

Newspaper of
the Conseil provincial
des affaires sociales

CANADIAN UNION
OF PUBLIC EMPLOYEES

VOLUME 29 N°2
July 2016

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2016 Calendar

General Council
October 6–7, 2016
Hôtel Classique, Québec City



The Review

MINISTER BARRETTE EVERYONE'S FOE?

by Sylvain Lemieux

No minister in his or her first term has generated as much anger as Health Minister Gaétan Barrette.

Wherever he goes, he leaves a trail of unhappy people.

It all started with Bill 10. Every expert and stakeholder in the healthcare network criticized the substance, scope and speed with which the reform was undertaken. Just as with the 2003 reform (Bill 25), there was widespread fear that the bill would reduce services in the health and social services network. The 2003 reform raised the ire of unions because it enforced an unnecessary reorganization of certification units. It centralized the governance of institutions by strengthening the minister's direct role via a change in the composition of boards of directors. As a result, users and the population at large lost power and influence, the specific needs of communities were disregarded, and hospital centrism was promoted.

The minister also foisted his vision on general practitioners and specialists with Bill 20. The bill forced general practitioners to follow a certain number of patients while maintaining a number of hours of practice in healthcare institutions. It made doctors responsible for a minimum number of patient visits and penalized them if their patients receive medical services elsewhere. Specialists were asked to increase their availability for medical consultations in hospitals and were accountable for reducing wait lists. For patients, the egregious aspect of the bill was that it laid out conditions for accessory fees, despite the prohibition of this practice under the Canada Health Act. As a result, medical services would cost more and become less accessible for everyone. Although the Minister announced an overhaul of the bill last spring, patients continue to pay accessory fees.

The Minister may have ticked off the doctors, but they still remain the highest paid in the country. In recent years, they received \$3 billion in bonuses and they have the option to incorporate themselves, a measure that can reduce their taxes. Naturally, all of Québec's taxpayers are outraged by these benefits. Is it any wonder that they get the feeling that they're bearing the brunt of the austerity measures? After all, the government says it can give doctors \$7 billion in salary increases but can't pay \$30 million for an extra bath for patients in residential and long-term care centres!

Other sectors are also getting a taste of Barrette's medicine. Alain Dubuc, who writes for La Presse, provides more insight in an article published on May 3¹:

[translation] *No matter what the issue is, the Health Minister always manages to butt heads with someone. First the doctors, then the managers caught up in an unprecedented reform, then the pharmacists, who still don't understand why the Minister isn't complying with the agreement that bears his own signature, and now the nurses, who are smarting from his contemptuous opposition to SABSA clinics. Why didn't he discuss the conditions for superclinics this week with their principal stakeholders, the general practitioners, instead of making an announcement without their input? That was another dispute that could have been avoided.*

The Minister has strong-armed plenty of other people, including Diane Lamarre, Claude Castonguay, Jacques Turgeon (EX-CEO of the CHUM) and three former senior government



officials. And let's not forget the abolishment of the health and welfare commissioner, who was in charge of auditing and assessing the performance of the health and social services network. The Minister is waging war on all fronts.

TO BE CONTINUED ON PAGE 4

A word from the President

par Pierre Soucy



Goodbye, and Welcome!

On behalf of all the care facilitators at the CPAS, I would like to thank Lucie Levasseur for representing us during the nine years she has served as the President of CUPE-Québec. Her term started on March 27, 2008,

and came to a close on June 8, 2016. As a member of CUPE-Québec's executive, I personally witnessed from the very beginning how Lucie turned obstacles into opportunities. Under her watch, CUPE-Québec has continued to flourish. Thanks again, Lucie, and have a wonderful retirement!

Denis Bolduc has been elected as President. Most CPAS members already know him as CUPE-Québec's former Secretary General. We're excited to work with him!

Benoit Bouchard, a long-time activist, was elected to replace Denis. He is a former president of Hydro-Québec's specialists' and professional employees' union (SSPHQ). We welcome him to his new responsibilities at CUPE-Québec and wish him best of luck in his endeavours.

