

Student lunch – RNAO Convention

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Walking the Walk – or March!!!

The last time I was at this lunch I think I was still a student. Congratulations to all of you students for being wherever you are in the midst of essays, end of term, clinical placements or job-hunting! I hear there are several hundred new nursing positions promised last night!

Well, as you can see I'm not the mother of Kiefer Sutherland, nor am I the daughter of Tommy

Douglas, nor do I have one of the best stage voices in all of Canada. In fact here's what Toronto Life recently said about me: "funny thing is, she has that girly voice. You know – that professionally happy cadence that's all lilt and chirp. ...that voice makes you wonder whether she might not suddenly bustle up to you and say, "And how are we this morning?"

Apart from our voices, Shirley Douglas and I do have something in common. She is bound and determined to save and enhance Medicare in this country and even though she's not here we should give her a round of applause for that. My plan over the next three years is to attempt to bring back a national housing program in this country. They are of course not mutually exclusive national programs. In fact any discussion of the social determinants of health makes reference to the fact that you need stable housing, enough food, an adequate income, safety to be healthy. I believe the Honorable Roy Romanow is making that point pretty clear.

I was very honoured to be asked to speak to you today when RNAO learned Shirley Douglas was unable to attend.

I want to pass on to you some of my thoughts about nursing and nurses being champions of care. One of my champions – Carolyn Davies is here. Thanks

Carolyn, for bringing me to my first RNAO meeting about 24 years ago!

First of all I became a street nurse **totally accidentally**. I ended up as a spokesperson and frequent media commentator on issues related to homelessness **totally accidentally**.

Growing up as a little kid in small town Ontario, I probably had what would now be diagnosed as a social phobia – I was extremely shy, hated and avoided speaking in public. I would blotch, freeze and just totally hate the experience. So, it was perhaps logical I would end up not teaching but become a nurse.

When I was five years old I can recall knowing that I wanted to be a nurse. I was so impressed by the image of my mother going off to work in Emerg in her starched uniform and cap. I also have vivid memories of her describing the outcome of horrific snowmobile or motorcycle accidents, and the outcome of fights she had with doctors over not letting incompetent interns sew up the face of a young girl.

I had no sense of politics growing up (except maybe the politics of the hospital) nor did I ever learn it in nursing “training”, or when I went back to school to

do my degree.

A former colleague of mine, Eileen Ambrosio once said:

“Nurses have directed a great deal of energy towards developing a theoretical base to the neglect of defining a clear role.”

What theoretical base should we be focusing on to help us understand issues or drive our actions?

I never learned in nursing school how to do community organizing, or community development, or how to write a press release or critique social policy from a feminist or Marxist lens. I didn't even know I wanted to learn those things – or should.

I really learned it all out on the street, from friends and peers, and around the kitchen table. In many cases from non-nurses – from activists in the field. At one point a group of us realized that there was not a distinct nursing voice on most social issues. That's how Nurses for Social Responsibility was born and 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. 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 were activists.

Once, during this period of time, a former colleague came up to me and said “are you still marching”, with a touch of humour or sarcasm. Being involved in political action was something you almost had to hide then or at least not publicly flaunt. I remember working in a public health unit where a nursing manager took down CNA’s Canada Health Act information I had put up in the coffee room, placed it in a sealed envelope with a note to me saying it was too political. (More recently a manager told me media were no longer able to physically enter the building I worked in to interview me – a number of interviews were done in alleyways and cars as a result).

Well, nurses now march don’t they?

I’m extremely proud to say that the Executive Director of the RNAO Doris Grinspun, often leads us on marches and demonstrations. 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 will make a huge difference to people's health.

The ***Vietnam War*** ended in large part due to a people's movement, protest and rallies that the US should get out of Vietnam.

Apartheid in South Africa was ended because of huge world solidarity, boycotts, rallies and demonstrations.

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***.

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

Right for ***AIDS drugs and treatment, laws against discrimination*** were won by activist strategies including civil disobedience, and sophisticated political lobbying.

Gulf War – people taking to the streets around the world have been instrumental in shaming the US

government's involvement around the world – in the Gulf War and currently in Iraq.

Look at the **WTO and Seattle** and how those demonstrations raised our consciousness about trade, about globalization, about the loss of democracy!

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

I could go on and on.....

