and especially not when you want to vent on social media. **NEVER**.

Employers generally understand the level of misconduct that should be reported to NANB. However, *"conduct unbecoming a member including any conduct that might adversely affect the standing or good name of the practice of nursing"; "conduct demonstrating that the member is incapable or unfit to practise nursing" or "any habit rendering her unfit, incapable or unsafe to practise nursing,"* may have a different threshold for members of the public. For a complete list, please see the *Nurses Act*, s. 28.

As a fellow regulated professional, two rules that I find helpful are:

- 1) the "24-hour rule" and
- 2) the "when-in-doubt rule."

If posting on a controversial subject (or otherwise venting), draft the content but wait 24 hours before publishing. Then after 24 hours, if there is any doubt whether the post could be misconstrued, do not post it. It is your responsibility to follow the law and understand any legal impact your actions in life or on social media might create. Please err on the side of protecting your own health and nursing licence.

If you have any questions, please contact a member of NBNU's labour relations team.

IV. WORKING CONDITIONS

NBNU and its labour allies have been successful in getting the law changed on workplace violence. Now comes the more difficult part of the evolution to safer and more respectful workplaces: changing the attitudes and behaviour of employers, healthcare workers and the public.

The *Occupational Health and Safety Act ("OHSA")* in New Brunswick requires that every employer *"take every reasonable precaution to ensure the health and safety of his (sic) employees."* One of the biggest threats to the health and safety of our members is workplace violence. OHSA defines "violence" as *"in a place of employment, means the attempted or actual use of physical force against an employee, or any threatening statement or behaviour that gives an employee reasonable cause to believe that physical force will be used against the employee, and includes sexual violence, intimate partner violence and domestic violence."*

The avenues to address incidents of workplace violence are:

- 1) call the police;
- 2) file an incident report;
- 3) contact WorkSafeNB;
- 4) file a Work Situation Report (PPC); and/or
- 5) file a grievance.



Each incident may not require all of these avenues – but the goal is to hold the employer accountable to prevent the incident from happening again. NBNU hears and understands the frustration of our members. Please help us put an end to workplace violence. Your local executives work diligently to support you and relay information to the labour relations team and leadership. NBNU needs workplace violence champions in every facility.

These working conditions are negatively impacting your psychological and physical health – but also your profession! In 2020, we assisted 40 members with NANB complaints, up from 10 the year before. In 2021, we already are assisting 13 members with NANB complaints. Too many of the complaints we see originate in working short-staffed because RNs and NPs are not being given the time and/or human resources they need to provide proper healthcare. This is creating an ethical and moral dilemma for you: *"who do I NOT look after, because I don't have the time to take care of everyone that needs me?"* For too long now, it's been "you" that does not get looked after. That must change.

Nursing as a profession needs you to fill out work situation reports and make complaints. Without evidence, demanding RN/NP-centric reform becomes very difficult. The Joint Occupational Health and Safety Committees in each facility are a great place for our members to get involved and make a difference. OHSA requires employers to consult with these committees when updating their Codes of Practice.

If your workplace does not have a champion, please speak to someone at NBNU about getting involved, getting additional training, or having an NBNU LRO attend your workplace.

V. 2021 DUES PAYING MEMBERS

	Full-time % change from 2020	Part-time % change from 2020	Casual % change from 2020	Total % change from 2020
Hospital (excluding EMP)	3,177 (-2.0%)	1,192 (-2.5%)	552 (+39%)*	4,922 (+1.25%)
Community Care (PH, MH, EMP)	535 (-2.4%)	165 (0%)	184 (+300%)*	884 (+16.5%)
Nurse Managers & Nurse Supervisors	207 (-0.5%)	24 (+9.1%)	4 (0%)	235 (+0.4%)
Nursing Homes	156 (-7.1%)	160 (+1.3%)	134 (-26%)	450 (-11.4%)
Total: % change from 2020:	4,075 (-2.2%)	1,541 (-1.7%)	874 (+39%)	6,491 (+2.0%)

* The increase in casual FTE's was in response to the global pandemic.

VI. NBNU OFFICE & OPERATIONS

The LRO team had some changes over the past year, Ellen Oakes-Thompson is on maternity leave and has been replaced by Tina Richardson, and Michèle Brown-Gellert has been hired as a lawyer on the LRO team. Leanne Lagsiar, Communications Officer, is on maternity leave and has been replaced by Holly Crawford. Alexandra Mootosamy has also joined the team as a temporary Research, Education and Communications Assistant. In the education and research department, Jeff Hull left for Ontario and NBNU was very pleased to have added Dr. Cathy Rogers to our team as our new Education and Research Officer. Lastly, Jocelyne LeGresley retired from NBNU and was replaced by Lynn Richard.

On behalf of the members, they work so hard for, I would like to take this time to thank our awesome team at NBNU for representing all of you with diligence and professionalism.

VII. CONCLUSION

2021 was an incredibly frustrating year, with the global pandemic serving as an omnipresent irritant to the bedrock issue with NB's healthcare system: there are not

enough registered nurses and nurse practitioners to safely care for all the ill folks in NB. Period.

Any belief that healthcare leaders will not let their own personal or political agendas interfere with the healthy administration of healthcare in this province is being consistently deteriorated by a lack of real action.

The recent ratification votes re-affirm that NBNU works best when the members speak. The goal is a better system for all of you to work (and live) in. Please continue to use your voices to shed light on your working conditions.

For NBNU, the rest of 2021 will be about assisting each of you to collectively stand up for your own personal health and safety. We want registered nurses and nurse practitioners to be proud of the healthcare they provide to New Brunswicker's.

In Solidarity,



Matt Hiltz
Executive Director



Vice-President's Report

BY MARIA RICHARD

Even in these unparalleled times, I am pleased to submit my annual report. It has been an honour to work on your behalf over the last five years on several initiatives, committees and media opportunities as your 1st Vice-President.

As I write my report, we continue to hear about the discovery of the remains of nearly 1,000 children at former residential schools. As Indigenous people and their communities continue to process these horrifying discoveries, we must stand in solidarity with them as individuals and as Canadians as they mourn these stolen lives. We must continue to call for justice and accountability for the harmful and destructive impact of the widespread discrimination, the violence and by domination of people in power (governments and religious groups) instigated, perpetrated and continue to deny. We must also work at righting this wrong. This must include educating ourselves on residential schools and looking within ourselves on how we see and treat indigenous people.

EDUCATIONAL ASSISTANCE COMMITTEE

For the 2020-2021 year, the Nurses, Part III and Nurse Managers and Supervisors educational assistance committee did not meet face to face because of COVID-19 restrictions. However, the applications were reviewed according to guidelines set forth by the Committee. Applications reviewed for the fund were done four times during the year. In total, \$467,130.17 was disbursed to 305 successful applicants. The application forms and all information can be found on the NBNU website by logging into the members only section, under the forms section.

Please be mindful that there are four deadline dates to follow and the courses, workshop, certificates, books, etc. must have started, be purchased or finished within the current fiscal year. Please also ensure that the form is completed properly. Any questions can be directed to myself, the Unit Representatives for Part III Hospitals, Nurse Managers and Supervisors or Part III Community Care.

\$467,130.17 disbursed to 305 successful applicants!



CBE SRP (CERTAIN BARGAINING OF NB HOSPITALS – SHARED RISK PLAN)

The CBE SRP consists of approximately 10,650 active, inactive and retired members from a variety of employers across the province. As a member of the CBE Board of Trustees, I attended three quarterly meetings of the Board of Trustees, all of which were done virtually for the 2020-2021 year. If you have any questions relating to your pension, Vestcor provides services, Monday to Friday, from 8:15 am to 4:30 pm at 1-800-561-4012 and/or at info@vestcor.org.

NBFL (NEW BRUNSWICK FEDERATION OF LABOR)

As members of the NBFL, NBNU holds two seats on the executive council, which are held by Paula Doucet and myself. During the last year the Council met three times virtually. Their Biennial Convention, which was postponed last year because of the pandemic, is scheduled to be held in person in June 2022, if public health measures permit it.

Some of the issues and lobbying efforts the federation has worked on in the last year are NB economic recovery, COVID-19 recovery benefits and EI reform platform, paid sick days and essential workers' rights.

CFNU (CANADIAN FEDERATION OF NURSES UNION)

The Canadian Federation of Nurses Unions held its first ever virtual convention due to the ongoing pandemic in June.

The convention theme, *No Backing Down*, addressed the critical impacts of the COVID-19 pandemic on nurses and health care. Pauline Worsfold, CFNU's Secretary-Treasurer, said it best: "Since our last convention, nurses have been engaged in an all-out fight: fighting for our health and safety, fighting for strong public health policy and fighting to care for our patients in the midst of a nursing shortage made drastically worse by this pandemic. One thing is for sure: nurses will not be silenced. Now more than ever, nurses' voices need to be heard. Our advice needs to be heeded."

CLC (CANADIAN LABOUR CONGRESS)

From June 16-18, nearly 4,000 delegates from across Canada participated in the CLC's first ever virtual convention and debated issues such as pharmacare, the creation of good jobs and how to ensure a strong COVID-19 pandemic recovery plan that addresses racial and gender inequities. They also passed resolutions on combating Islamophobia and Anti-Asian racism and calling for the federal government to fulfill the 94 calls to action of the Truth and Reconciliation Commission.

COVID-19

What can I say that has not already been said in the last 18 months? What I do know, and what has never been more obvious in this pandemic, is the importance of working together and the support and power that teamwork can achieve. We have seen it with RNs, NPs, and other healthcare workers being reassigned to other units/programs to help with COVID-19 patients, or helping with the consequences on hospital units or nursing homes. We have seen EMP nurses and ANB paramedics testing and evaluating COVID-19 contacts/cases. We have seen it with RNs (some of them retired) and other professionals stepping up and going to work with the PROMT Team in the nursing homes and special care residences in the thrust of outbreaks. We saw it when public health nurses and staff helped other zones with cases and contact tracing management. We continue to see retired nurses, other health professionals and volunteers step up to work at the COVID-19 vaccination and testing clinics. We could never have sustained our healthcare (one that is already in crisis), the increased human resources needed to run the different COVID-19 clinics and public health COVID-19 programs, and gotten ourselves to the green phase, if we had not all worked together with the rest of New Brunswick.

CONCLUSION

At the end of writing my report, we have just gotten notice that two of our bargaining units (Nurses, Part III and Nurse Managers and Nurse Supervisors) have reached tentative agreements for their respective groups (hopefully the Nursing Home group, will also be in the same position soon). We also continue to witness and be affected by the nursing shortage and the COVID-19 pandemic. Never has it been more important that we remain united as NBNU

members. We need to support our leaders, our negotiation committee members and the decisions they made and the work they did and continue to do for us, so that we can reach fair collective agreements. They do this work so we can concentrate on improving working conditions and retention and recruitment, to make sure we can provide safe and timely care that our patients, residents, and clients deserve. There's an old saying, "United we stand, divided we fall." For me, this has never been more true than when we consider what we face every day at work and what we are striving to achieve as a union.

I want to take this opportunity to thank each and every one of you, who step up every day for your clients, patients, and residents. I know that a lot of you are overworked, tired, stressed, and frustrated, but we must not give up. It will get better!

Thank you also to our President, Paula Doucet, our Executive Director, Matt Hiltz, the BOD members and all our dedicated NBNU staff for everything they do for us.

I will leave you with a quote from Candy Palmater, award-winning Indigenous broadcast personality and motivational speaker who presented during CFNU's Biennial. This quote has truly made me reflect on myself as a mom, wife, registered nurse and friend. Considering that every day, most of us strive to be the best version of ourselves and often feel guilty because we think we are letting our loved ones down, I think that you will all relate to this message. **"Live your life without fear of failing. Failure is part of life. When you fail, you grow. What you do matters! You matter! You are enough! Love yourself!"**

Take care and stay safe!

Together Stronger!

Maria Richard

2nd Vice President's Report

BY CATHY WALL

It is my pleasure to represent you as the 2nd Vice president of NBNU and provide you with my 2020-2021 annual report.

As the pandemic continues, so does the work of NBNU and your board of directors. Many things may have ceased or shut down, but not the work that NBNU does for its members. Since COVID-19 struck, many things are being done differently in our workplaces. Virtual meetings and teleconferencing have become the norm in our everyday lives, whether it be for work events or personal appointments. This is just one of the ways the world has had to change to keep people safe. Over the past year, although it has been different and not always straightforward, NBNU is happy to have been able to communicate virtually with its members in multiple ways. This has helped keep RNs, NPs, and New Brunswickers safe during these uncertain times.