In closing, I would like to wish everyone a happy vacation and a great summer! We hope you recharge your batteries, because there's another busy year ahead!

1. Dubuc, Alain (2016, May 3). "Qui peut contrôler Gaétan Barrette?" (Can anyone reign in Barrette?). *La Presse* (Montréal).

A Word from the Secretary General

Once upon a time, a collective agreement had to be negotiated....

by Michel Jolin

The process kicked off on December 12, 2013, with the election of your Bargaining Committee. As a reminder, here are the names of those who were elected to represent you on the

Bargaining Committee of the Conseil provincial des affaires sociales: Lyne Masson of the Institut de gériatrie de Montréal, Pierre Girard of the Institut de réadaptation physique de Québec, Jean-François

Haineault of the Centre hospitalier universitaire de Québec, and Sylvain Lemieux of the Institut Philippe-Pinel de Montréal. The committee also includes social affairs coordinator Alain Tessier, and yours truly as political officer. During the bargaining process, Nathalie Olivier of the Montréal Chinese Hospital replaced Pierre Girard and Dominic Cordeau of the Centre hospitalier universitaire de Québec replaced Jean-François Haineault.

This was a satisfactory round of bargaining, especially for most of our specialized workers, who will

enjoy a 10% premium beginning on June 24, 2016.

The premiums for CHSLDs, serious behavioural disorders and psychologists were renewed and will be retroactive to April 1, 2015.

The only downside is our salary increases. The government continues to balk at the idea of recognizing the work we do. This will be the major issue to tackle during the next round of negotiations in 2020. To be effective, we must all work together!

I would like to thank Lyne, Pierre, Nathalie, Jean-François, Dominic, Sylvain, and our leader, Alain. You have shown heart and skill!

Enjoy your summer! Things will be heating up in the fall...

Meetings of the Conseil provincial des affaires sociales

by Michel Jolin

General Council held on April 6–7, 2016

Patrick Gloutney, Vice President of the municipal sector, Chantal Racette, president of Local 301 of Montréal's blue collar union, and Alain Bourassa, Vice President of Local 1638 of Quebec City's blue collar union, gave a presentation on the municipal fiscal pact.

Roysse Henderson, provincial Vice President and member of the coordinating committee of Coalition Solidarité Santé, announced that the citizens' campaign for a public prescription drug insurance program, titled *Le remède aux coupures*, ça existe, is now over. The petition garnered thousands of signatures.

During the next phases of the campaign:

- A letter will be sent to MNAs;
- A letter will be published in regional newspapers;
- MNAs will be visited in the fall.

Caterina Milani, Coordinator of International Initiatives, presented the World Social Forum (WSF). She said the idea to launch the Forum was put forward by union representatives in Brazil in 2000. This initiative was part of wide-ranging mobilization activities against free-trade agreements, the World Trade Organization, the G7, and the Davos World Economic Forum.

Christian Bisson of the Institut universitaire de cardiologie et de pneumologie de Québec was elected to the CPAS's Youth Committee.

CUPE-Québec President Lucie Levasseur gave an update on CUPE-Québec, CUPE, and FTQ affairs.

She said that Prime Minister Justin Trudeau kept his word concerning the Fonds de solidarité. The 15% federal tax credit will be back in 2016.

She added that the fund's board of directors is now composed of union members and finance people elected by members at their general meeting. To continue its mission, union representatives should be elected instead of the fund being turned into a bank.

She also said we should make our vote count at the general meeting in September 2016. Participants can vote in person or sign a proxy and give it to CUPE.

Lucie confirmed that CUPE-Québec supports the following candidates: Yves Ouellet, FTQ-Construction, Kateri Lefebvre, COPE (SEPB), Anouk Collet, UFCW (TUAC), and Louise Chabot, CSQ.

She also announced that the FTQ was launching a \$15 minimum wage campaign.