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

Yes, but to do so, it is crucial to understand the following:

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 years. Nurse know too well the damage this causes, whether it be low birth weight infants, increased hunger and homelessness, rationed services meaning elderly or poor families are left without much needed supports. Nurses are in the best position to not just witness the damage but to be witnesses by speaking out about what they see and demanding change.

In order to win against the forces that create this destruction it is important to develop campaigns. The Save Medicare campaign is one. I want to tell you a bit about the Homelessness is a National Disaster campaign and the 1% solution.

I want to tell you about purposeful strategies, which are the bricks and mortar of our campaign for a national housing program.

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 declared it a national disaster. And we didn't use that word lightly. One quarter of a million Canadians were homeless!

We went national with the concept. We know what the country thinks of Toronto and we had to go national immediately. We had to remain as an entity called the Toronto Disaster Relief Committee, and fight for emergency relief measures in Toronto, yet acknowledge the national aspect of the disaster and call for federal solutions. In 1998, within weeks 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!

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, 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. This week at the UN conference 'Istanbul Plus 5' in New York, we have yet another report going forward.

We use the legal systems. 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.

We use film - When we make a decision to work with someone on a film project we interview them, establish credentials, purpose and what we can achieve from participating.

We create our own publications. The National Disaster Post. This is one of our main communication tools.

We work with the Media. We cooperate and work with the media extensively. It is rare that a day goes by that I am not contacted or am contacting the media. Their role cannot be underestimated. I'm not going to elaborate here but consider this. For the first time in this country's history, a media outlet, the Toronto Star, assigned a reporter full time to cover homeless issues - Catherine Dunphy. Any of you that watch CP 24 the cable version of CITY TV will also know of the powerful impact Colin Vaughan and more recently Adam Vaughan have had on this

topic.

We do popular panels and public forums. One is too Many was a panel to hear testimony on homelessness that was held in a drop-in centre. We utilize 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, TB or not TB. There is no Question.

We do research and reports with a pulse. Research is useless unless it activates people and is 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 is useless and frequently creates more harm. Research such as our Death Chart, which tabulates homeless deaths, have a profound effect on both international, legal and moral understandings on homelessness in Canada.

We do targeted campaigns. The armouries. Sometimes we know exactly what we want and have to manipulate circumstances to get it. Tent city - the waterfront homeless encampment. More importantly this project highlighted the need for housing and pilot a solution to the rest of Canada. SARS. The power outage.

Solidarity work is necessary and most important when the stakes are high. For example we joined with Bread not Circuses to organize in response to Toronto's Olympic bid. Following a 30 minute meeting with the IOC, Newsworld aired a half hour press conference live.

We lead Disaster Tours. This concept originates from The Real TO Tour, which was developed to show international media the state of our city. The tour also originates from the tradition of immediate political response to natural disasters. When hundreds of people are made homeless due to an earthquake, flood or tornado, the community expects leaders and politicians to attend the site, witness the devastation and offer solace **and** solutions. We offer the Disaster Tour very cautiously and have done both private and group tours with people such as Globe and Mail journalist Michael Valpy, Howard Hampton - the leader of the Ontario NDP, Ontario MPPS George Smitherman and David Caplan when they were in opposition (boy am I glad I did that – they are now Minister of Health and Housing), Libby Davies, and Alexa McDonough the federal NDP leader, physicians, members of the Board of Trade, former Toronto Medical Officer of Health Sheela Basrur, media during the recent IOC visit, even Minister Claudette Bradshaw.

These are components of a campaign that originated from the **particular** and became **general**. They are campaigns that originated locally with small events or actions and frequently became bigger, sometimes even nation-wide. 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.

To quote Hall, Stevens and Meleis: “The future of nursing depends on the ability of the discipline to reach out to diverse communities and to meet the health needs of those most vulnerable.” As was pointed out this morning, we must create and nurture a public opinion that drives the government.

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

- Watch or listen to the news each day
- Read a newspaper a day but start with the

business section

- Decide to learn more about an issue
- 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 notoriously cheap. If you give – look at it this way – support something that is front line, something that is long term (hsg) and for sure support something that is advocacy
- Wear a button!
- Go to a documentary once in a while. Bowling for Columbine is way better than the Corporation
- Read non-fiction. Anything by Naomi Klein, Maude Barlow or Linda McQuaig

Have fun, be proud to be a nurse and never give up.

(Check with delivery)