NEW BRUNSWICK COALITION FOR PAY EQUITY

This year will mark the 20th anniversary of the Coalition for Pay Equity as their work continues to better the lives of those living in New Brunswick.

During 2020-2021, the Coalition for Pay Equity initiated new pay equity evaluations for four jobs in three service sectors, including special care home workers, crisis interveners in ESSP community agencies, family support workers for adults, and family support workers for children. These industries are predominantly female and continue to pay just slightly above minimum wage, thus confirming that women in the workforce are underpaid and undervalued.

The federal government announced in the Spring of 2021 that they will invest \$30 billion over five years for early learning and childcare and \$3 billion over five years to help set new standards for long-term care. The coalition continues to lobby government to ensure these plans are rolled out.

Pay equity still hasn't been achieved for those working in the private sector, but the coalition will continue to strive to make this a reality. More information on this topic can be found on their website; www.equity-equity.com or on their Facebook page.

NEW BRUNSWICK COMMON FRONT FOR SOCIAL JUSTICE

The Common Front for Social Justice unveiled their new lobbying document, Justice for New Brunswick Workers, in June of 2021. The document has six recommendations, those are: policy changes to the *Employment Standards Act* (ESA), expansions to the ESA including an immediate raise of minimum wage to \$15 an hour, ten annual paid sick days, and pay equity in the private sector. Other recommendations include vacation pay, overtime pay, uniform compensation, and job security.

The Common Front continues to fight for the basic rights of workers in New Brunswick through lobbying governments, news releases, and letter-writing campaigns. This information and more can be found on their website; www.frontnb.ca or on their Facebook page.



Cathy Wall

MENTAL HEALTH WELLNESS AND RESOURCES

The COVID-19 pandemic has taken its toll on the well-being and mental health of all RNs and NPs across the province. Caring daily for patients who cannot see their loved ones or who are living in isolation, while we experience extreme staffing shortages, has led many RNs to overlook their own mental health and well-being. Yet you continue to step up every day to ensure your patients' safety and well-being, even under extremely stressful circumstances.

Caring for ourselves is just as important as caring for our patients, clients and residents. How can we provide the best care possible to our patients, clients and residents if we are not providing the best care possible to ourselves? There are many resources available for you and your loved ones. NBNU has a page on our website called MindSpa, where you can find resources related to dealing with anxiety, relaxation techniques, contact information for helplines, etc.

Furthermore, CFNU has partnered with Wellness Together Canada to share their resources with health care workers, their families and their patients. It is the first and only online platform offering immediate 24/7 mental health and substance abuse support for all ages, and it is funded entirely by the Government of Canada.



Some services included are mental health self-assessments, mindfulness workshops and live phone, video or text counselling with a mental health professional or crisis responder. Go to www.WellnessTogether.ca for free support, available 24/7. For immediate crisis support, frontline workers are encouraged to text FRONTLINE to 741741. You can also access your Employee Assistance Programs through your employer to find many new and updated services.

As we enter the "green phase" of our provincial Covid-19 response plan, we can see that there is a brighter future ahead. Restrictions are easing, and people are starting to explore the province again. Immunization clinics are busy, demonstrating that New Brunswickers are stepping up to make it safer for everyone. We are all in this together.

United we Stand.

In solidarity,

Cathy Wall

Unit Representatives

ANNUAL REPORTS

NURSES, PART III – HOSPITALS

BY CATHERINE LITTLE

I am honoured to be the new Nurses, Part III Hospital Unit Representative for registered nurses and nurse practitioners. I want to take this opportunity to thank everyone who participated in the June election.

Thank you to Norbert Robichaud for his years of service and dedication to the members of NBNU. We will miss you and your knowledge of the collective agreement.

The shortage of registered nurses in New Brunswick is now critical. Members are at a breaking point and continually being asked to do more with less. The amount of overtime, 24 hours shifts and burnout is concerning to everyone. Vacation requests are being denied, and we now see units that never had on-call nurses implementing it. As our president said, "expectations that are being placed on your shoulders every day are unreasonable and unrealistic."

Being a registered nurse is challenging, and these days it seems like our challenges are never-ending. I encourage you to take a minute and check on your co-workers. Offers of support and kindness go a long way.

The nature of this profession holds us to a higher standard than others when it comes to respect, compassion, caring and professionalism. I want to remind everyone to review *The Nurses Act*. It states that RNs and NPs are accountable to the profession and for any "conduct unbecoming a member including any conduct that might adversely affect the standing or good name of the practice of nursing or the Association" (NANB, 2002). This expectation applies to all RNs and NPs and can include conduct outside the workplace, work hours, or practice setting.

I want to thank all local presidents and executives for the hard work and dedication to their members and NBNU over the past year. It has been a difficult one to say the least. I look forward to our annual meeting in October.



"The world is short-staffed, be kind to those that showed up."

In solidarity,

Catherine Little, RNBNU

NURSES, PART III – COMMUNITY CARE

BY KATHY LEBLANC

As the Unit Representative for community care nurses, I am pleased to submit my annual report from October 2020 until August 2021. Currently 68.1% of eligible New Brunswickers are fully vaccinated with their COVID-19 vaccine and the province has low case counts.

Reflecting on the challenges we, as New Brunswick registered nurses, have faced in the past year and a half, I am so thankful to be a part of NBNU and thankful to have nursing colleagues that care for the well-being of all, but I admit, like many of you, I am tired of this pandemic.

Committee work

As co-chair of the Part III negotiating committee and member of the board of directors, I am aware of the nursing struggles and the nursing shortage across New Brunswick. At this time, NBNU has secured two tentative agreements for two of its bargaining units, Nurses, Part III and Nurse Managers and Nurse Supervisors, with voting for each tentative agreement to take place August 9-11th. Zoom meetings have been held with local presidents and members, and an executive summary and FAQ have been sent to members of each bargaining unit so they can make an informed decision during voting time.

The Educational Assistance Committee for Part III Nurses and Nurse Managers and Nurse Supervisors has not met in person, but with the help of Vice President Maria Richard and President Paula Doucet, the applications received have been reviewed. The applications are more manageable as they are now sent quarterly.

The Scholarship Committee met virtually to review the essays of applicants' seeking scholarships from NBNU and CFNU in 2020. Being able to review the essays of our future leaders is always heartwarming and uplifting.

NBNU continues to keep nursing issues front and center through public relations campaigns, media interviews and letter-writing campaigns to government officials to promote the contributions of RNs and NPs to healthcare.

Conferences

As registered nurses in different workplaces, we represent the voice of clients, patients, residents, and members of the community. We must continue to strongly advocate for healthcare reform. Recently, I participated in healthcare reform meetings with Minister of Health, Dorothy Shephard, as a professional and community representative. The two meetings were held virtually to share and brainstorm ideas on healthcare reform for our communities within the province. Our President Paula Doucet has done a great job convincing the New Brunswick government that registered nurses need to be included and involved in healthcare reform decisions.

The first virtual CFNU conference was held June 8-9, 2021, with a good attendance rate of nurses across the country. It is encouraging to see our provincial leaders working together to address some of the determinants of health that affect the populations in each province. One of our very own NBNU members, Linda Silas, was acclaimed President for CFNU for another term, representing all Canadian nurses.

The Canadian Labour of Congress (CLC) held their convention virtually. I felt the theme "Defining the Future," was appropriate considering the pandemic. Unions from all sectors are facing challenges with their workplaces. While nurses focus on retention and recruitment as we are struggling with a dire nursing shortage, nurses are also suffering from mental and physical health issues. Many other workplaces in the



Kathy LeBlanc

province are also struggling with these issues.

Furthermore, there has been a rise in family violence, drug addictions, homelessness, food insecurity and environmental changes. There is a significant amount of work to be done to ensure public health safety. I am looking forward to being able to meet in person again to debate and address the possible solutions to these complex problems that our population is experiencing.

I personally want to thank all current and retired RNs, NPs, pharmacists, paramedics, LPN's, physicians and other allied health care workers who have stepped up to help with the COVID-19 vaccination clinics throughout the province. When we work together, we can achieve great things!

In solidarity,

Kathy LeBlanc, BNRN

NURSE MANAGERS AND NURSE SUPERVISORS

BY DEBBIE CARPENTER

To say that the last year has been interesting would be an understatement. As I sit down to write my second annual report for the *Parasol*, I am forced to reflect on all that we have had to live through and adapt to in the last year.

The global pandemic hit hard, and it instantly turned our lives upside down. We were sent on an ever-changing course in healthcare that would test our resolve and further test our tenacity as nurse managers and nurse supervisors in a climate of extreme staffing shortages, coupled with an ongoing and intensified battle for a new collective agreement.

We were thrust into this journey as a collective, but with all the COVID-19 restrictions, we were limited to remaining in our hometowns. We had to quickly learn to be tech savvy and master the art of Zoom and Microsoft Teams to be able to connect with each other.

As your Unit Representative for the Nurse Manager and Nurse Supervisor bargaining unit, I have missed the in-person meetings, the networking, the camaraderie of meeting as a unit, sharing our stories, our struggles, and our triumphs in these uncertain and stressful times.

However, as challenging as it was, we persevered and were able to come together using Zoom and Microsoft Teams to keep up our union activism and solidarity throughout many virtual gatherings.

As your Unit Rep, I had the honour and privilege to attend and take part in the following activities over the last year:

Negotiations - After government put in place the proper IT security solutions, we were able to carry on the critical work of the bargaining units amidst the pandemic.

Executive Council - Although it was a different experience to hold the executive council meeting virtually, it was great to participate with the group. In my first unit representative meeting during Executive Council, I was so thankful for all of us to have the opportunity to share our lived experiences and identify issues.

CFNU - I attended my first CFNU Convention this past June. The opportunity to listen to our fellow colleagues from across Canada share their experiences and frustrations really solidified how widespread the nursing shortage is and how much work is needed to fix the healthcare crisis across the country.

CLC - Another first for me was the opportunity to attend the virtual CLC convention. It was a great experience to be part of such a large-scale union event, with a heavy focus on many healthcare issues affecting the country as a whole.



Debbie Carpenter

With an uptake in provincial vaccination, the province is entering "phase green" of its re-opening plan. With this, I look forward to getting back to the in-person meetings and gatherings. As we move into a post-pandemic way of life, I remain committed to you to bring our collective concerns, issues and struggles to the forefront. Together, we will continue to collaborate and support each other to achieve a better work-life balance.

In solidarity,

Deborah Carpenter

Board of Directors Meeting



NURSING HOMES

BY RONDA MCCREADY

What a year to date! At the time of writing this article for the July 16 deadline, we have yet to conclude our negotiations and have reached an impasse at the table with NBANH. We are in a position to take a strike vote, a situation that registered nurses take very seriously, as we understand the implications it can have for our residents and their families. Unfortunately, to ensure we have registered nurses in long-term care (LTC) for the future, we need to help create a work environment with safe and manageable working conditions, competitive wages and standards of care that our seniors deserve. I am hopeful that the hard work of all our negotiation teams will have paid off with a settlement by this October.

In the 26 years that I have worked in LTC, I have never seen registered nurses so scared of their professional licenses being at risk from working in this sector. Expectations of care increase; however, staffing decreases as we continually work shorter and shorter. Regulations and standards are great at making those in charge feel better about meeting care needs, but the reality of what is possible with what we are given to work with makes those goals unattainable most of the time. NBNU's research paper *The Forgotten Generation* highlights just how

vulnerable our seniors and those who work in LTC are.

In the last year, I have attended meetings for our pension plan where I sit as vice-chair along with Carole Desjardins and Jason Robin. The Annual Report that the home provides from the committee and the online nursing home pension plan calculator can be found at nbnh.pension.hroffice.com these are great resources on your plan. The newly renamed Morneau Shephell, now Life Works, can be contacted directly for more detailed information if you are retiring soon.

The Nursing Home educational committee comprised of your negotiation team are myself, Carole Desjardins, Kim Cormier, Heather McNulty, Jason Robin, and Julie Weir, who represent the New Brunswick Nursing Home Association. So far, we have met twice this year, having reviewed eight applications with a total of \$9,171.58 having been distributed to nursing home registered nurses. Our next deadline is October 15, 2021. The nursing home educational assistance application can be found on the members only portion of the NBNU website under forms. The total applications received this year were lower, as many conventions went virtual or got cancelled.

