

Resolution to Promote Gender Equity and Discrimination-Free Workplaces

WHEREAS, effective patient advocacy depends on the strong voices, representation and enfranchisement of nurses regardless of sex, gender, or sexuality; and

WHEREAS, 2020 marks the 100th anniversary of women winning the passage of the 19th Amendment to the U.S. Constitution, prohibiting states and the federal government from denying the right to vote on the basis of sex, culminating a half century of women organizing to win the right to vote; and

WHEREAS, nurse activists such as Lavinia Dock, Sarah Tarleton, and Mary Bartlett Dixon, along with other suffragists including Sojourner Truth, Sadie Adams, and Ida B. Wells, faced harassment and arrests for organizing pickets, protests, and public campaigns for women's suffrage, while also providing preventative care, health education and contributing to the development of public health systems; and

WHEREAS, voting rights have been under attack nationwide, targeting Black women such as Crystal Mason, sentenced to five years in prison in Texas, Lanisha Bratcher in North Carolina facing 19 months in prison, both for mistakenly voting while on probation, as well as Black, Indigenous, people of color (BIPOC) students, seniors, and people with disabilities, who are subject to voter suppression intended to erode their constitutional right to vote; and

WHEREAS, the Equal Rights Amendment, which would provide legal equality of the sexes and prohibit discrimination on the basis of sex was introduced into Congress in 1923, passed by the U.S. Senate in 1972, yet has not been ratified due to conservative backlash and

political and legal challenges; and

WHEREAS, 100 years after women won the right to vote, only 23.7 percent of voting members in the House and Senate (127 of 535) are women; 40 percent of women residing in the United States are non-white, yet only 37 percent of women serving in the 116th U.S. Congress are BIPOC, and of the 90 women serving in statewide elective executive offices only 16 are BIPOC; and

WHEREAS, registered nurses know that patients' health is not only determined by what happens when they encounter the health system, but largely by the social determinants of their lives in our wider society, and nurses have a responsibility to call for what is in the best interests of public health and the patients who entrust us with their care; and

WHEREAS, maternal mortality rates in the United States are the highest among developed nations and increasing restrictions on women's health services leave more women without prenatal and other maternity and preventive health coverage; and

WHEREAS, heart disease is the number one cause of death for women but only 40 percent of primary care includes heart risk screening, and women are more likely than men to die in the year following a heart attack; and

WHEREAS, women are twice as likely as men to suffer chronic pain, but are more likely to be told they are exaggerating their pain level or told their pain is psychosomatic, influenced by emotional distress, and prescribed less pain medication; and



YEAR OF THE **NURSE**
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RESOLUTIONS

WHEREAS, the U.S. is ranked 100th in the world in women’s representation in national legislatures, while men continue to push for bills that eliminate health care opportunities for women, and strip maternity care and employer obligations to cover birth control; and

WHEREAS, 41 percent of women are the sole or primary earners for their families, and women on average earn only 80 cents for every dollar men earn, and the gender pay gap costs women over \$900 billion per year in lost wages; and Black women make only 61 percent, and Latinx women only 58 percent of what men do; and

WHEREAS, employers fail to recognize the time that working people need to care for their loved ones and over 40 years of austerity have left many workers without the social supports and programs that enable them to lead healthy, happy, and sustainable lives; and

WHEREAS, unfair schedules, unfair wages, lack of access to affordable health care and child-care, and lack of paid leave for all workers and working women who are disproportionately impacted by gender-blind policies leave workers vulnerable to stress, poverty, and health complications; and

WHEREAS, gender stereotypes are often used in professional settings to demand unrecognized emotional and physical care work that goes unpaid while diminishing the skill, moral work, and dignity of care labor; and

WHEREAS, women disproportionately perform the bulk of unpaid care work, which is often represented as an extension of women’s “natural” domestic role, and official accounting for unpaid care work in the United States would be valued at \$3.2 trillion annually, or 20 percent of GDP, and women perform 12.5 billion hours of care work every day globally, equivalent to 1.5 billion people working eight hours a day with no pay; and

