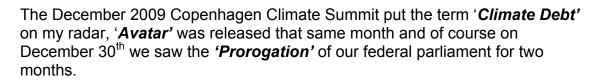
Keynote address by Cathy Crowe 4th National Community Health Nurses Conference – June 18, 2010, Toronto

What do Prorogation, Climate Debt and Avatar have in common and what do they have to do with nurses?

To be honest, I had to come up with a title for this talk a few months ago, long before I actually sat down to write this speech. I chose this title because at the time I was being bombarded by the media with these words. Until that time I had never heard of climate debt, Avatar or prorogation.



When I did finally sit down to write this talk I realized that there were some characteristics that each of these terms have in common. Each turns out to have a strong connection to the colour blue. They all have a strong Canadian connection. They all cost a lot. They also have the misuse of power in common. And, if you will indulge me, I'm going to elaborate on what they have to do with nurses.

Let me start with Climate Debt.

I confess I had not heard of climate debt until the recent Copenhagen Climate Summit but it appears to be one of the major human rights issues of our time, impacting on the health of world populations. It is about community health on the global scale. I am indebted, as always, to Naomi Klein for enlightening me on so many issues including this one.

So, what is climate debt? Well the theory behind the concept of climate debt is this. Our blue planet, our atmosphere, is our common resource and we in the northern industrialized countries particularly abuse it, using it as a toilet for dumping our emissions.

Climate debt is not just about polar bears, it is also about the people on this planet. Climate debt is about the idea that poor countries are owed reparation from rich countries, countries like Canada in the northern hemisphere, for the

climate crisis. Why - because poor countries are being forced to pay the most serious price – clear cutting of rainforests, pressure for croplands to be used to produce grains for fuel, entire sustenance economies are being shifted to export economies.

I know nurses are interested in environmental issues: recycling, reducing pesticide use, supporting public transit. But how often do we link climate change to melting glaciers that are a people's source of water or to the flood of refugees whose forced migration is a result of hunger and thirst? How often do we examine why the effects of a natural disaster such as the Haitian earthquake are so catastrophic? What economic forces led to that country's dismantled infrastructure – roads, schools, hospitals, first responders?

Climate debt is also about the idea that nature has rights and we have violated those rights. It is a moral right that the polluter must pay and the polluter must stop doing the damage. Naomi Klein pointedly addresses our responsibility here at home in Canada and says that this means:

"Shutting down the crime scene known as the Alberta Tar Sands, shutting it down and beginning the process of repairing that unspeakably scarred part of our country and making reparations to the first nations communities living downriver who are facing alarmingly high cancer rates and who have faced federal and provincial government indifference."

At the end of the day, climate debt is a community health issue!

Now let's have a look at Avatar and the blue Na'vi people.

The incredible thing about Canadian James Cameron's film Avatar, and I'm sure many of you have now seen it, is that it allows you to see or examine as deeply as you want what the film is really about. You can come out of the film simply appreciating the new 3D technology and the sci-fi action with the big guns and a blue indigenous species. Or you can see the more complex themes including the military occupation of a people for the purpose of exploiting their precious mineral unobtainium, use of private security forces for social control and assimilation of the indigenous population, a military campaign described as 'shock and awe', the impersonal nature of mechanized warfare and the destruction eerily similar to the September 11 attacks.

You may walk away feeling inspired, or maybe overwhelmed by the environmental and reforestation messages, the anti-colonialism messages or simply the 3D effect!

We may learn down the road that 3D technology poses health risks, especially to young children but I think the relevance for nurses is the dramatic demonstration of how we can, in solidarity, support people in our communities, especially

people who are oppressed. Nurses are, or at least they can be Grace, the Signourey Weaver character.

Prorogation.

Then there is prorogation. A word we probably should know since Prime Minister Harper has now prorogued the Canadian Parliament twice in two years. His most recent decision to shut down government until after the Olympics was, shockingly, given carte blanche approval by the Governor General.

If you think climate debt is challenging to understand, and I still do, consider the moral weight of just some of the issues facing our country during this recent government cycle which the Prime Minister annulled.

