



## ***Health Care Provision and Direct Action Politics Panel***

Ryerson May 22/09– sponsored by Students for Medicare and No One is Illegal

Congrats to the organizers of this event. It's high time that a group like this comes together for political mobilizing.

I learned a lot in nursing school but I did not learn how to do community organizing, community development, advocacy, or lobbying. I did not learn how to write a press release, or prepare and deliver a policy briefing piece, or how to critique social policy from a feminist or Marxist lens - or any lens! I did not learn about the political landscape and I did not learn any economics. Yet all these things are essential to the work of many nurses.

What I learned I learned from friends and peers, out on the street, around the kitchen table, and even in a pub. In most cases, I learned from non nurses – from activists in the field.

At one point a group of us nurses realized that there was not a distinct nursing voice on most social issues. That's how Nurses for Social Responsibility was born in the 1980's and it is how I became involved in speaking out as a nurse on social issues including war, nuclear hazards, the right to reproductive freedom, the hazards of free trade, etc. In the early days I was absolutely stunned by how we were welcomed by seniors groups, church groups, pro-choice groups and disarmament coalitions. The media wanted us to comment on everything from Chernobyl to abortion. Surprisingly, they still saw us as nurses when we became social activists!

We published a nationally distributed newsletter, which turned into a magazine called ***Towards Justice in Health***. That group is now extinct – some old copies of the magazine live on and are here – please help yourself.

Once, during that period of time, one of my nursing instructors came up to me and said “are you still marching”, with a touch of sarcasm.

Being involved in political action in that day was something you almost had to hide. Have things really changed?

I was reminded recently that after I graduated I worked briefly for Toronto Public Health, it was during the time of the famous CNA Canada Health Act Lobby, that a nursing manager took down the CNA's Canada Health Act information I had put up in the coffee room and she placed it in a sealed envelope with a note to me saying it was too political. More recently than that, at another job my manager told me that media were no longer able to physically enter the building I worked in, to interview me, a number of the interviews I did were in alleyways or in cars as a result.

***Well, nurses today are taking part in political action, or are they?***

I am proud to say that the Executive Director of the RNAO Doris Grinspun, has lead RNAO in that direction. A very terrific moment was the day that over 30 health care providers took part in a Special Diet clinic on the grounds of Queen's Park – exposing the horrible restrictions, the limitations and the resulting hunger in that program, and the RNAO was there. This is a very good thing for nursing because it means nurses will stand side by side in solidarity with communities participating in social policy change that can make a huge difference to people's health.

***But nurses and nursing still need to look to our history.***

***Birth Control*** was distributed in Ontario by Nurse Dorothea Palmer when it was illegal. Not so long ago nurses in planned parenthood clinics and in the feminist movement joined their sisters to fight for access to abortion – for ***reproductive freedom***.

The ***Vietnam War*** ended in large part due to a people's movement, protest and rallies that the US should get out of Vietnam. Student Nurse Clare Culhane became a strong and vocal opponent of the war, even camping out in the winter at the House of Commons in protest.

***Apartheid in South Africa*** was ended because of huge world solidarity, boycotts, rallies and demonstrations. There were several Canadian nurses that took part in protests here – even facing arrest.

***Ending the cold war and the arms race.*** Nurses were vocal and expert in speaking to the dangers of the nuclear arms build-up and nuclear technology, making clear links to health.

The right for ***AIDS drugs and treatment*** and ***laws against discrimination*** were won by activist strategies (AIDs Action Now), which included civil disobedience and sophisticated political lobbying. Nurses supported these activities.

***War*** – people taking to the streets around the world were instrumental in shaming the US government’s involvement in the first Gulf War and ever since. The massive mobilization of Canadian protesters a few years back undoubtedly kept Canada out of the Iraq war.

***Homelessness*** and the Declaration that homelessness is a national disaster. Many nurses are in the forefront of these fights and the wins that we’ve had. It has taken lobbying, speaking out, demonstrating, even at times occupying empty buildings or supporting squats. In fact every win that nurses have had in this area has been connected to popular protest.

There are many more examples – but in fact not enough.

Today, I want to impress upon you that as nurses, you are especially gifted with the public trust. You witness, you care, you respond, you research, you advocate and you can certainly shit disturb but you must have a macro lens on the big issues.

Public Health reformer Lillian Wald said that the nurse, because of an

***“organic relationship with the neighbourhood” was in a pivotal position to be linked to “all agencies and groups....which were working for social betterment....”***

I will add and ask many of you, how can you contribute if your community placement is in a hospital specialty clinic, which happens to some of you.

***We must understand the overall context:***

Governments of all levels have made policy decisions that have eroded Canada's social safety net and the values inherent in social justice that we took for granted for many years. Naomi Klein describes this in her book Shock Doctrine: privatization, government deregulation and deep cuts to social spending.

Nurses know too well the damage this causes, whether it is low birth weight infants, increased hunger and homelessness, rationed services.

Nurses are in the best position to not just witness the damage but to speak out about what they see and demand and fight for change.

***The fight for housing is another stage in the fight for health care.***

Can a person who is crowded into unhealthy conditions, crowded into shelters, or crowded into uncared for apartments and rooming houses, or put into the streets – can that person be healthy, stay healthy, even survive?