Health Benefits and dental costs have gone up 5% this year for the nursing home plan. This is partially due to increased usage,



Ronda McCready

especially of newer higher costing medications and projected increased usage of dental services. Our accidental death and dismemberment benefit had no increase, and life insurance rates went down 21%. We now have an increased allotment for mental health services to \$1,000.00 per year, which have also been expanded to include counselling and social workers. I encourage you all to download the Claim Secure app, which allows you to see what is covered and makes receiving reimbursements faster and easier. For those who are unsure what this plan entails, the benefits presentation from executive council can be found under the e-learning tab.

The NB Continuing Care Safety Association is launching a new back program, for nursing homes. The program incorporates many of "The Back in Action" moves and looks at behavioural approaches and safety equipment to help prevent injury and improve quality of care for residents. It is called "All The Right Moves." They are continuing to roll out the *Gentle Persuasion Approach* training in the nursing homes. This has been difficult with COVID-19, but hopefully, we will see this expanded and made available to all who want training in the near future, as restrictions ease and more in-home trainers become available.



I was asked to sit on a Canadian Government LTC Standards Think Tank by our President that allowed 50 individuals working in LTC from all over Canada to meet virtually to share our issues in the workplace. It was noted that 80% of all COVID-19 related deaths in Canada occurred in LTC. The themes were consistent from the need for infrastructure improvements, such as single rooms to increased care hours, safe staffing levels, better infection control protocols and PPE supplies, and cleaning and ventilation concerns. They are anticipating that these standards will be formalized in November 2022.

We held our most recent executive council meeting via Zoom in April with local presidents and executives. The Nursing

Home bargaining group had education sessions for our pension and health benefits and discussed concerns going on in our homes. Common themes of working short or without an RN in the building, recruitment issues, ratios that include management, and 24-hour shifts were discussed. The importance of filling out Work Situation Reports as well as Working Beyond Your Shift forms was highlighted. Both these forms can also be found on NBNU's website under the members only section. This information helps protect your professional license and may help identify and resolve issues at the monthly professional practice meetings with management.

Lastly, I want to reiterate how proud I am to

represent you all on NBNU's Board of Directors. What we do as nurses, balancing supervision of staff, dealing with crises at our facilities as well as the complex and ever-increasing care needs of our residents and their families, is challenging and takes all of the expertise and critical thinking skills we have as professionals. You deserve to be treated with the same respect and care that we provide to our residents. We will continue to work towards the goal of explaining this to the government and the public, until they understand the work we do to provide safe ethical care to those in need.

Thank you for all you do.

In solidarity,

Ronda McCready

Annual Meeting Operations Committee REPORT

For 2021, the members of the Annual Meeting Operations Committee are Cathy Davies, Sarah Alexander, Catherine Wall (ex-officio), and myself. The committee met on August 13 via Zoom to review nominations for elected positions, resolutions, and constitution and by-law changes for the upcoming AGM.

NOMINATIONS FOR ELECTED POSITIONS

The following nominations were reviewed by the committee for elected positions:

- President - Paula Doucet
- 1st Vice President - Maria Richard
- 2nd Vice President - Catherine Wall
- Secretary/Treasurer - Maria Cormier

There were no other nominations received, and all were submitted by the deadline of Friday, August 6, 2021. All nominations met the criteria therefore are elected by acclamation.

No nominations were received for the Annual Meeting Operations Committee or the Finance Committee at the time of writing this report. Nominations for these committees can be accepted from the floor of the annual meeting until noon on the first full business day.

RESOLUTIONS

A total of seven resolutions were submitted by the deadline date of June 26th. All seven were found to have met the criteria necessary for presentation at the AGM in October.

CONSTITUTION & BY-LAW CHANGES

A total of nine constitution & by-law changes were submitted to the committee by the deadline date of June 26. All nine were found to have met the criteria necessary for presentation at the AGM in October.

Thanks to the committee members for their work to ensure the proper functioning of the AGM.

Joe Carr

Chairperson

Annual Meeting Operations Committee

2021 Resolutions

TO BE VOTED ON AT THE ANNUAL GENERAL MEETING

RESOLUTION #1 – NURSE PRACTITIONER BOARD OF DIRECTORS SEAT

No Constitutional Amendment
Require to pass – Simple majority
Moved by: Jillian Ring
Seconded by: Brittany Cameron

WHEREAS NBNU is the professional, credible and respected voice for nurses (RNs & NPs) and the public healthcare system;

WHEREAS NPs role in the NB healthcare workspace is unique as a subgroup of RNs with very specific but common issues amongst our growing provincial NP membership;

WHEREAS NBNU NP members seek to improve the understanding of the NP role amongst all stakeholders, enhance their NP engagement as union members, and improve NP workplace quality, safety and professional respect in the healthcare delivery landscape;

BE IT RESOLVED that NBNU study the feasibility of creating a permanent space at the board of directors table for a nurse practitioner representative.

RESOLUTION #2 - ENVIRONMENT & CLIMATE CHANGE

No Constitutional Amendment
Require to pass – Simple majority
Moved by: Kathy LeBlanc
Seconded by: Tammy Jones

WHEREAS The NB Environmental Right Caucus of the NB Environmental Network has proposed the Environmental Bill of Rights: An Act to protect Children, All New Brunswickers and Nature. Currently, there is no provincial environmental legislation that protects the health of our citizens against these environmental harms. Only two provinces, Ontario and Quebec have an Act for addressing a Healthy Environment;

WHEREAS CFNU's Climate Change and health discussion paper of 2019 recognize that climate change is a global crisis and health emergency. It is important to engage with community stakeholders to obtain a commitment from the NB Government to ensure restoration and repair of the Earth's systems, so that future generations will have a sustainable planet on which to live, work, play and raise their families;

BE IT RESOLVED that NBNU support the proposed Environmental Bill of rights by advocating and lobbying for the right to a Healthy Environment in NB.

RESOLUTION #3 – COVID-19 INFECTION AND "LONG-HAULER" SYNDROME

No Constitutional Amendment
Require to pass – Simple majority
Submitted by NBNU Board of Directors

WHEREAS the World Health Organization declared COVID-19 a pandemic on March 11, 2020;

WHEREAS the COVID-19 pandemic has had a disproportionate impact on nurses and other health care workers due to an increased risk of exposure to the virus;

WHEREAS, according to the Canadian Institute of Health Information, as of January 2021, 65,920 Canadian health care workers (representing 9.5% of all Canadian infections at that time) have contracted COVID-19;

WHEREAS clinical evidence increasingly shows the risk and severity of the "long-hauler" effects of COVID-19 infection, including fatigue, headaches, persistent shortness of breath, loss of taste or smell, muscle weakness, low fever and cognitive dysfunction;

BE IT RESOLVED that NBNU along with CFNU lobby and advocate for legislation requiring presumptive workplace insurance coverage of any health impacts arising due to COVID-19 infection; and

BE IT FURTHER RESOLVED that NBNU advocate and lobby government to ensure that no nurse or health care worker suffers any loss of occupational income due to an illness associated with COVID-19.

RESOLUTION #4 – LONG-TERM CARE

**No Constitutional Amendment
Require to pass – Simple majority
Submitted by the NBNU Board of
Directors**

WHEREAS deep-rooted and systemic problems have plagued the Canadian long-term care sector for decades, including underinvestment, insufficient staffing, and substandard living and working conditions;

WHEREAS Canada's nurses and health care advocates have called for urgent government leadership to address the lack of resources and high resident-to-staff ratios in most long-term care facilities;

WHEREAS close to 70% of all COVID-19-related deaths in Canada have taken place in long-term care facilities – 54% of which are privately owned;

WHEREAS NBNU has called for the elimination of private, for-profit care from the long-term care sector;

WHEREAS NBNU has for years lobbied the provincial government to provide appropriate funding for safe staffing, which must include 4.1 hours of direct care per resident per day;

WHEREAS the catastrophic impact of COVID-19 on the long-term care sector was likely worsened by the outdated and unsuitable physical infrastructure in many facilities, which led to crowded conditions that hindered infection prevention and control measures;

BE IT RESOLVED that NBNU along with CFNU and its member organizations, pressure the federal government, for a moratorium on private, for-profit care from the long-term care sector; and

BE IT FURTHER RESOLVED that NBNU pressure the provincial government, for a moratorium on private, for-profit care from the long-term care sector.

RESOLUTION #5 – ENSURING NBNU'S VOICE AT THE DECISION TABLES

**No Constitutional Amendment
Require to pass – Simple majority
Submitted by the NBNU Board of
Directors**

WHEREAS NBNU is the recognized voice of RNs and NPs in the province;

WHEREAS we represent a large portion of frontline workers that make up the delivery of healthcare in acute care, LTC, community clinics, home care and public health settings;

WHEREAS our members present a unique and exceptional view into all healthcare deliveries across the province;

WHEREAS RNs and NPs demonstrate critical thinking skills, assessment abilities and the drive for positive outcomes;

WHEREAS changes to the delivery of healthcare in NB can have a potential effect on the very people that show up everyday to provide care to those in need;

BE IT RESOLVED that NBNU continue to demand to be part of the discussions when it comes to healthcare reform by government and employers;

BE IT FURTHER RESOLVED that NBNU continue to bring the voices/concerns/ideas to the decision making table with a lens of best practices, positive outcomes and safe working conditions and not based on financial constraints.

RESOLUTION #6 – SECURING PPE FOR CANADA'S HEALTH CARE WORKFORCE

**No Constitutional Amendment
Require to pass – Simple majority
Submitted by the NBNU Board of
Directors**

WHEREAS the COVID-19 pandemic highlighted the requirement for rapid access to appropriate PPE, including NIOSH-approved N95 respirators;

WHEREAS the pandemic revealed that Canada had failed to maintain and replenish its strategic national and provincial PPE stockpiles;

WHEREAS sustainable management of PPE stockpiles means governments must maintain a minimum PPE stockpile at all times, and regularly refresh existing stockpiles, in order to optimize stockpile use;

WHEREAS the supply management issue was in part due to Canada's dependence on foreign manufacturers for PPE manufacturing and production;

WHEREAS the precautionary principle should be the primary driver in determining the minimum levels of personal protective equipment in national and provincial stockpiles, with stockpiles being set and maintained at levels that ensure that all health care workers are protected at an airborne level;

WHEREAS guidance on the safety of health care workers must be made on a precautionary basis with health care worker unions and occupational safety experts working collaboratively on the decisions that form the basis of health worker safety guidance and protocols related to PPE, issued by federal and provincial public health agencies;

WHEREAS PPE shortages have meant many Canadian health care workers were inadequately protected from exposure to COVID-19 while at work, placing themselves and their families at risk;

WHEREAS PPE shortages have contributed to the COVID-19 infections of more than 65,000 health care workers across Canada, and been associated with increased anxiety and depression among health care workers;

WHEREAS the health and safety of health care workers is vital during a public health emergency;

BE IT RESOLVED that NBNU call on the provincial health authorities to work in collaboration with health care unions as partners to ensure the stability and adequacy of an appropriate PPE supply (including N95 respirators) for HCWs, including ensuring transparency about PPE supplies through regular detailed updates on the status of PPE stockpiles;

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

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

RESOLUTION #7 – NURSE PRACTITIONER LOCAL

**No Constitutional Amendment
Require to pass – Simple majority
Moved by: Jillian Ring
Seconded by: Brittany Cameron**

WHEREAS Nurse practitioners' membership are a minority among the greater NBNU membership;

WHEREAS NBNU's approximate 125 NP members serve a unique role across a variety of workplaces, work settings & geographic areas providing primary healthcare to New Brunswick, a role distinct from that of a Registered Nurse requiring advanced training, specialized education and heightened liability, posing unique workplace challenges and concerns not shared with RN members;

WHEREAS NBNU NP members seek to become more engaged in union affairs and the optimization of our unique challenges of our work settings and advocate for a union local structure where their voices and issues are prioritized and not merged with the important but non-related RN workplace priorities;

WHEREAS other provinces nursing unions like, PEI, have approved a NP Local;

BE IT RESOLVED that the NBNU board of directors and NBNU explore the feasibility of the creation of an a NP local(s) for NBNU NP members – be it for all NBNU NP members or several locals spread geographically, engaging NP members in the exploration process.