There was:

- A volatile war situation in Afghanistan that could not be as closely monitored with the House not in session.
- The Afghan detainee torture issue which was being investigated by the International Affairs Committee of the House. Prorogation shut down the Committee, disclosure of information and debate. If the committee determined Canada knew it was handing over detainees to certain abuse and torture, it could have constituted a war crime.
- Thirty six bills were before Parliament and they died on the order paper including a consumer safety bill.
- The post Copenhagen follow-up ended, as did the announcements on how our government plans to meet its Copenhagen promises.
- The international emergency of the medical isotopes shortage linked to the closure of the Chalk River nuclear facility.
- Controversial and severe government cuts to funding for NGOs such as Kairos.
- The economic recession that has left many jobless, homeless, without enough El supports, and a worsening state of homelessness, hunger and poverty across the country.

Prorogation, more than being an infringement on democracy, cost us financially. One estimated cost of prorogation reported in the National Post was \$130,407,733.

Naomi Klein uses the term 'movement muscle', and she calls for more of it to fight for justice when it comes to climate debt. Commenting on prorogation however, Naomi says:

"Not with timidity will we beat back the crowd of small minds and big guns currently running the show in Ottawa putting our democratic process on ice while they hope ice hockey will improve their pitiful approval ratings."

"Not with timidity" – isn't that such a great phrase? It's like Dylan Thomas' poem "Do not go gentle into that good night."

So we need movement muscle not timidity.

Now this is something that really interests me. I recently watched the Clint Eastwood film *Invictus* starring Morgan Freeman as Nelson Mandela and Matt Damon as Francois Pienaar the South African rugby team captain. Invictus is so good that in the first 2 minutes of watching the film I was incapable of remembering what the real Mandela looked like. The film reminded me of the circumstances when I learned the words to the South African national anthem Nkosi Sikelel' iAfrika".

I will let you in on a little secret, exactly 20 years ago on this very day I was in an Ottawa jail, having been arrested with a large group of people who were protesting outside the House of Commons against South African apartheid. Nelson Mandela, only several months after his release from 27 years in prison, had come to Ottawa to appeal to our government to maintain economic sanctions, to support the repatriation of exiles and contribute money to the African National Congress and we were there in solidarity with Mandela, demanding the expulsion of the South African ambassador from Canada. In jail, lawyer Charles Roach (also arrested) and his daughters taught us the words: Nkosi Sikelel' iAfrika – God Save Africa.

That was 1990. My main political experience up until that time had been the formation of the group 'Nurses for Social Responsibility'. There was such a wave of powerful, passionate anti-apartheid momentum in Canada ranging from boycotting South African products such as wine, divesting investment and pension funds from South Africa, to demonstrations. It was an exciting time. I chose to join the demonstrations and to protest. It was a privilege.

When I talk about social change I often talk about the *wind*. The wind that is necessary for the mobilization of people - for social change. The *wind* has to stir

people, it has to energize and warm people, it has to compel ordinary people to gather, to be vocal, to insist and to fight for what is right.

When the wind becomes strong you get the movement muscle and look at what that wind has achieved in the past:

- Suffrage in 1916 women in Manitoba were the first to get the right to vote.
- Reproductive rights, gains made through the work of people like Dorothea Palmer, Carolyn Egan, Judy Rebick and Henry Morgentaler.
- Economic rights: to organize trade unions, a shorter work week, a minimum wage, the right to social insurance, welfare, Medicare.
- From the end of apartheid in South Africa to hosting today's World Cup, that's movement muscle.
- And then there's human rights: a growing world-wide acceptance today, that racism is wrong, homophobia is wrong.

Canadian nurses have played a big role in many of our social justice wins.

Henrietta Muir Edwards, albeit not a nurse the co-founder of the VON who was one of the Famous Five Alberta women who fought to have women recognized under the British North American Act.

Dorothea Palmer, who distributed birth control information and contraceptive devices in Ontario when it was illegal and was arrested in 1937 and faced a six month trial.

Clare Culhane, who not only spoke out against what she had witnessed in Vietnam, she also became a major prison justice reformer.

Peggy Ann Walpole, who looked upstream and asked herself the question – after the homeless women left her hospital emergency department where did they go? The answer – nowhere. This prompted her to open up a women's dropin, a shelter and ultimately supportive housing for women.

Then there is former public health nurse *Marion Dewar* who knew that in the aftermath of the Vietnam War many countries had closed their borders to Vietnamese refugees. Hundreds of thousands were forced to flee refugee wartime conditions in overcrowded and dangerous boats, many falling victim to starvation or the sea, giving them the name 'boat people.'