Study session on the new collective agreement

Around 200 participants attended the study session organized by the CPAS Bargaining Committee on June 13–14.

Members warmly welcomed representatives from Local 5297 of St. Anne's Hospital.

New issues negotiated by their representatives were presented.

Participants took the opportunity to march on behalf of the CLSCs, leaving from the Delta Sherbrooke Hotel and walking to the office of Luc Fortin, a Liberal MNA in the Québec government.

Training Day

Attendees in Sherbrooke took part in a training session on June 15, 2016. CUPE's education and organizing departments helped make this event a success.

General Council of June 16–17, 2016

CUPE health sector coordinator Alain Tessier reported on the conditions of adults living in residential and long-term care centres. The report, commissioned in 2013, reveals a drastic shortage of beneficiary attendants in the CHSLDs.

Alain also gave an update on negotiations with the government. The Bargaining Committee is currently studying the texts submitted by the government to ascertain that they conform to the agreement in principle.

The CPAS Action Committee announced that it was present at the following locations:

- April 8 2016, at the Institut universitaire de cardiologie et de pneumologie de Québec;
- April 14, 2016, at the CIUSSS de l'Est-de- l'Île-de-Montréal;
- April 24, 2016, at the Un pas vers la vie march at Mount-Royal Park;
- May 1, 2016, at the Fête des travailleurs in Montréal;
- May 12, 2016, at the demonstration against the municipal fiscal pact in Quebec City;
- May 23–June 3 2016, at the CSSS Jardins Roussillon;
- June 2 2016, at Local 3544, Services de Réadaptation du Sud-Ouest et du Renfort in Saint-Jean-sur-Richelieu;
- June 14 2016, at the march for the CLSCs in Sherbrooke.

Mathieu Vick, a representative from CUPE's research department, discussed various free trade agreements, including the Comprehensive Economic and Trade Agreement (CETA).

The risk with such agreements is that foreign multinationals could sue our government if they fail to realize the profits anticipated.

Pierre-Paul Tessier of the Centre jeunesse de Montréal was elected as a director with CUPE-Québec's General Council.

Yanick Ducharme of the Institut Philippe-Pinel de Montréal was elected to the committee that will modify the list of job titles.

Chantal Lavigne of the Centres jeunesse de l'Outaouais was elected to the Status of Women Committee.

Édith Brassard of the CSSS Dorval-Lachine-LaSalle was elected to the Class 2 Committee.

Julie Laramée of the CSSS Jardins Roussillon and Luc Beauregard of the CSSS St-Michel et St-Léonard were confirmed as members of the board of directors of the Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (management-labour OHS association in the social affairs sector, ASSTSAS).

CONTINUED FROM PAGE 1

His latest targets? The CLSCs. Minister Barrette wants to transfer the professionals at the CLSCs to family medicine groups (FMGs). In doing so, he is shifting primary care staff to «his» vision of a primary care setting without, of course, hiring any replacements. This strategy threatens our CLSCs because the Minister would reduce desperately needed staff members who were already in short supply. Depleting the CLSCs benefits the private sector at the public's expense.

Let's hope that Minister Barrette changes course and doesn't wait until the eve of election day to listen to the public and respond appropriately to its needs.



Depleting the CLSCs benefits the private sector at the public's expense

by Luc Bernard

Did you know that the government is draining your CLSC and cutting services to benefit the private sector?

Did you know that CLSC is the French acronym for local community service centre? Do you remember why CLSCs were established?

They were created in the early 1970s to move the healthcare system away from a hospital-centered model. It was decided that the system would no longer consist only of hospitals and doctors. In addition, it was ineffective for hospitals to offer services that could be provided elsewhere at a lower cost. Although doctors and healing would still be at the heart of the system, they would not be its sole component.

Stepping away from a hospital-centered philosophy meant shifting the healthcare network's focus from hospitals to primary care—i.e., family medicine, disease prevention and health promotion.