2021 Constitution & By-Law Changes

TO BE VOTED ON AT THE ANNUAL GENERAL MEETING

1. ARTICLE 2 - OBJECTIVES

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the NBNU Board of Directors

2.01 (h) to promote the important role of registered nurses and nurse practitioners in the health care system and to expand on its value publicly;

Intent: Housekeeping - To be consistent with our wording throughout all NBNU document.

2. ARTICLE 4 – FUNCTIONS

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the NBNU Board of Directors

4.01 (b) under the *Industrial Relations Act* for those bargaining units of nurses and allied health workers (only those holding membership in NBNU in 1988) which are appropriate for collective bargaining under the *Industrial Relations Act*.

Intent: This was to cover the group of LPNs that NBNU represented at that time. We no longer represent LPNs or other allied health workers.

3. APPENDIX "A"

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the NBNU Board of Directors

- Remove "Local 21 - Fundy Health Centre" as they have merged into Local 20 - Charlotte County Hospital

- Remove "Local 44 - Fredericton Junction Health Centre" as they have merged into Local 39 - Oromocto Public Hospital
- Amend "Local 87 - Miramichi Senior Citizens Home" to "Local 87 - Bridgeview Hall"
- Amend "Local 55 - Loch Lomond Villa" to "Local 55 Loch Lomond Villa" to correct spelling

Intent: Housekeeping - reflect changes within locals.

4. ARTICLE 3 – INTERPRETATION

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the Ad Hoc Committee on Local Financial Governance

3.02 "local" shall mean a chartered local of the Union.

Intent: To allow NBNU to have oversight of local funds/account if needed.

5. ARTICLE 6 – UNION LOCALS

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the Ad Hoc Committee on Local Financial Governance

6.02 Locals of the Union shall be chartered and governed in accordance with a *Constitution and By-Laws*. Each local may either create a local *Constitution and By-Laws* or adopt the *Constitution and By-Laws* of NBNU. All local *Constitution and By-Laws* shall be in conformity with the *Constitution and By-Laws* of NBNU. In the absence of a local *Constitution and By-Laws*, or in the event of a conflict, the *Constitution and By-Laws* of NBNU shall prevail.

Intent: To allow NBNU to have oversight of local funds/account if needed.

6. ARTICLE 15 – REVENUE AND FINANCIAL ACCOUNTABILITY

Constitutional Amendment
Require – 2/3 of those who vote
Submitted by the Ad Hoc Committee on Local Financial Governance

15.01 (b) the Union shall remit allocate to the each locals such per capita amounts as is determined at an Annual Meeting of the Union; and

(c) the allocation may take the form of a regular remittance to the Local's bank account, or for the remittance to be held in trust by the Union for the Local; and

15.06 All assets of a Local shall be considered a trust fund of the Union to be held and administered by the Local for the members of the Union belonging to the Local. If the Charter of a Local is revoked, or by agreement between the Local and the Union, the assets shall become the property of NBNU to be held in trust and administered by the Union for the members of that Local.

Intent: To allow NBNU to have oversight of local funds/account if needed.

Candidate for Election

PRESIDENT (ELECTED BY ACCLAMATION)



Paula Doucet
Chaleur Regional Hospital, Bathurst

UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- NBNU Provincial President (2016-present)
- CFNU National Executive Board member (2016-present)
- Provincial Vice-President (2003-2016)
- Executive Council (2001-present)
- Nurses, Part III Negotiating Committee (since 2003)
- Part III Labour Management Committee
- NB Federation of Labour (NBFL) 2nd Vice-President (2010-2017)
- Bathurst District Labour Council 2nd Vice-President (2010-2012)

LOCAL OFFICES HELD

- Local President (2001-2016)
- Vice-President (1998-2001)
- Grievance Officer (2000-2002)
- Joint Health and Safety Committee Co-chair (2001-2005)
- Professional Practice Committee Co-chair (2001-2016)

WORK EXPERIENCE

- Full-time ER department (2003-2016)
- Full-time Medical/Palliative Care (1999-2003)
- Part-time Float (1998-1999)
- Casual RN (1997-1998)

OTHER ACTIVITIES

- Labour-Government Steering Committee (2017-present)
- NB Federation of Labour (NBFL) Women in Leadership Award Recipient (2012)
- CBESRP Trustee (2016-present)
- Co-chair NB Health Coalition (2005-2009)
- Governor General's Canadian Leadership Conference Participant (2008)
- CFNU Biennial Convention (10 times)
- CLC Triennium (6 times)
- NBFL Biennial (4 times)
- Eastern Labour School (8 times)
- NBFL Executive Council Member (2010-present)
- Joint Classification Committee Member (2009)
- Nursing Resources Advisory Committee Member (2004-2012)
- LMI Leadership graduate (2021)
- NB Critical Care Nursing Program Certificate, NBCC (2003)
- The Dorothy Wylie Nursing Leadership Institute (2002)

I am honored to accept the nomination and seek re-election as your president. It has been a privilege and a huge learning curve to serve as NBNU President since 2016.

We are in a very turbulent time in healthcare and it will require strong leadership to navigate us through this perfect storm. I am more than ever committed to see us through this storm for better tomorrows. You have continued to step up in the wake of a global pandemic and nursing shortage, and I will continue to step up for you.

I will continue to be a strong, credible voice for all NBNU members and will continue to defend public healthcare, safer work environments, better work-life balance, working conditions, respect and labour rights on your behalf.

As a proud registered nurse and union leader I look forward to continuing this journey to defend the rights of RNs and NPs as your NBNU Provincial President.

I ask for your continued support and look forward to working with and for each of you.

In Solidarity,

Paula Doucet, RN

Candidate for Election

1ST VICE-PRESIDENT (ELECTED BY ACCLAMATION)



Maria Richard
Beauséjour Community Health Local, Moncton

PROVINCIAL OFFICES HELD

- Present 1st Vice-President (since 2016)
- Trustee – CBE SRP Board of Trustees (since 2020)
- Unit Representative for Part III Community Care (3 terms)
- Member of the Part III Negotiating Committee (2008, 2010 and 2015)
- Member of the Part I (CSN) Negotiating Committee (1998, 2002 and 2005)
- Former member of the Ad-hoc Committee on the Structure of the Negotiating Committee

LOCAL OFFICES HELD

- President, Beauséjour Community Health Local (2020 – present) (1999 - 2016)
- Secretary-Treasurer, Beauséjour Community Health Local (2018 – 2020)
- President, Richibucto Local, Part I, (1995-1999)
- Vice President, Richibucto Local, Part I (1994)
- Actively involved in Union activities with NBNU (1992-present)

WORK EXPERIENCE

- Public Health Nurse, Richibucto Office (1987-1997) and Moncton Office (1997-present)
- PH Communicable Diseases and Immunization Programs (2016-present)
- HIV/STBBI testing program in the community and correctional settings – Zone 1 (1999-2016)
- Sexual Health Center, Moncton (1997-1998)
- Acting Coordinator Hemophiliac Clinic, The Moncton Hospital (1990-1991; 1992-1993)
- Registered Nurse, Oncology/Medical Unit, The Moncton Hospital (1987-1993)
- Registered Nurse, Stella-Maris-de-Kent Hospital (June 1987-September 1987)

OTHER ACTIVITIES

- Foundation of Trust Management Standards (FTMS) Course and Certificate of Achievement (2012), Advanced Trust Management Standards - ATMS (Session A) Course and Certificate of Achievement (2018) and ATMS (Session B) Course and Certificate of Achievement (2019)
- 2015 Governor General Canadian Leadership Conference participant
- Recipient 2009 - Glenna Rowsell Award
- Board of Directors – AIDS NB (2000-2008)

NBNU has been part of my life for the last 29 years. Currently serving as NBNU's 1st Vice-President and President of the Beauséjour Community Health Local for the past 23 years, I previously served as the past Nurses, Part III Community Care Representative and I have served on six different negotiating committees.

Having held the position as your 1st Vice-President since the fall of 2016, I strongly believe that prior experience at the Provincial level and the Local level is a pre-requirement to fulfill the 1st Vice-President responsibilities. I feel that this experience combined with my 34 years of nursing experience in the Hospital and Community sectors gives me the knowledge and abilities to hold the 1st VP position.

As I look back on my nursing career, never would I have thought we would have been dealing with a pandemic. I have never seen issues affecting RNs/NPs that are so alarming; retention and recruitment realities creating chronic staff shortages, declining working conditions and low moral, 24 hour long (or more) shifts and violence in the workplace.

Never has it been so important that we continue to push for NBNU to be at the forefront and be the driver of the discussions with governments that affect our work lives, and the quality of care our clients, patients and residents have access to. It never has been so important for NBNU to continue to fight for us, the members, and for the vulnerable at the provincial and the federal level. It is my hope that you will give me the opportunity and privilege to continue to work with and for you. Thank you!

Stronger together!

Maria Richard

Candidate for Election

2ND VICE-PRESIDENT (ELECTED BY ACCLAMATION)



Cathy Wall
Zone 2 Nurse Managers and Supervisors Local

UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- 2nd Vice-President of NBNU (2019-Present)
- Unit Representative for Nurse Managers and Nurse Supervisors (2015-present)
- Member of the Part III Educational Assistance Committee (2015-present)
- Member of the Nurse Manager and Nurse Supervisor Negotiating Committee (2015-present)

LOCAL OFFICES HELD

- President, Zone 2 Nurse Managers and Supervisors Local (2012-present)

WORK EXPERIENCE

- 10 years in Family Medicine
- 5 years Med/Surg ICU Float Team
- 4 years Nursing Supervisor
- 5 years Nurse Manager General Surgery
- 2 years Bed Access Management
- 5 years Nurse Manager Ambulatory Care, Vascular Support and ENT

OTHER ACTIVITIES

- CFNU Convention attendee (4 times)
- Eastern Labour School attendee (3 times)
- CLC Conventions attendee (2 times)
- NBFL Convention attendee (2 times)
- CLC Lobby on the Hill (2018)
- Women's Day Activities across NB attendee
- New Brunswick Pay Equity Board Observer
- Common Front for Social Justice Board Observer

With my extensive experience on the Board of Directors (BOD) at NBNU, I have and remain committed to improving the workplace and quality of life for registered nurses and nurse practitioners in New Brunswick, as well as the betterment of healthcare and well-being of all New Brunswickers. I have remained steadfast on the issues of nursing and will continue to ensure your voice is heard at the BOD level.

Your vote is greatly appreciated.

In Solidarity

Cathy Wall, RN

Candidate for Election

SECRETARY TREASURER (ELECTED BY ACCLAMATION)



Maria Cormier
Dr. Georges L-Dumont Hospital, Moncton

PROVINCIAL OFFICES HELD

- Member of the Part III Negotiating Committee (2019-Present)
- Interim NBNU Provincial Secretary-Treasurer (July 2021 – Present)

LOCAL OFFICES HELD

- President, Dr. Georges L-Dumont Hospital, Moncton (May 2021 – present)
- Actively on local executive (2011-present)

WORK EXPERIENCE

- Stepdown Telemetry/Medical Internal Medicine (1995-Present)

OTHER ACTIVITIES

- Attended several NBNU annual meetings, executive council meetings and Eastern Labour Schools
- Attended two CFNU conventions

I accept this nomination as an opportunity to further my knowledge with the Union at the board of directors (BOD) level. I am also an RN for Vitalité, which will help bring a different perspective and make me an asset to the Board.

Thank you for accepting my nomination.

Sincerely,

Maria Cormier

The leaders of Canada's nurses unions, including NBNU's Paula Doucet, got their shots to help reduce the pressure on our health care system. We're asking health care workers and all Canadians to get the vaccine as soon as they are able! Let's help spread the word NBNU members!