Marion Dewar didn't just witness the media images of abysmal refugee camps, grim boat conditions, and the slammed doors of many countries, she acted. She made the slogan "*Think globally – act locally*" come alive. As Mayor of Ottawa in 1979, she helped launch Project 4000 with the aim of finding sponsors for 4,000 Vietnamese people in Ottawa. She created the spark that 'imagined'

Canadians country wide opening their hearts and homes to thousands and thousands of Vietnamese refugees who were fleeing persecution, war and homelessness in their own country.

In modern times we have also seen a few examples of professional nursing using and flexing its muscle. Consider the 1980s when the Canadian Nurses Association led a national nursing lobby for the Canada Health Act. More recently there is the Registered Nurses' Association of Ontario's fight to stop hunger by supporting the campaign for the Special Diet allowance in Ontario. During one clinic on the grounds of Queen's Park nurses helped to register close to 1,000 people for the added food income.

Next week people will once again gather at Queen's Park, this time to protest the G8 and G20 Summit - The 'Billion Dollar Baby' that is coming to our country and our city next week. \$1 billion - that's the estimated cost. Protesters will be calling for justice with regards to women's rights, jobs, poverty and global warming. These concepts are all captured under the term 'social determinants of health.'

One billion dollars that could have created 3,500 units of new affordable housing, providing some hope for the 4 million still waiting for decent, affordable housing.

One billion dollars that could have provided hunger relief to the 800,000 children and their families living in poverty in Canada.

One billion dollars that could have brought safe, clean drinking water to our First nations communities in the north.

One billion dollars that could have increased the number of federal health inspectors to ensure food safety.

One billion dollars that could kick-start a national childcare programme.

One billion dollars that could provide desperately needed recession relief including improvements in EI for people desperately struggling across the country.

One billion dollars that could have made some pretty massive differences in health care: expanded palliative and hospice care, the hiring of more nurses, pharmacare.

One billion dollars that could have reduced university tuition fees.

I raise the G20 'Billion Dollar Baby' simply as an example of decisions that change the balance of power when it comes to health and building community.

We could also look at the \$18 billion dollar military budget in 2008, and the idea being suddenly floated that perhaps our troops won't come home, as promised, in 2011.

Or we could look at the federal government's use of power to determine how women can control their health and their bodies, both here at home and abroad, clamping down on funding to NGOs that include abortion in their services to women. 13% of global maternal deaths are from complications of bungled abortions.

Nursing as a profession has a lot left to do when it comes to flexing its movement muscle.

We still have those historic images and stereotypes to deal with.

Glamorous and sexy as epitomized by Mash's Hotlips, evil and spontaneously mean as Nurse Ratched or perhaps the more popular Nurse Jacquie or that we all work in hospitals.

Are we confused with our identity? As community health nurses how many different titles are we going to end up having for ourselves?

To be honest I think some of our new nurses, tough as nails, have pretty much countered all of that.

Does nursing have enough movement muscle to fight or do we sway towards timidity as has been suggested by Nursing Week slogans over the years?

Slogans like:

'Promoting healthy choices for healthy living' (surely nurses know that's a hard thing for poor people to do).

'Nursing: patients first, safety always' (did this slogan follow some horrible inquest?).

'Nursing: knowledge and commitment at work' (everyone knows nurses have knowledge and commitment)."

As nurses, do we actively engage with social justice movements working on issues such as jobs, income, and housing – the issues proven to have the biggest impact on health?

Have we been co-opted by the language of poverty reduction and do we stand by, while federal and provincial governments worsen poverty, homelessness and hunger?

Are we teaching enough courses and content in our nursing schools on social justice, on political literacy, economics, on global issues? Is there core curriculum on poverty, homelessness and hunger?

Do we actively ensure our students have opportunities for placements that are relevant to the real issues of our time?

Do we teach the 1/3, 1/3, 1/3 principle of devoting 1/3 of our time, energy, money to the front-line support that is needed, 1/3 to the solution, 1/3 to the advocacy?

So getting back to the unusual title of my talk, "What do Prorogation, Climate Debt and Avatar have in common and what do they have to do with nurses?"

The answer is that at the end of the day each of these big picture issues, and in the case of Avatar literally big picture, are about powerful forces, that determine the agenda, determine spending, determine who is deserving or not and who devastate our community's health.

That is perhaps the most important reason that we as nurses must stand up and speak out for social justice.

That would be a great slogan for nurses' week, 'Stand up and Speak out for Social Justice.'

Check with delivery