The goal was to establish CLSCs across Québec so that a comprehensive public network of primary care institutions could serve as portals to Québec's sociosanitary system.

CLSCs were intended to be at the heart of the communities. They were to serve the community's needs and, above all, manage health care locally.

The CLSCs' mission was founded on the population approach, a new way of looking at and dispensing health care. Health was no longer seen as just the absence of disease. The network would no longer be reactive but proactive in the face of illness and its consequences. The purpose was not only to deliver care but also to prevent and to cure.¹ This bold and innovative reform, called the Québec model of community health, has attracted the attention of numerous experts.

It's common knowledge that the success of CLSCs has been undermined by lack of support from family physicians,

1. Curing is not the same as providing care. Curing means ensuring that at-risk persons can engage in prevention or immediately receive the services they need in order to reduce the likelihood that more serious problems will occur and require treatment. Providing care means to offer the appropriate services that may be required by people with an illness or a disability. See DSP, 1999.

many of whom have refused positions in order to avoid becoming government employees and possibly losing their professional autonomy. These physicians wasted no time in launching their own private clinics, which eventually became FMGs (family medicine groups) in the early 2000s.

It is through the CLSCs and their thousands of unsung heroes, the administrative officers, that clients have access to psychologists, social workers, nutritionists, occupational therapists, physiotherapists, and more. The CLSC network provides easy access to care and services no matter where clients live.

Now the Minister is ordering the CISSSs and CIUSSSs to transfer a large percentage of their professionals to the FMGs. Depending on the number of patients they manage, the FMGs will each be assigned up to five nurses, 2.5 social workers, and 2.5 professionals. They will be able to select the professionals they want, namely social workers, psychologists, occupational therapists, kinesiologists, nutritionists, and physiotherapists.

This means that primary care resources are being transferred to a different primary care setting without being replaced. Minister Barrette's actions and policies are jeopardizing our CLSCs. In the words of CUPE union representative Karine Cabana, "In the fall of 2015, Minister Barrette, without consulting the public, directed the institutions in our public network to supply personnel to the FMGs. In doing so, he is placing government-paid employees in the hands of the private sector via the FMGs." By transferring professionals to FMGs, the Minister is requiring the public network to shift desperately needed staff to private clinics but is leaving the payment of their salaries to the public! The Minister is thus depriving institutions from their essential personnel. Draining the CLSCs and assigning their staff to FMGs is like robbing the public and giving to the private sector!

"CLSCs are irreplaceable. They offer direct access to an array of care and services. They provide home care, services for

youth in distress, and appointments with psychologists, social workers, nutritionists, occupational therapists, physiotherapists, and more. The CLSCs are supposed to be a critical gateway for vulnerable populations, but Minister Barrette is slamming the door in these people's faces," says Simon Beaulieu, president of CUPE Local 3247 at the CSSS Jardins-Roussillon, and Regional Vice President with the Conseil provincial des affaires sociales (CPAS).

One of the most devious attacks on our healthcare network is the increased use of social economy enterprises in health care. Although the idea of non-profits providing home care and other healthcare services seems commendable, the use of non-profits in the network must be condemned. Since the CLSCs offer the services of qualified, accountable professionals who are part of the care team, these employees should be the ones delivering the services. The proliferation of non-profits is a direct result of the government's disengagement from health care. As Marco Lutfy, president of CUPE Local 4713 at the CSSS Lucille-Teasdale, astutely observed: "The Liberal government is transferring many of the CLSCs' public services to non-profits, which now deliver healthcare services such as home care. This means that the government and the public network are stepping away and quietly divesting themselves of their responsibilities. We're on a slippery slope to privatization."

For these reasons, the CPAS and CUPE-Québec are proud to have launched a campaign to condemn these actions and demand that care and services continue to be offered in public institutions by employees of the public sector. Services should be free of charge, offered across Québec, and provided without barriers to access. As austerity spreads throughout the health and social services network, the CPAS and CUPE-Québec will continue the fight to stop it in its tracks.