Featured letter

Nurses need government support

At least 854 nursing jobs vacant in New Brunswick, up 154 since April, union says

'The thermometer is moving in the wrong direction,' says union president

New Brunswick Cox · CBC News · Posted: Jul 13, 2021 4:36 PM AT | Last Updated: July 14

COVID is real, says Edmundston nurse infected during Manoir Bellevue outbreak

Health-care system a 'crumbling,' union says

'If it wasn't for COVID-19, N.B. nurses union would be very realistic when I say we're in a crisis'

Elizabeth Fraser · CBC News · Posted: Apr 29

Nursing shortage demands immediate attention

Healthy, active 46-year-old says she's still recovering three months after testing positive

CBC News · Posted: May 05, 2021 4:52 PM AT | Last Updated: May 5

Nurses union calls for independent inquiry into long-term care sector

New Brunswick

N.B. paramedics, nurses and workers denied time off to

Union releases report, entitled The Forgotten Generation: An Urgent Call for Reform, makes 38 recommendations

New Brunswick

Bobbi-Jean MacKinnon · CBC News · Posted: Oct 15, 2020 11:00 AM AT | Last Updated: October 15, 2020

Horizon warns of ER nurse shortage at Saint John hospital this weekend

Some members of priority groups can't attend immunization clinic this weekend

Bobbi-Jean MacKinnon · CBC News · Posted: Dec 15, 2020

More overnight ER closures in New Brunswick

People with less urgent problems are encouraged to seek help from family doctors, walk-in clinics

CBC News · Posted: May 14, 2021 5:33 PM AT | Last Updated: May 14

N.B. Nurses Union casual staff who

the News

Featured letter

Overworked nurses need more support

New Brunswick

Inside the detective work public health nurses do to limit the spread of COVID-19

New Brunswick

**and nurses on verge of
ays**

Boost spending, improve preventive care, say health-care reps on solving crisis

Karissa Donkin · CBC News · Posted: Apr 17, 2020 6:05 AM AT · Last Updated: April 17, 2020

vertime, we'd have no healthcare system!

on president

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Sackville, N.B. hospital ER to close overnight on weekends due to nursing shortage



By Callum Smith · Global News
Posted June 11, 2021 7:53 pm

d other health-care

get COVID-19 vaccine

d their appointments at Miramichi

althcare groups say province needs a more open

approach to recruitment

swick

ion says nursing homes have too many

men residents need familiarity

Social Media Do's and Don'ts

Social media is a great tool for connecting and NBNU is pleased that many locals have their own Facebook pages for their members to share ideas, express opinions and disseminate important information. However, those rights are not absolute. It is important to remember that the very thing that makes Facebook (and all social media) a powerful tool for such solidarity building, also makes it a risk to its users.

SOCIAL MEDIA USER RISKS INCLUDE:

Scope of distribution: information in electronic form can easily be downloaded, archived and re-distributed. Therefore, the person posting the information may have very little control over their eventual audience.

Permanence of information: basically, there is no "delete" button for anything posted on the Internet. Inappropriate content, even if posted for a brief second, could be screen captured, saved and re-distributed to an unintended audience.

Privacy controls: most sites have privacy controls; however, default settings may allow the public to see information that was intended to be private. Also, nothing will prevent another member of a "private" group from possibly sharing the so-called private content.

Reputational damage: when is a registered nurse not a registered nurse? The answer is NEVER. By virtue of the NB Nurses Act, yours is a regulated profession. A serious misstep on social media could result in a complaint being made to NANB (see sections 27 and 28).

Nurses Act: 27 in this Part "complaint" mean any complaint, report or allegation in writing and signed by the complainant regarding the conduct, actions, competence, character, fitness, health or ability of a member and "Member" includes nurse, former nurse, member and former member.

Nurses Act 28 ... conduct unbecoming a member including any conduct that might adversely affect the standing or good name of the practice of nursing or the Association;

But what if I wasn't at work when I posted on my Facebook/Twitter/Instagram/etc.?

ON DUTY V. OFF DUTY

If discipline is to be sustained on the basis of a justifiable reason arising out of conduct away from the place of work, there is an onus on the Employer to demonstrate that the employee's conduct meets one or more of the following criteria:

- The conduct renders the employee unable to perform his duties satisfactorily.
- The conduct interferes with the efficient management of the operation or workforce.
- The conduct leads to a refusal or reluctance of other employees to work with him.
- The conduct harms the general reputation of the Employer, its product or its employees.

TO DECREASE YOUR PROFESSIONAL AND PERSONAL RISKS, CONSIDER THE FOLLOWING:

DO

- DO make a distinction between your personal life and your professional life online. (respect and enforce professional boundaries: becoming a patient's electronic "friend" or communicating with them through social media sites may extend the scope of professional responsibility)
- DO use social media for education and professional purposes
- DO be mindful of Privacy Issues
- DO set your privacy settings as high as possible
- DO create strong passwords, change them frequently and keep them private
- DO make your personal profile private and accessible only by people you know and trust
- DO present yourself in a professional manner in photos, videos and postings

DON'T

- DO NOT discuss your patients or your colleagues and DO NOT take photos at work.
- DO NOT be lulled by false security
- DO NOT post/share confidential information (an unnamed patient or person may be identifiable from posted information)
- DO NOT use social media to vent or discuss work-related events or comment on similar postings by others
- DO NOT post negative comments about colleagues, supervisors or other healthcare professionals: disclosing information obtained at work could be considered unprofessional and, if erroneous, could lead to a defamation claim
- DO NOT offer health-related advice to comments or questions on social media; if relied upon, such advice could lead to professional liability

Before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body.

It is your responsibility to follow the law and understand any legal impact your actions on social media might create. Be cognizant of legal issues, including but not limited to: violation of employer policies, intellectual property rights, defamation, harassment, bullying, privacy, insubordination, professional/ethical obligations, etc.



Reasons to Become an NBNU Activist

"WHAT'S IN IT FOR ME?"

You may ask yourself this question when thinking about taking a more active role in your union. There are many benefits to becoming an NBNU activist. We've pulled together just a few reasons why you might consider getting involved if you're not already:



1. HAVING YOUR VOICE HEARD IN CONTRACT NEGOTIATIONS

One of the core reasons why registered nurses become active in the Union is so their voices can be heard at the bargaining table. If you attend local meetings or take the time to fill out a bargaining survey, you are helping to inform the Union as they prepare to go to the table.

In negotiations, the Union-appointed negotiator is joined by a provincial negotiating committee of members who have been elected by their colleagues to represent them. If you have ever wanted to be involved in determining your own contract, being engaged with the Union is how you do it.



2. FINDING YOUR NICHE WITHIN THE UNION

There is a lot more to union life than just signing your contract on the dotted line, which is why NBNU invites members to join various committees. Members hold executive roles within their locals, they help plan the AGM and events, they help choose scholarship and bursary recipients, and so much more.



3. ADVOCATING FOR YOUR PATIENTS

The position of the Union on issues related to patient care comes from our membership – those who speak to us directly or share their thoughts at local meetings. Members often find that one voice isn't enough to change the way things are in healthcare – but the voices of 6,900 registered nurses together is difficult to ignore.



4. SPEAKING FOR YOUR PROFESSION

One of the most important reasons to be involved with NBNU is the opportunity to speak for registered nurses and nurse practitioners. Your experiences are unique and valuable, but they often go unheard outside of your inner circle. Engaging with the Union allows you to take what you know and use it to influence outcomes and, ultimately, improve work life for yourself and your colleagues.



5. BEING INFORMED ABOUT ISSUES THAT AFFECT YOU

Nursing and labour groups across Canada do research and prepare reports on all kinds of issues that affect you as a front-line healthcare worker. They use this information to lobby the government, fight detrimental legislation and promote positive changes. Reading up on the work being done by the Union and allied groups can help inform your decisions as you go to the election polls. You never know, it might even inspire you to take an active role in seeking positive changes in your workplace and community.



6. REPRESENT YOUR UNION AND YOUR PROFESSION

Have you ever seen an NBNU commercial or newspaper advertisement and wondered who our fabulous actors and models are? Fun fact: they're all members. NBNU loves to showcase real nurses in all our materials, and we encourage anyone who is interested in being a part of a photo or video shoot to get in touch with us.



7. BEING A PART OF THE LABOUR MOVEMENT

There are perks to being involved with organizations like the Canadian Federation of Nurses Unions (CFNU), the Canadian Labour Congress (CLC), or the New Brunswick Federation of Labour (NBFL). NBNU activists attend conventions around the country, take part in rallies, and forge wonderful bonds with people from diverse backgrounds all in the name of improving the lives of working people. The experiences that come with being a member of the labour movement cannot be replicated and are worth taking advantage of.

Nurses Voices Are Needed Now More Than Ever

BY CATHY ROGERS, PHD

Cathy Rogers joined the NBNU team in May of 2021 as the Research and Education Officer. Dr. Rogers comes from federal and provincial government, academia (as Sociology professor focused on the benefits of upstream policies and practices), and politics (having served as Minister of Social Development and NB's first female Minister of Finance).

She brings to the role an understanding of how government works, and a lifelong social advocate's energy and commitment to research-based solutions. She is excited to support the President and Executive Director's efforts in collecting solid data to elevate the professional voices of registered nurses and nurse practitioners, and to make their everyday experiences known for healthcare improvements.

One of the first tasks assigned to Cathy was to conduct a survey among NBNU members – to check-in on how they are doing, mentally and

physically, at a point-in-time when the nurse shortage is at an all-time high; when they have been nearly three years without a collective agreement; and when nurses had – at their own peril – sacrificially stepped up to support everyone during the COVID-19 pandemic for the past year and a half. Nurses have been stepping up long before COVID-19; and they were pleading for help and for a safer and more quality work environment for some time.

Eager to be heard, over 4,000 nurses responded to the call for participation in June/July 2021. They provided strong and lengthy descriptions of their recent and current working conditions, their professional outlook on nursing, and on the state of healthcare and their own well-being.

In summary, New Brunswick's nurses said they are "wearing out" and are "not okay," a message heard loudly and clearly. They testified to having "nothing left to give," due to the heavy burdens of being short-staffed for so long and feeling "unsupported by management." They reported feeling "disposable" and "expendable," their stresses carried home to their families.

They overwhelmingly reported experiencing a moral dilemma over the care they know their patients, residents and clients need and that which they are rather able to deliver. They, themselves, are going out sick, on extended leave, and even changing careers.

Nurses believe that the public is not truly aware of how bad conditions are, or where healthcare is headed. And management cares more about their budgets than the health and well-being of patients, residents, and staff. The reality is, however, from the front-line vantage point of 90% of nurse respondents, the quality of healthcare is getting worse, and patient care will continue to decline if conditions remain.

According to 85.45% of survey participants, it is the rapidly growing nurse shortage and the resulting unmanageable and unsustainable workloads of nurses currently left in the system, that is to blame. And, for the gross neglect in addressing these longstanding conditions and their effects, nurses point to an overall lack of leadership and a growing culture of acceptance. Many testified, for instance, that over and over they would bring serious concerns forward – even suggest solutions – but have been ignored, as if their professional expertise is of "no value."

Nurses' own deteriorating health and well-being (felt by their families) is one of the costs of working "chronically short," with more high-acuity patients, and from giving their all as they try their best, and so is a general loss of hope over the possibility for



Cathy Rogers

change. Over 70% of participants, for instance, reported their physical health deteriorated over the past three years alone, and over the same period, 83% reported their mental health having deteriorated. Over 80% say they are currently experiencing "high" to "very high" stress and burnout from their jobs, and are unsure how long they can continue to do them.

Consistently, nurses reported difficulty accessing vacation or attaining sufficient rest periods between shifts due to short-staffing; being asked to stay late, work double shifts, or remain on-call due to short-staffing; being called back when they are sleeping due to short-staffing; and even having difficulty getting washroom and lunch breaks due to short-staffing. Over 85% of participants said they are challenged to take their own sick leave when it is needed, and when they do,

they feel guilty knowing they are leaving their "work family in an even more dangerous situation" or are "shamed" by their managers because "there is no one else." Over 97% of participants report feeling not rested at the end of the week, but worse, 89.91% report not feeling rested even at the *beginning* of their shifts. They go home hours beyond when they were scheduled to, and they report suffering insomnia, anxiety, and depression, all from "unrealistic job demands" and "unsafe work conditions."

The nurse shortage, increased workloads, lack of breaks, and increased stress combined, carries with it, costs even to the integrity of the nursing profession and the very sustainability of the workforce in need (like the 'chicken and egg' syndrome). Nurses are troubled, personally knowing and wanting to provide better care, and yet

being unable to provide that care. But perhaps most telling of the powerlessness they feel to change things, is that *86.85% of nurses would not recommend the profession to family and friends* in these current conditions. Further, nearly *half said that they would leave now* if they could or are already looking for alternatives or already have an "exit strategy in place." This powerful reality explains retention and recruitment problems and it warns of an even greater healthcare crisis perhaps sooner than later.