WHEREAS, the COVID-19 global pandemic has exposed the economy’s dependence on the

unpaid work of women as caregivers, through childcare, eldercare, and domestic health care, and the life-making work of cooking, cleaning, shopping, repairing, etc.; and the reduction in paid work hours for mothers working from home during the pandemic has been 4.5 times larger than for fathers, resulting in a gender gap increase of between 20 to 50 percent in working hours; and

WHEREAS, three out of four workers considered essential during the pandemic — from nurses to grocery store workers — are women, and the COVID-19 pandemic has demonstrated that “essential” professions that are most needed to run a society, including nursing and other health care workers, are largely gendered professions; and

WHEREAS, while health workers have experienced unprecedented public support and solidarity for their essential labor, many health and essential workers have also experienced stigma and violence — in some cases being denied access to housing and other essential services because people fear they are carriers of COVID-19; and

WHEREAS, building clean transportation systems, healthy environments, equitable health care and childcare systems and access to healthy food, water, and air has been shown to contribute to gender equality globally; and

WHEREAS, job projections predict that feminized professions such as nursing (with an 88 percent female workforce); domestic workers (with 95 percent female workforce); and home health aides (with 80 percent female workforce and more than one-half of whom are women of color and one in five living below the federal poverty line); will be the highest growth fields in the next decade; and

WHEREAS, nursing is a global profession predominated by women workers, and 88 percent of registered nurses in the United States are women; and

WHEREAS, gender and racial diversity is essential for providing equitable care for a multiracial society, especially given data indicating that BIPOC patients' health outcomes improve when their health practitioners are multiracial; and

WHEREAS, racial stratification of the nursing profession was historically created to filter BIPOC women into lower-paid and under-protected job opportunities, resulting in only 24.5 percent of registered nurses being BIPOC women, while 39 percent of LVNs/LPNs and 53 percent of nursing aides are BIPOC women; and

WHEREAS, the emotional, financial, and physical strains of Black and other nurses of color who are often motivated to work with underserved patients, with less power and visibility than physicians have long been overlooked; and

WHEREAS, corporate hospital practices, including cuts in women's health services, inflated pricing practices, inadequate charity care provision, medical debt lawsuits, and other practices, have a disproportionate impact on women, including CNA/NNOC members; and

WHEREAS, nurses are not entitled to presumptive eligibility for workers' compensation which would provide medical benefits and wage replacement for injuries sustained in the course of employment including infectious diseases, cancer, musculoskeletal injury, post-traumatic stress disorder, and respiratory illness while male-dominated first responder professions such as EMTs, paramedics, firefighters, and police officers are currently eligible, although nurses are at risk of the same illnesses and injuries due to the nature of their work; and

WHEREAS, hospital industry practices jeopardize nurses' patient advocacy and professional practice through deskilling, budget-focused unsafe staffing, inadequate protection against workplace violence, musculoskeletal, needle stick, and other workplace injuries; and

WHEREAS, many RNs and other health care workers who have spoken out against unsafe and discriminatory practices have faced reprisals, including suspension and dismissal; and

WHEREAS, the hospital industry has sought to exploit the COVID-19 pandemic to lobby for permanent deregulation of hospital safety practices on staffing, provision of optimal personal protective equipment, other workplace safety conditions and scope of practice protections; and

WHEREAS, gendered dynamics of exploitation shape hospitals' presumptions that nurses must be self-sacrificing martyrs, and are used as a rationale in the health care industry to deny nurses proper protective equipment, safe-staffing, and other workplace safety precautions; and

WHEREAS, employers have failed to provide all health and essential workers with adequate PPE, putting a majority women workforce and the families for whom they care at higher risk; and

WHEREAS, the Occupational Safety and Health Administration (OSHA) reports that 59 percent of registered nurses and nursing students experience verbal abuse annually, with most targets of verbal abuse being unmarried female employees with less education; and