THE CPAS AT THE EUROPEAN PARLIAMENT

by Pierre Soucy

On May 31, 2016, I was part of the Québec delegation that was invited to the European Parliament by the European United Left to discuss the impacts of the Comprehensive Economic and Trade Agreement (CETA). What an adventure!

I was a last-minute replacement for Denis Bolduc, then Secretary General of CUPE-Québec, who had to back out due to his heavy schedule. I accepted without really knowing what I was getting into during the seven-day trip to Paris, Amsterdam and Brussels. I was accompanied by Pierre-Yves Serinet, coordinator of the Réseau québécois sur l'intégration continentale

(RQIC) and Dominique Bernier of Coalition pour que le Québec ait meilleure mine. In Paris, we met with Attac-France, the farmers' union, Union syndicale solidaire, and the postal workers' union. We attended a conference on free trade in Amsterdam and took part in a panel on CETA at the European Parliament in Brussels. I gave a presentation on the concerns we have in regard to the Agreement.

On June 1, we had the opportunity to discuss CETA with Catherine Moureaux, president of the Party of European Socialists and member of the Brussels Parliament (French language group), and Philippe Close, an official with the socialist party at the Brussels Parliament. We expressed our concerns and dissatisfaction with the Agreement.

The ratification of CETA would undermine both the Canadian and Québec healthcare systems. It would weaken our public health care network by promoting the privatization of services and making it virtually impossible to expand coverage in response to new challenges.

We made it loud and clear that people in Québec do not want the accord, and that we would take action to make our disagreement known.



The Review

Newsletter published by the
Conseil provincial des affaires sociales (CPAS)

CPAS is the amalgamation of the Unions of the Health & Social Services Sector of the Canadian Union of Public Employees (FTQ)

President: Pierre Soucy

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Copy Editor: Danielle Laramée

Graphic Artist: Anne Brissette

Translator: Lorena Ermacora

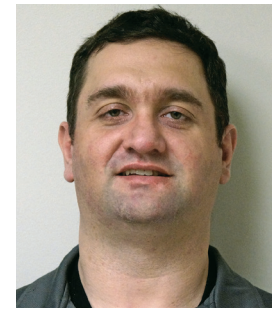
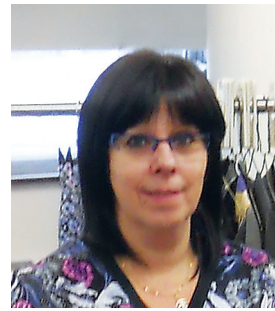
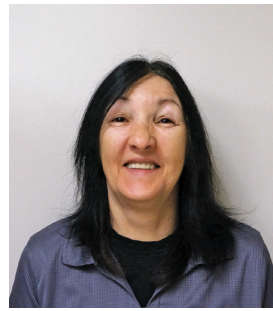
Printers: Atelier Québécois Offset 1998 inc.

Printing: 4450 copies in French, 1450 in English

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CLASS 2 COMMITTEE

Housekeeping personnel

These care facilitators work on the front lines, in the presence of users, visitors, family members, and other personnel.

An indispensable part of the staff, housekeeping employees strive to keep Québec's health and social services institutions spotless. They wash, disinfect, and pick up debris in offices, rooms, hallways, and operating rooms, and keep areas clean and safe.

By making the surroundings comfortable and providing various services, they contribute to the well-being of users.

Laundry workers

Care facilitators who work in laundries are mainly laundrywomen/men, laundry attendants and seamstresses/seamsters. They usually work behind the scenes but are indispensable in their own right.

They handle, wash, dry, fold, repair, and distribute bedding, gowns and clothing worn by users or staff members in all the departments of our institutions.

We thank all the care facilitators who work in housekeeping and laundry. They are essential to the operations of our institutions. Many people may be unaware of this, but the efforts they make each day significantly lower the risks for epidemics.

They work with heart and skill!