In essence, the survey asked, 'how are you doing?' The answer received was, "not okay." But neither is the healthcare system. Leaders have tough decisions to make if they want to prevent further decline. It would be most prudent to invite nurses to be part of these decisions; their previously ignored voices are needed now more than ever.

Keynote Speaker

THIS YEAR'S AGM KEYNOTE SPEAKER IS BEVERLY BEUERMANN-KING

For over 20 years, Beverly has used her S-O-S Principle™ with people and organizations who want to control their reactions to stress, build resiliency against life's challenges, and live healthy, successful lives. Beverly appreciates that there is not 'one way' to deal with our business challenges or build our personal resiliency. Beverly believes that it is about building an action plan that works, which is unique to the person and team who builds it.

Beverly launched her company, R'n B Consulting, in 1995, and since then she has helped teams from a wide range of industries to shift from stressed out to resilient, enabling them to be happier, engaged, and successful.

Beverly's psychology, sociology, management, and adult education background combine to create her Work Smart Live Smart presentations, which are soundly based in research, and are enlightening and inspirational. Audiences discover the right strategies to improve their health, manage their challenges, and enhance their life's satisfaction using three simple questions.

Beverly is a sought-after media spokesperson and has made over 500 television and radio appearances on shows such as City TV and CBC, and in national publications from the Toronto Star newspaper to Chatelaine magazine. Beverly is a highly respected speaker. Diverse organizations from Enbridge Gas and the Ontario Veterinarian Association, to York Regional Police, and the Elementary Teachers Federation, have partnered with Beverly when they want to protect their mental health.

Beverly is one of less than seventy Canadians to have earned their Certified Speaking Professional designation and has been accredited as a Certified Virtual Presenter through eSpeakers and through Power Women WorldWide. Beverly's ability to connect the theoretical to real life through her stories and humour, help her audiences to move past the challenges and into a world of possibilities.



Scholarships and Bursaries

The following scholarships are currently available through NBNU with an application deadline of September 30.

For more details and to find out more about each scholarship, visit www.nbnu.ca/member-services/scholarships/.

- NBNU Family Scholarships
- NBNU Nursing Scholarships (2nd & 3rd Year Students)
- NBNU Post-Secondary Scholarships
- CFNU Scholarship

The 2020 scholarship recipients were:

- 2nd Year Nursing Scholarship Award – Emma Margaret Stephen
- 3rd year Nursing Scholarship – Emma Hansen
- CFNU Scholarship – No applicants
- NBNU Family Scholarships (3) – No applicants
- Post-Secondary Scholarships (3) – Catherine Spence, Kaitlyn Furlong and Sydney Moores

NBNU BURSARIES

On an annual basis, NBNU grants a total of ten \$800 bursaries for nursing students in the BN program at the five teaching sites (l'Université de Moncton – Moncton & Edmundston and University of New Brunswick – Moncton, Fredericton and Saint John). The student body of each site select two of the most deserving students from their group to receive the bursary.

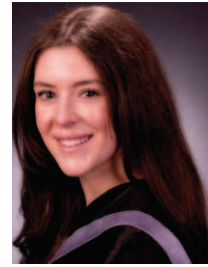
The following 4th year students were the 2021 recipients of the NBNU bursaries:

- l'Université de Moncton, Edmundston – Jean Dorcas and Sandy Albert
- l'Université de Moncton, Moncton – Caroline Barry and Shelaine Gallant
- University of New Brunswick, Moncton – Chiara Quadri and Emily Sutherland
- University of New Brunswick, Saint John – Jessica Cook and Kathleen MacNeill
- University of New Brunswick, Fredericton – Corey Renouf and Brook Billings

NBFL SCHOLARSHIPS

NBNU members and their children are also eligible for some scholarships as an affiliate of the NBFL. Below is a list of scholarships and bursaries offered, which can also be accessed on the NBNU website.

- James A. Whitebone Memorial, NBFL
- Tim McCarthy, NBFL
- NBFL Solidarity Bursaries, NBFL
- J. Harold Stafford Humanitarian Award, NBFL
- Dermot Kingston Lifelong Learning Award, NBFL



Caroline Barry



Brook Billings



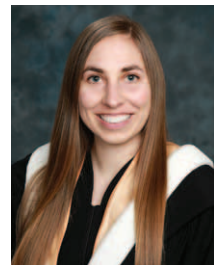
Jessica Cook



Shelaine Gallant



Jean Dorcas



Chiara Quadri



Corey Renouf



Emily Sutherland



NEW BRUNSWICK NURSES UNION

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2020

NEW BRUNSWICK NURSES UNION
Index to Financial Statements
Year Ended December 31, 2020

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INDEPENDENT AUDITOR'S REPORT

To the Members of New Brunswick Nurses Union

Opinion

We have audited the financial statements of New Brunswick Nurses Union (the organization), which comprise the statement of financial position as at December 31, 2020, and the statements of operations, changes in fund balances and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2020, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

(continues)

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

Independent Auditor's Report to the Members of New Brunswick Nurses Union *(continued)*

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

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



Fredericton, New Brunswick
June 11, 2021

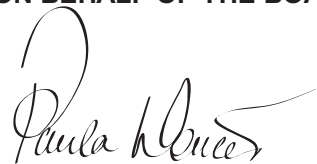
CHARTERED PROFESSIONAL ACCOUNTANTS

NEW BRUNSWICK NURSES UNION
Statement of Financial Position
December 31, 2020

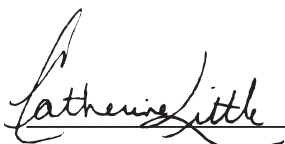
	General Fund 2020	Restricted Funds 2020	Total 2020	Total 2019
ASSETS				
CURRENT				
Cash	\$ 695,894	\$ 49,218	\$ 745,112	\$ 376,815
Marketable securities (schedule 1)	2,114,830	5,035,028	7,149,858	6,952,548
Dues receivable	272,288	-	272,288	281,739
Other accounts receivable	14,037	-	14,037	25,352
Accounts receivable from employees	-	-	-	1,790
Interest receivable	83,878	-	83,878	97,741
Prepaid expenses	83,001	-	83,001	73,144
Due from funds (Note 7)	13,150	-	13,150	5,908
	3,277,078	5,084,246	8,361,324	7,815,037
CAPITAL ASSETS (Net) (Note 5)	1,372,111	-	1,372,111	1,473,105
	\$ 4,649,189	\$ 5,084,246	\$ 9,733,435	\$ 9,288,142
LIABILITIES AND NET ASSETS				
CURRENT				
Accounts payable	\$ 564,688	\$ -	\$ 564,688	\$ 510,135
Due to funds (Note 7)	-	13,150	13,150	5,908
	564,688	13,150	577,838	516,043
FUND BALANCES	4,084,501	5,071,096	9,155,597	8,772,099
	\$ 4,649,189	\$ 5,084,246	\$ 9,733,435	\$ 9,288,142

CONTINGENT LIABILITY (Note 8)

ON BEHALF OF THE BOARD



Director



Director

See notes to financial statements

NEW BRUNSWICK NURSES UNION
Statement of Operations
Year Ended December 31, 2020

	General Fund 2020	General Fund 2019	Restricted Funds 2020	Restricted Funds 2019
REVENUES				
Membership dues	\$ 4,424,695	\$ 4,544,103	\$ -	\$ -
Investment income (Note 6)	134,377	150,914	680	799
Contributions from nursing homes	-	-	32,581	30,656
	4,559,072	4,695,017	33,261	31,455
EXPENSES				
GENERAL & ADMINISTRATIVE				
Salaries - labour relations	813,591	716,315	-	-
Salaries - office staff	747,512	643,715	-	-
Salaries - overtime	(1,704)	7,231	-	-
Employee benefits	306,950	277,165	-	-
Employee recruitment	4,916	844	-	-
Staff professional development	22,079	25,366	-	-
Travel	22,088	61,566	-	-
Car allowance	41,443	40,280	-	-
Office supplies and expenses	105,179	80,805	-	-
Library	9,764	14,050	-	-
Postage	46,916	31,234	-	-
Insurance	16,260	15,655	-	-
Interest and bank charges	2,854	3,053	-	-
Communications	115,370	98,225	-	-
Professional fees	57,775	92,901	-	-
Photocopier leases and expenses	7,843	10,302	-	-
Electricity	20,070	21,741	-	-
Property taxes and water	67,201	63,036	-	-
Building repairs and maintenance	52,268	56,066	-	-
Amortization	124,221	145,081	-	-
TOTAL GENERAL & ADMINISTRATIVE	2,582,596	2,404,631	-	-

(continues)

See notes to financial statements

NEW BRUNSWICK NURSES UNION
Statement of Operations (continued)
Year Ended December 31, 2020

	General Fund 2020	General Fund 2019	Restricted Funds 2020	Restricted Funds 2019
UNION ACTIVITIES				
Dues refunds to locals	368,196	384,398	-	-
COMMITTEE EXPENSES				
Salaries - members	125,215	354,861	-	-
Travel, meals and accommodations	32,195	269,119	-	-
Meeting accommodations	2,460	11,847	-	-
Speakers and registration	670	49,122	-	-
Translation	18,291	53,026	-	-
Employee benefits	16,660	52,801	-	-
Hearing expenses	12,487	54,693	-	-
Public relations and promotions	660,931	190,293	-	-
General printing	38,542	36,242	-	-
CFNU / NBFL dues	275,760	262,130	-	-
CFNU expenses	-	185,529	-	-
General translation	29,878	20,045	-	-
Scholarships	12,000	17,600	-	-
Memorials and gifts	1,576	920	-	-
Educational assistance	-	-	31,318	20,790
General expenses	-	-	60	17
TOTAL UNION ACTIVITIES	1,594,861	1,942,626	31,378	20,807
	4,177,457	4,347,257	31,378	20,807
EXCESS OF REVENUES OVER EXPENSES	\$ 381,615	\$ 347,760	\$ 1,883	\$ 10,648

See notes to financial statements

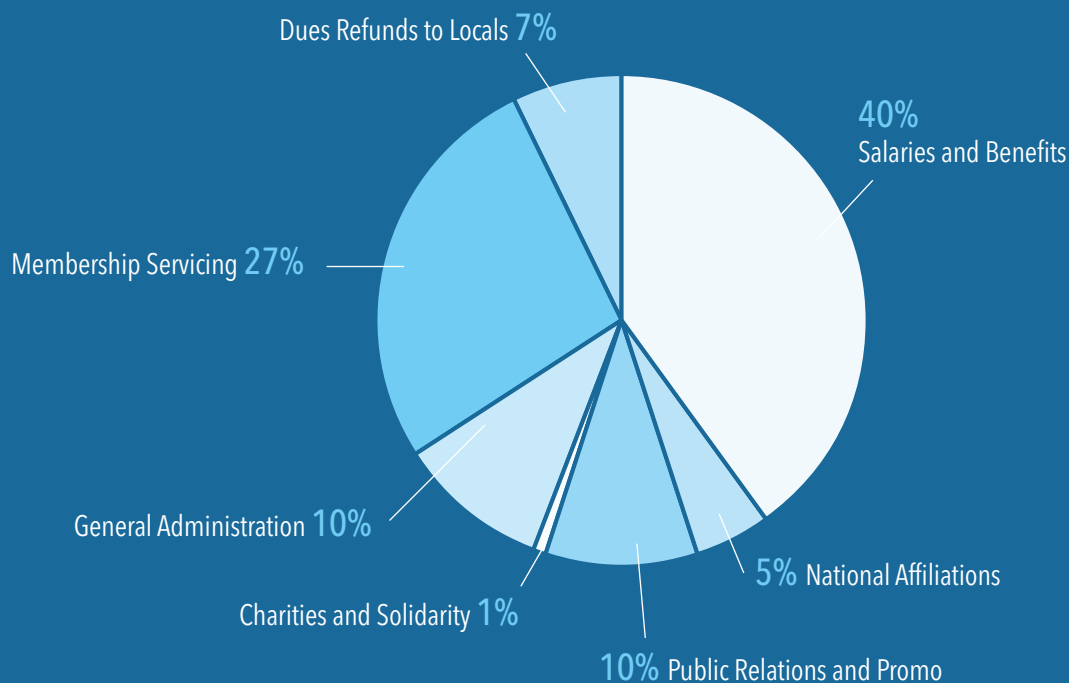
NEW BRUNSWICK NURSES UNION
Statement of Changes in Fund Balances
Year Ended December 31, 2020