WHEREAS, in an increasingly technology-driven marketplace grounded in policies that promote privatization and deregulation, the feminization of work has grown in tandem with corporate efforts to make labor precarious, including increases in on-demand work, fixed-term contracts, and misleading forms of self-employment that shift the overhead operating expenses of corporations onto so-called independent contractors; and

WHEREAS, employers and states have clear obligations to protect health and essential workers, including their right to health and safety; just and favorable working conditions;

freedom of voice and assembly; freedom from discrimination and violence; and the obligation of all states to provide international cooperation and assistance for the realization of human rights; and

WHEREAS, women and girls have been disproportionately impacted by shelter-at-home measures highlighting preexisting gender-based discrimination and domestic violence at home (which has become a workplace for many) during the COVID-19 pandemic; and

WHEREAS, all workers have a right to self-determination in gender expression and all people, regardless of gender identity and expression, deserve health care access, equity, and affordability without institutional discrimination and gatekeeping; and

WHEREAS, discrimination in hiring or promotions based on sexual orientation, disability, race, sex, or gender identity is illegal, and a 2020 Supreme Court ruling (*Bostock v. Clayton County*) forbids employment discrimination based on sexual orientation and gender identity; and

WHEREAS, employers are legally obligated to provide transgender, lesbian, queer, gay, and bisexual workers harassment-free workplaces; including freedom from unwanted verbal or physical contact, jokes, demeaning comments, violence or threat of violence, being “outed,” or intentionally misgendering trans workers; and

WHEREAS, honoring workers’ self-determination includes respecting workers’ preferred gender pronouns, and respecting preferred gender pronouns upholds the rights and dignity of all people, and workers and patients have a right to self-determination of gender identity and expression without harassment, discrimination, and violence regardless of race, citizenship status, class positions, ability; and

WHEREAS, the Trump administration narrowed the legal definition of sex discrimination so that an Affordable Care Act provision prohibiting

discrimination does not apply to gender identity; and

WHEREAS, transgender people face health disparities ranging from stigma, discrimination within biomedicine in the health profession; lack of access to quality health care, increased risk of HIV infection in transgender women, lower likelihood of preventative cancer screenings in transgender men, high prevalence of clinical depression, anxiety, and somatization; and

WHEREAS, the biggest barrier to appropriate medical care and safe hormonal therapy for transgender patients is lack of access to care, including lack of training and integration of guidelines and data supporting transgender medicine treatment paradigms into clinical practice; and

WHEREAS, financial barriers (such as lack of insurance and lack of income), discrimination, health system barriers (such as inappropriate electronic records, forms, lab references, clinic facilities), and socioeconomic barriers (such as transportation, housing, mental health) inhibit the ability for gender-oppressed people to access health care; and

WHEREAS, transgender people in general, and Black trans people in particular, face higher rates of state, police, and social violence; including high rates of murder, incarceration, homelessness, unemployment, suicide due to discrimination, and criminalization; and

WHEREAS, criminalization undermines the health and welfare of sex workers and transgender people more generally, and

WHEREAS, public revelations of pervasive sexual harassment brought forward by the #MeToo movement exposed the normalization of harassment and assault in the workplace, including in CNA/NNOC facilities; and

WHEREAS, President Trump and other public figures have unleashed a culture of misogyny

by using derogatory representations, infantilizing language, sexualized hostility, condescending slurs, and sexually aggressive verbal attacks against women; and

WHEREAS, discriminatory language, including verbal abuse, threatening behavior or comments, isolation, humiliation, and derogatory jokes and representations are intended to produce a climate in which women's voices and lives are silenced and degraded; and

WHEREAS, right-wing extremism has historically relied on intensification of violent forms of misogyny and racist ideology; and

WHEREAS, 97 percent of the 193 member states of the United Nations have ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) — an international treaty that protects women's civil and reproductive rights while promoting elimination of gender prejudice from schools and social patterns — and the United States conspicuously has not; and

WHEREAS, the International Labour Organization Convention on Violence and Harassment recognizes domestic violence as a workplace concern, and health workers around the world have faced increased workloads and occupational stress, and many are not being compensated in cases of occupational illness and death; and