Is our best response the winter based emergency programmes (Out of the Cold) that provide mass sleeping space for thousands across the country and then close their doors in the spring?

Can we only dream up a plan to copy the US Housing First model that outlaws homelessness through laws, then counts the homeless, chases, evicts and harasses people off the street?

Until we fight back that is all we will get.

## ***Our work on homelessness is historic***

We witnessed and constantly spoke out about it. The deaths, the return of TB, more working people homeless, the seniors, the pregnant women.....etc. etc.

We formed the Toronto Disaster Relief Committee and declared homelessness a national disaster. One quarter of a million Canadians were homeless!

We went national with the disaster campaign. We demanded through protest, emergency relief measures from the federal government. In 1998, within weeks of our declaration Toronto city council voted 53-1 to declare homelessness a national disaster, followed the next day by the city and regional governments of Ottawa Carleton, and later Vancouver, Victoria, and other cities. Soon we had 400 national, provincial, and local organizations endorsing the declaration that homelessness was a national disaster. Including RNAO! This work led to a new national homelessness program that has infused over \$1billion to communities across the country.

We developed a sound and simple solution. It is important to create a marketable, concrete and easily understood and recognizable solution. One of our founding members, David Hulchanski, a professor at U of T and expert on housing did the research that showed on average all levels of government for the previous 10 years had spent 1% of their budget on housing. Our demand - 1% more. The 1% solution. We created a logo, a button, shirts, postcards, and a letter writing campaign and promoted the concept far and wide. You might be surprised to know that we are one of the only countries in the world without a central government role in funding affordable housing.

We took it to the United Nations. The State of Emergency Declaration was delivered to the UN in Geneva by two Toronto NGOs. It had a concrete impact on the 1998 UN review on Canada's human rights record by the UN Committee on Economic, Social and Cultural Rights. In 1999, the UN Committee reviewing civil and political rights responded to another TDRC report Death on the Streets of Canada, with the following statement: "The committee is concerned that

homelessness has led to serious health problems and even death. The committee recommends that the State party take positive measures.....etc ...address this serious problem.” Canada was publicly and internationally humiliated.

We use the legal system. Inquests (TB – Freezing Deaths – Edmund Yu). Court challenges including the recent Ontario court challenge of the Safe Streets Act - the anti-panhandling and squeegee law. We have also used the judicial system in our own way with a mock trial which is an excellent tool for both the media and for popularizing the information and issues. Today we are developing a constitutional court challenge on the right to housing.

We use film – We employed secret video footage in Toronto shelters a number of times to expose the horrific conditions that were worse than refugee camp conditions. Some of this is in the documentary Street Nurse. Still to come is the second in a series of films on homeless families and children that I am Executive Producing with filmmaker Laura Sky – the series is called Home Safe.

We work with the Media. It is rare that a day goes by that I am not contacted by or I am contacting the media. For example, we provided exclusive access to a situation like Tent City.

We create public forums. ‘One is too Many’ was a panel to hear testimony on homelessness that was held in a drop-in centre. We utilized a panel of experts including prominent people to hear evidence, in this case Michael Valpy and Sara Polley heard evidence all day long. Another example was ‘TB or not TB. There is no Question.’

We do research and reports with a pulse. Research by itself can be useless unless it activates people and it becomes part of a popular movement. There is a lot of research on homelessness and housing that may add to an academic body of knowledge but it can be useless and frequently it can create more harm. Research with a pulse, such as our Death Chart, which tabulates homeless deaths, have had a profound effect on international, legal and moral understandings of homelessness in Canada.

We do targeted campaigns. 1) Housing Not War, targeting the Moss Park armouries. 2) Tent city - the waterfront homeless encampment. 3) Recession Relief Coalition, which is fighting back in this time of economic downturn.

These are components of a campaign that originate from the **particular** and they become **general**. They are campaigns that originate locally with small events or actions and frequently become bigger, sometimes even nationwide. They are popular campaigns that involve homeless people. In common, they are campaigns that involve witnessing the truth, telling it despite huge obstacles, locating actions where people are, marching, demonstrating, even researching, and using the political and legal systems for policy change.

As nurses today we cannot assume housing or home, literacy, food or family. Our response has to include case advocacy, class advocacy and legislative advocacy and direct action.

Now - What you can do!!! (You could start tomorrow)

- Watch or listen to the news each day - read a newspaper and start with the business section
- Decide to learn more about an issue and integrate it into your program
- Involve yourself in a social justice issue and do it as a nurse – doing so will nurture your spirit and you'll help shape history
- Donate money. Nurses are not known as large donors to social justice work. If you can give – look at it this way – 1/3, 1/3, 1/3 - support something that is front line direct service, something that is long term (hsg) and a group that does advocacy
- Read non-fiction. Shock Doctrine by Naomi Klein, Linda McQuaig's books, Economics for Everyone by the CAW's Jim Stanford. Read my book 'Dying for a Home'.

- Petition in your school for a social audit of your curriculum. What's not there – make them put it in.
- Insist that your placements be useful and productive placements. Find them yourself if you have to.

Nurses have the public trust, and nurses have always been far more powerful than we've ever given ourselves credit for.

*Check with delivery*