	General Fund 2020	General Fund 2019	Restricted funds 2020	Restricted funds 2019
FUND BALANCES - BEGINNING OF YEAR	\$ 3,702,886	\$ 3,355,126	\$ 5,069,213	\$ 5,058,565
Excess of revenues over expenses	381,615	347,760	1,883	10,648
FUND BALANCES - END OF YEAR	\$ 4,084,501	\$ 3,702,886	\$ 5,071,096	\$ 5,069,213

See notes to financial statements

Operating Expenses 2022

PERCENTAGE OF BUDGET



NEW BRUNSWICK NURSES UNION
Statement of Cash Flows
Year Ended December 31, 2020

	General Fund 2020	Restricted funds 2020	Total 2020	Total 2019
OPERATING ACTIVITIES				
Excess of revenues over expenses	\$ 381,615	\$ 1,883	\$ 383,498	\$ 358,408
Item not affecting cash:				
Amortization of capital assets	124,221	-	124,221	145,081
	505,836	1,883	507,719	503,489
Changes in non-cash working capital:				
Dues receivable	9,451	-	9,451	41,158
Accounts receivable from employees	1,790	-	1,790	(415)
Interest receivable	13,863	-	13,863	15,727
Other accounts receivable	11,315	-	11,315	31,853
Accounts payable	54,553	-	54,553	(95,383)
Prepaid expenses	(9,857)	-	(9,857)	(48,768)
	81,115	-	81,115	(55,828)
Cash flow from operating activities	586,951	1,883	588,834	447,661
INVESTING ACTIVITIES				
Purchase of capital assets	(23,227)	-	(23,227)	(115,949)
Marketable securities	(200,000)	2,690	(197,310)	(551,305)
	-	-	-	-
Cash flow from (used by) investing activities	(223,227)	2,690	(220,537)	(667,254)
FINANCING ACTIVITY				
Advances to/from funds	(7,242)	7,242	-	-
Cash flow from (used by) financing activity	(7,242)	7,242	-	-
INCREASE (DECREASE) IN CASH FLOW				
	356,482	11,815	368,297	(219,593)
Cash - beginning of year	339,412	37,403	376,815	596,408
CASH - END OF YEAR	\$ 695,894	\$ 49,218	\$ 745,112	\$ 376,815
CASH FLOWS SUPPLEMENTARY INFORMATION				
Interest received	\$ (120,514)	\$ (680)	\$ (121,194)	\$ (135,986)

See notes to financial statements

NEW BRUNSWICK NURSES UNION

Notes to Financial Statements

Year Ended December 31, 2020

1. PURPOSE OF THE ORGANIZATION

The New Brunswick Nurses Union is recognized as a duly constituted labour organization exempt from taxation under paragraph 149(1)k of the Income Tax Act. The Union was established to advance the economic and social welfare of its members and potential members. The Union assists in the settlement of disputes between its members and their employers and works to attain the goals set out in Article 2 of the union constitution.

2. BASIS OF PRESENTATION

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Fund accounting

New Brunswick Nurses Union follows the restricted fund method of accounting for contributions.

The General Fund accounts for the organization's program delivery and administrative activities. This fund reports unrestricted resources and restricted operating grants.

The Membership Defence Fund reports only internally restricted resources that are to be used to fund special union activities as required.

The Nursing Homes Educational Leave Fund reports on externally restricted resources used, at the direction of the Educational leave committee, to fund approved professional development programs applied for by members employed at Nursing Homes.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Such estimates are periodically reviewed and any adjustments necessary are reported in earnings in the period in which they become known. Actual results could differ from these estimates.

Financial instruments policy

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost, and tested for impairment at each reporting date. Transaction costs on the acquisition, sale, or issue of financial instruments are expensed when incurred.

Cash and cash equivalents

Cash includes cash and cash equivalents. Cash equivalents are investments in treasury bills and are valued at cost plus accrued interest. The carrying amounts approximate fair value because they have maturities at the date of purchase of less than ninety days.

(continues)

NEW BRUNSWICK NURSES UNION**Notes to Financial Statements****Year Ended December 31, 2020****3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(continued)*Capital assets

Capital assets are stated at cost or deemed cost less accumulated amortization and are amortized over their estimated useful lives on a straight-line basis at the following rates:

Land	N/A
Buildings	4%
Furniture and fixtures	10%
Computer equipment	25%
Computer software	50%

Capital assets acquired during the year but not placed into use are not amortized until they are placed into use.

Revenue recognition

New Brunswick Nurses Union follows the restricted fund method of accounting for revenue.

Union membership dues are recognized as revenue of the General Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions from nursing homes are recognized as revenue of the Nursing Home Educational Leave fund.

Investment income is recognized as revenue of the General Fund when earned, with the exception of the investment income of the Nursing Home Educational Leave Fund, which is reported in that fund.

Marketable Securities

Marketable securities, which consist primarily of interest bearing instruments, are carried at amortized cost.

4. FINANCIAL INSTRUMENTS

The organization's financial instruments comprise marketable securities and normal working capital items. Unless otherwise stated, management believes that the fair value of all these items either approximates their carrying value, or cannot be determined because of uncertainty over the timing of related cash flows.

It is management's opinion that the organization has no material financial exposure due to members and other debtors failing to pay amounts owed (credit risk), or changes in commodity prices, interest rates or other market-set prices. The investments in marketable securities present the major source of risk, primarily credit risk and interest rate risk. The organization has adopted a conservative investment policy with diversified holdings of high quality investment instruments.

NEW BRUNSWICK NURSES UNION
Notes to Financial Statements
Year Ended December 31, 2020

5. CAPITAL ASSETS

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
Land	\$ 281,722	\$ -	\$ 281,722	\$ 281,722
Buildings	2,074,519	1,047,241	1,027,278	1,110,259
Furniture and fixtures	301,854	271,358	30,496	45,120
Computer equipment	188,631	169,045	19,586	22,498
Computer software	192,688	179,661	13,027	13,506
	\$ 3,039,414	\$ 1,667,305	\$ 1,372,109	\$ 1,473,105

6. INVESTMENT INCOME

	2020	2019
General fund	\$ 134,377	\$ 150,914
Nursing home educational leave fund	680	799
	\$ 135,057	\$ 151,713

7. DUE TO (FROM) FUNDS

Interfund loans generally result from accruals of income to be transferred from one fund to another. As soon as the income is received, the loans are paid. These interfund balances are non-interest bearing and recorded as current amounts. At year end, the balances were \$13,150.

8. CONTINGENT LIABILITY

A lawsuit has been filed against the Union in respect of legislated changes to the member pension plan. It is the Board's opinion that the lawsuit is without merit. As such, no accrual has been made for any contingent liability arising from the lawsuit.

9. SIGNIFICANT EVENT

The outbreak of coronavirus disease (COVID-19) has resulted in the global declaration of a pandemic by the World Health Organization on March 11, 2020. Government measures in place to combat the health threat of the virus have caused material disruption to businesses globally, resulting in an economic slowdown. At this time the duration and impact of the outbreak are unknown as are the efficacy of government and central bank interventions. It is not possible to reliably estimate the length and severity of the measures nor their impact on the future financial results and condition of the organization.

NEW BRUNSWICK NURSES UNION
Marketable Securities
(Schedule 1)
As at December 31, 2020

	2020 Carrying Value	2020 Fair Value
GENERAL FUND		
Omista Credit Union		
0.75% GIC, due October 2021	\$ 100,000	\$ 100,000
Credit Union shares	5	5
BMO Nesbitt Burns		
2.70% Canadian Western Bank GIC, due November 2022	200,000	200,000
1.175% Canadian Western Bank GIC, due July 2022	200,000	200,000
3.00% HSBC Bank GIC, due January 2022	250,000	250,000
2.33% Bank of Montreal GIC, due December 2021	200,000	200,000
Scotiabank		
1.00% MTCC GIC, due April 2021	300,000	301,299
2.20% NTC GIC, due June 2021	125,000	127,904
1.25% Scotiabank Special Rate GIC, due February 2021	350,000	352,637
Scotia McLeod		
2.41% Scotiabank GIC, due March 2021	250,000	250,000
0.65% Scotiabank GIC, due October 2021	139,825	139,825
TOTAL GENERAL FUND MARKETABLE SECURITIES	\$ 2,114,830	\$ 2,121,670
RESTRICTED FUNDS		
Omista Credit Union		
Omista Credit Union shares	5	5
BMO Nesbitt Burns		
2.65% Canadian Western Bank GIC, due March 2022	350,000	350,000
1.01% Bank of Montreal GIC, due June 2021	405,065	405,065
0.75% Bank of Montreal GIC, due December 2021	515,000	515,000
2.71% Canadian Western Bank GIC, due March 2021	326,858	352,166
1.175% Canadian Western Bank GIC, due July 2022	200,000	200,000
3.45% Royal Bank bond, due September 2026	285,000	291,033
Scotia McLeod		
0.65% CIBC GIC, due August 2021	261,500	261,500
1.45% Scotiabank GIC, due March 2021	420,000	420,000
0.65% Montreal Trust GIC, due August 2021	278,000	278,000
0.65% Scotiabank GIC, due October 2021	383,475	383,475
1.70% Canadian Western Bank GIC, due April 2021	350,000	350,000
0.65% Canadian Western Bank GIC, due November 2021	250,000	250,000
Scotiabank		
2.08% MTC Cashable GIC, due January 2021	190,500	195,183
1.20% Scotiabank GIC, due May 2021	350,000	352,693
2.10% National Trust GIC, due January 2021	229,000	235,907
1.25% Scotiabank Special Rate GIC, due February 2021	206,000	207,587
0.76% Scotiabank GIC, due July 2021	30,502	30,550
Unamortized Premiums and Discounts		
Unamortized premiums and discounts	4,123	4,123
TOTAL RESTRICTED FUNDS MARKETABLE SECURITIES	5,035,028	5,082,287
GRAND TOTAL	\$ 7,149,858	\$ 7,203,957

See notes to financial statements

Finance Committee Report

BY CATHERINE LITTLE

The Finance Committee met virtually on June 11. Members of the Committee are Amy Dalley, Barb Duplessis, Margie Ellis, Debbie Gill, Director of Operations; ex-officio, Paula Doucet, President, Matt Hiltz, Executive Director, and myself as the NBNU Secretary-Treasurer.

Peter Spacek, with the accounting firm Spacek, Armstrong & Norrad, met with the Committee to review the audited financial statements for 2020. Mr. Spacek stated that the financial statements present fairly, in all material respects, regarding the financial position of the New Brunswick Nurses Union as of December 31, 2020.

The Committee has prepared the operational budget for 2022 which can be found in this Parasol.

The Finance Committee recommended the following items for consideration in the 2022 budget:

- Public Relations budget set at \$500,000.
- The policy regarding meal reimbursement of \$60.00 per day will be followed rather than providing breakfast and lunch at Executive Council 2022. If delegates prefer the convenience of having meals provided, the finance committee will reconsider for AGM 2022.
- Recommend transfer from 2019 & 2021 surpluses to cover the 2022 budget shortfall.



Catherine Little

In closing, I would like to thank the Committee members for their commitment and support.

In solidarity,

A handwritten signature in black ink that reads "Catherine Little".