WHEREAS, essential workers in 31 countries have publicly protested unsafe working conditions through threatened and carried-out strikes, and when women rise up and demand change as a class they make the world more just and equitable; and

WHEREAS, the women's marches in recent years and the record number of women running for and winning elective office are signs of our collective power; and

WHEREAS, in the current political climate women need unions more than ever, because unions are the best way to ensure our collective



voice, workplace protections from discrimination, health and safety, and benefits that account for the whole lives/needs of workers regardless of sex, gender, or sexuality; and

WHEREAS, union growth has been concentrated in fields with predominantly women workforces, including nursing, and in fields where bargaining contracts take a holistic “whole-worker” approach and/or incorporate the whole-life gendered needs of workers into organizing, suggesting that unions win when they account for gender justice; and

WHEREAS, women's membership in unions is relatively on par with that of men, yet even as male leadership has embraced the support of women union activists and leaders, men have not been widely supportive of giving women actual substantive power in the union movement; and

WHEREAS, our struggles for justice, respect, and dignity must include the internal work of building a union that is inclusive, representative, and in which all workers are regarded with dignity and respect, and our commitment to union inclusivity must ensure that members are included, represented, and given opportunities regardless of gender, race, or sexuality; and

WHEREAS, elevating women into leadership roles without adequate support, resources and

mentorship has been systematically used to set women up for failure in order to legitimate male supremacy, and it is within the power of the union to support, mentor, and develop the leadership of women and gender nonconforming union activists across our diversity with the resources they need to succeed; and

WHEREAS, gender justice means equity of opportunity, conditions, safety, collectivity, and dignity for all workers regardless of gender identity and/or gender expression, and that CNA/NNOC will work in coalition with grassroots allies with shared goals and values to build and mobilize a larger mass movement for gender and racial equity and justice and the transformative social, economic, and political changes that are essential to achieve a more just, democratic, humane, equitable society.

THEREFORE, BE IT RESOLVED, that our work for gender justice is an essential component of expanding the collective voice, patient advocacy, and improved economic and workplace standards for RNs through our union and for building unity within our union and our facilities that will make our union stronger and serve as a model for the labor movement and the working class as a whole; and

BE IT FURTHER RESOLVED, CNA/NNOC will protect women's voice and the right to vote by continuing to advocate for universal voting rights including challenging cuts to voting access, voter ID requirements, and redistricting efforts that manipulate boundaries to hinder voters from voicing their interests; and

BE IT FURTHER RESOLVED, CNA/NNOC supports the rights and ability of Indigenous people to participate in local, state, and national elections, voter restoration of the 5.85 million Americans who have been disenfranchised due to felony and/or misdemeanor convictions, and full restoration of the Voting Rights Act; and

BE IT FURTHER RESOLVED, CNA/NNOC will continue to campaign and mobilize a mass



movement for universal, improved, guaranteed Medicare for All as a fundamental step toward addressing gender disparities and discrimination in health care, especially where those disparities are directly related to ability to pay and gender discrimination in corporate and governmental practices; and

BE IT FURTHER RESOLVED, CNA/NNOC will continue to include long-term care in our fight for Medicare for All to mitigate the unpaid labor women shoulder as caretakers for adults over the age of 65; and

BE IT FURTHER RESOLVED, CNA/NNOC opposes all federal, state, and judicial attacks, and supports legislative action to reverse restrictions on women's health services, including the right of all those seeking reproductive health care, regardless of economic status, to choose whether to continue or terminate a pregnancy; and to have access to free, confidential, and effective birth control and family planning services, be protected against forced sterilization, and not be discriminated against because of reproductive health issues; and

BE IT FURTHER RESOLVED, CNA/NNOC supports improved and expanded family leave, unemployment insurance, and sick leave to ensure that workers receive full benefits, thus increasing women's autonomy on the clock and

at home by freeing them from having to stay at jobs that put them at risk just to hold onto health insurance or paychecks; and

BE IT FURTHER RESOLVED, CNA/NNOC will oppose political and/or employer efforts to strip the rights and coverage of gender-oppressed people from receiving necessary medical care, and legislation that negatively impacts women, gender nonconforming people, and families' rights; and