Catherine Little, RN



NBNU Finance Committee. From left to right: Matt Hiltz, Margie Ellis, Amy Dalley, Barb Duplessis, Catherine Little, Debbie Gill and Paula Doucet

New Brunswick Nurses Union

OPERATIONAL BUDGET FOR YEAR ENDING DECEMBER 31, 2022

REVENUE	2022 Proposed Budget	2021 Approved Budget
Membership dues	4,510,072	4,544,068
Investment income	118,348	151,000
TOTAL REVENUE	4,628,420	4,695,068
EXPENDITURES		
General & Administrative		
Salaries	1,574,702	1,522,158
Staff overtime	8,575	12,000
Employee benefits	367,508	358,523
Staff professional development	33,000	33,000
Travel	80,000	75,000
Car allowance	45,600	40,800
Office supplies & expenses	45,000	28,000
Service contract/IT support	44,000	53,000
Depreciation	124,000	142,000
Library	12,000	14,500
Office equipment leases	15,800	16,800
Bank charges	3,300	3,300
Insurance & bonding	16,670	16,623
Telephone expenses	53,500	53,000
Professional fees	50,000	50,000
Property taxes	67,201	68,209
Utilities	21,000	22,700
Building repairs & maintenance	43,000	44,287
Presidents accomodations	14,000	14,000
Casual temporary staffing	3,000	8,000
Employee recruitment expenses	2,000	8,000
Total General & Administrative	2,623,856	2,583,900
UNION ACTIVITIES		
Dues refunds to locals	382,080	384,960
Member Expenses:		
Annual General Meeting	335,571	331,415
Executive Council	238,068	237,000
Board of Directors	74,278	71,949
Eastern Labour School	151,507	-
NANB AGM	8,473	-
Bargaining & Labour Management	44,014	93,935
Member Education (Leadership in Action)	47,731	50,731
Finance, JCMC, Ann Mtg Ops., Arbitration	33,417	41,980
Nurses: Part III / Nursing Homes Education	15,173	15,173
CLC Convention	-	41,944
NBFL Convention	17,130	17,069
CFNU Biennium	-	169,094
Public Relations & Promotions	550,000	300,000
Legal expense assistance plan	5,000	5,000
Local assistance fund	1,000	1,000
Membership motivation	75,000	50,000
Postage/shipping	80,000	85,000
Internship program	20,000	-
Printing	80,000	80,000
Canadian Federation dues	191,040	192,480
N B Federation of Labour Dues	87,878	88,541
Hearing expenses	60,000	40,000
Scholarships	20,800	22,400
General translation	22,500	25,000
Memorials & gifts	2,500	2,500
Member Communications	50,000	50,000
Total Union Activities	2,593,160	2,397,171
Total Expenditures	5,217,016	4,981,071
Excess of Revenue (Expenditure) For Year	(588,596)	(286,003)
Transfer from Investments	0	-
Surplus (Deficit)	(588,596)	(286,003)

*The 2021 budget will be revised due to the COVID-19 pandemic restrictions and an updated budget will be provided at the October 2021 AGM

Notes to Budget

REVENUE

Membership Dues – Based on 1.025% of Class A Step G annual salary of January 2011.

Investment Income – Interest earned on total investment portfolio.

EXPENDITURES – GENERAL AND ADMINISTRATIVE

Salaries – This amount includes salaries for 16.5 full-time staff including the president.

Overtime – For all bargaining employees. Overtime must be approved by the Executive Director or the Director of Operations.

Employee Benefits – Includes employer's contributions to CPP, Employment Insurance, CBE Pension Plan, WorkSafeNB, group health plan and other negotiated benefits.

Staff Professional Development – Includes workshops, seminars and educational leave.

Car Allowance – For Executive Director and LRO staff as per collective agreements and for the President as per policy manual.

Office Equipment Leases – Includes leasing cost and supplies for mailing equipment and photocopier.

Postage/Shipping – Includes courier fees and postage expenses.

Depreciation Expense – Capital assets are amortized at the following rates: building 4%; paving 10%; furniture and equipment 10%; computer hardware 25%; computer software 50%.

Building Repairs and Maintenance – Includes snow removal, lawn care, janitorial services and general maintenance.

Library – Includes cost of newspapers, magazines, labour law books and annual web-based research subscriptions.

Insurance & Bonding – Includes fire insurance on property and liability insurance for legal staff, directors and officers.

Communications – Includes telephone expenses, website management and maintenance.

Professional Fees – Auditor's fees and other professional services.

EXPENDITURES – UNION ACTIVITIES

Dues Refunds to Locals – Provincial office rebates the locals \$5.00 per member per month.

Members' Salaries – Salary replacement costs for members attending NBNU meetings.

Meeting Accommodations – Cost of renting conference rooms as well as cost of providing coffee breaks.

Simultaneous Translation – Cost of equipment rental and translation services.

Public Relations and Promotions – \$500,000 for PR campaigns and \$50,000 to support various affiliations such as: the provincial or national Health Coalition, NB Common Front for Social Justice, NB Coalition for Pay Equity and other initiatives approved by the Board of Directors or by motion at the Annual General Meeting.

Membership Motivation – Includes cost of promotional items such as Registered Nurse pins, Union/AGM promotional items and funding to locals for national nursing week recognition.

Printing – Printing of booklets, brochures, contracts, newsletters and *Parasol*.

Canadian Federation of Nurses Unions – Dues are \$2.50 per member per month. This amount includes the CLC affiliation fee.

NB Federation of Labour Dues – Dues are \$1.15 per member per month.

Hearing Expenses – Includes legal costs, medical assessments and arbitrators' costs.

General Translation – Cost of written translation of information sent to members.

New Brunswick Nurses Union

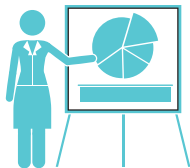
INVESTMENT SCHEDULE - JULY 31, 2021

			TERM	MATURITY DATE	INTEREST RATE	PRINCIPAL INVESTED
INVESTMENTS - GENERAL FUND						
BMO Nesbitt Burns GIC	Cdn Western Bank GIC	#270-0097211	5 years	1-Nov-22	2.70%	\$ 200,000
BMO Nesbitt Burns	HSBC Bank GIC	#270-0097211	3 years	24-Jan-22	3.00%	\$ 250,000
BMO Nesbitt Burns	GIC	#270-0097211	2 years	20-Dec-21	2.33%	\$ 200,000
BMO Nesbitt Burns	Canadian Western Bank	#270-0097211	2 years	15-Jul-22	1.175%	\$ 200,000
Scotiabank	HISA	36340343	S/T	31-Aug-21	0.50%	\$ 350,000
Scotia Bank	HISA	36340343	S/T	anytime	0.50%	\$ 125,000
Scotiabank	HISA	36340343	S/T	31-Aug-21	0.50%	\$ 300,000
Scotia Wealth	NR GIC	#270-0060516	1 year	1-Oct-21	0.65%	\$ 139,825
Scotia Wealth	HISA	#270-0060516	S/T	13-Aug-21	0.25%	\$ 250,000
Omista Credit Union	GIC	#61545-41-2	1 year	10-Oct-21	0.75%	\$ 100,000
Total General Fund Investments						\$ 2,114,825
INVESTMENTS - MEMBERSHIP DEFENCE FUND						
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	2 years	16-Jul-22	1.175%	\$ 200,000
BMO Nesbitt Burns	Royal Bank bond	#270-0097211	4 years	31-Dec-21	2.12%	\$ 285,000
BMO Nesbitt Burns	HISA	#270-0097211	S/T	31-Aug-21	0.25%	\$ 405,065
BMO Nesbitt Burns	HISA	#270-0097211	S/T	31-Aug-21	0.25%	\$ 326,858
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	1 year	24-Dec-21	0.75%	\$ 515,000
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	3 years	12-Mar-22	2.65%	\$ 350,000
Scotia Wealth	HISA	#270-0060516	S/T	13-Aug-21	0.25%	\$ 770,000
Scotia Wealth	Montreal Trust GIC	#270-0060516	1 year	5-Aug-21	0.65%	\$ 278,000
Scotia Wealth	Nat. Trust GIC	#270-0060516	1 year	1-Oct-21	0.65%	\$ 383,475
Scotia Wealth	Cdn Western Bank GIC	#270-0060516	1 year	10-Nov-21	0.65%	\$ 250,000
Scotia Wealth	CIBC GIC	#270-0060516	1 year	4-Aug-21	0.65%	\$ 261,500
Scotiabank	Montreal Trust NR GIC	36340343	9 months	1-Nov-21	0.55%	\$ 419,500
Scotiabank	NR GIC	36340343	9 months	8-Dec-21	0.50%	\$ 206,000
Scotiabank	HISA	36340343	S/T	31-Aug-21	0.25%	\$ 350,000
Total Membership Defence Fund Investments						\$ 5,000,398
INVESTMENTS - NURSING HOME EDUCATIONAL LEAVE FUND						
Scotia Bank	BSN NR GIC	36340343	9 months	16-Jul-21	0.76%	\$ 30,502

HOW NBNU NEGOCIATES YOUR COLLECTIVE AGREEMENT

One of the New Brunswick Nurses Union's objectives

is to regulate the employment relations between its members and their employers. This includes the negotiation and enforcement of its three provincial bargaining unit collective agreements.



STEP 1 – PLANNING

- Election of bargaining teams
- Member surveys which rank their priorities
- Develop priorities (monetary / nonmonetary)
- Bargaining conference
- Review of past grievances for problematic language
- Draft proposals

Note: At this stage, information will be reported to members of the bargaining unit(s) through their Local President and/or correspondence from the NBNU President/Executive Director.



STEP 2 – MEETINGS

The first meeting with the Employer's negotiating team begins the exchange of proposals (non-monetary initially, then monetary), the establishment of procedures and protocols (i.e- no bargaining in the media, confidentiality, etc), and a review of housekeeping items (ex: typos).



STEP 3 – TIME TO BARGAIN

NBNU and the Employer teams work hard to understand each others' proposals. This stage involves a give and take with the Employer and goes until a tentative agreement or an impasse is reached.

IF THE TEAM CANNOT REACH A TENTATIVE AGREEMENT, AN IMPASSE IS REACHED.

The parties may request the services of a Conciliation Officer whose job it is to meet with both parties to attempt to break the impasse. This is a required step before any strike vote may be taken.



STEP 4 – TENTATIVE AGREEMENT OR BUST

A tentative agreement is reached when the Negotiating Team believes that it has the best possible offer that the Employer is able to make AND it substantially meets the mandate given to the team by its members.

STRIKE VOTE

If a strike vote is required, the majority of NBNU bargaining members **must vote, AND THE MAJORITY OF THOSE MEMBERS** must vote in favour for a strike.



ALL NBNU BARGAINING MEMBERS



THE MAJORITY OF THOSE MEMBERS MUST VOTE FOR THE VOTE TO COUNT



THE MAJORITY OF THOSE WHO VOTED MUST VOTE IN FAVOR OF A STRIKE



JOB ACTION

RATIFICATION VOTE

To ratify a tentative agreement, the majority of those NBNU members who vote, must vote 'yes' in favour of the agreement.

Acronyms Explained

ANB Ambulance New Brunswick	ILO International Labour Organization	NRC Nursing Resource Collaborative
BSc Bachelor of Science	ILRA Industrial Labour Relations Act	NSNU Nova Scotia Nurses' Union
BN Bachelor of Nursing	LPN Licensed Practical Nurse	ONA Ontario Nurses' Association
CBE SRP Certain Bargaining Employees Shared Risk Plan	LRO Labour Relations Officer	PEINU Prince Edward Island Nurses' Union
CLC Canadian Labour Congress	LTC Long-term Care	PCW/PSW Personal Care Worker/Patient Service Worker
CFNU Canadian Federation of Nurses Unions	MNU Manitoba Nurses' Union	PPC Professional Practice Committee
CIHI Canadian Institute for Health Information	NANB Nurses Association of New Brunswick	PSLRA Public Service Labour Relations Act
CNA Canadian Nurses Association	NBFL New Brunswick Federation of Labour	RCN Royal College of Nursing
CUPE Canadian Union of Public Employees	NBANH New Brunswick Association of Nursing Homes	RHA Regional Health Authority
DON Director of Nursing	NBPSP New Brunswick Public Service Pension Plan	RNUNL Registered Nurses' Union Newfoundland & Labrador
EMP Extra-Mural Program	NBU New Brunswick Union	SUN Saskatchewan Nurses' Union
FTE Full-time Equivalent	NEB National Executive Board (CFNU)	UNA United Nurses' of Alberta
GNU Global Nurses United	NCLEX-RN® National Council Licensure Examination for Registered Nurses	VPSC Vestcor Pension Services Corporation
ICN International Council of Nurses	NHS National Health Service	WSR Work Situation Report

Ignoring the fact that

**3,400
REGISTERED NURSES**

could retire is not a solution.





AVANT,
PENDANT
ET APRÈS LA
PANDÉMIE,
LES INFIRMIERS
IMMATRICULÉS
FONT LEUR PAT.

PRE. MID. POST-
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REGISTERED
NURSES



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