BE IT FURTHER RESOLVED, CNA/NNOC supports protecting the political and personal safety issues that are uniquely experienced by transgender and BIPOC workers; and

BE IT FURTHER RESOLVED, CNA/NNOC demands reversal of cutbacks of Section 1557 of the Patient Protection and Affordable Care Act to include health care access, equality and affordability for trans, intersex, gender nonconforming people, people with disabilities, people seeking termination of pregnancy, and those who do not speak English; and

BE IT FURTHER RESOLVED, CNA/NNOC supports a federal paid parental leave program and universal, full-week, high-quality childcare available to every family in America; and

BE IT FURTHER RESOLVED, CNA/NNOC supports protecting and expanding Women, Infants, and Children (WIC) program, Supplemental Nutrition Assistance Program (SNAP), programs that promote food sovereignty, and other programs that assist low-income families and children; and

BE IT FURTHER RESOLVED, CNA/NNOC supports the long overdue ratification of the Equal Rights Amendment; and

BE IT FURTHER RESOLVED, CNA/NNOC supports all efforts, including legislative, legal, and collective bargaining efforts to end gender pay disparities; and

BE IF FURTHER RESOLVED, CNA/NNOC supports the candidacy of pro-labor women

and gender-oppressed people who advance feminist policies to public office; and

BE IT FURTHER RESOLVED, CNA/NNOC supports the expansion of Hawaii's proposed feminist recovery plan for COVID-19 that recommends ensuring no cuts to funding for domestic violence services, shifting the state's reliance on service industries that depend on women's low-paid, precarious jobs, and just transition toward a sustainable jobs program to "build a system that is capable of delivering gender equality"; and

BE IT FURTHER RESOLVED, CNA/NNOC supports reallocation of state and municipal law enforcement funds to public health, mental health services, education, jobs, housing assistance, programs for youth, and other public programs that serve the needs of BIPOC and gender-oppressed people; and

BE IT FURTHER RESOLVED, CNA/NNOC supports ratification of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women to end discrimination and violence against women; and

BE IT FURTHER RESOLVED, CNA/NNOC supports practical workplace measures, including leave for victims of domestic violence, flexible workplace arrangement, and awareness education regarding the impact of domestic violence on work; and

BE IT FURTHER RESOLVED, CNA/NNOC holds employers accountable for preventing gender-based violence and harassment including building systems; maintaining gender-informed workplace health and safety guidelines; implementing measures to prevent third-party harassment; and institutionalizing policies that address inequitable gender norms and behaviors; and

BE IT FURTHER RESOLVED, CNA/NNOC supports bargaining for safe, clean, and private space for nursing parents in workplaces; and

BE IT FURTHER RESOLVED, CNA/NNOC will demand all our union facilities investigate and provide prompt responses on all complaints of workplace discrimination and sexual harassment and gender violence against patients and our members. We will expand member educational programs on gender and racial justice and develop campaigns and diversity efforts, including developing model contract language, to promote hospital affirmative action to make the RN workforce more representative of the communities they serve; and

BE IT FURTHER RESOLVED, CNA/NNOC will adopt a systematic feminist policy of factoring women into our union's work at every level with proactive assessment of data that accounts for gender blind spots in relationship to LGBTQIA+ rights, racial justice, climate change, immigration, and workplace democracy; and

BE IT FURTHER RESOLVED, CNA/NNOC will support leadership development and mentorship to advance the role of women in our union and our facilities; and

BE IT FURTHER RESOLVED, CNA/NNOC will engage in working relationships with nursing schools to advance training programs focused on structural competency in multiracial, LGBTQIA+, and women's health; and

BE IT FURTHER RESOLVED, CNA/NNU will organize with social movements to fight for gender equity and justice; and

BE IT FURTHER RESOLVED, CNA/NNU will work with Global Nurses United and in solidarity with other international organizations with shared values to oppose global attacks on women's rights, access to health care, sexual violence, and discrimination.