

LAST GENERAL COUNCIL MEETING Highlights

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2008 CONVENTION

The Provincial Council of Social Affairs (CPAS) 18th Convention is fast approaching. It will be held at Hôtel Le Victorin in Victoriaville on June 10, 11, and 12, 2008, followed by a General Council meeting on June 13.

Already two years have elapsed; in 2006 the Convention was held in Rouyn-Noranda. We made then several changes to our statutes, regulations and rules in line with our new orientation, our new reality.

As mentioned at the last general council meeting, the theme of the convention is:

LE CPAS
J'y crois, j'y vois! 

(PSCA, I believe in it and I care about it!)

We rely on you to make it an opportunity to exchange and interact, a place where together we will debate and adopt resolutions that will guide PCSA while it carries out its impending mandates.

A MEETING OF THE GENERAL COUNCIL OF THE PROVINCIAL COUNCIL OF SOCIAL AFFAIRS WAS HELD ON APRIL 15th AND 16th AND SEVERAL REPRESENTATIVES OF OUR LOCALS WERE IN ATTENDANCE.

Various issues were broached, namely:

Group Insurance

A resolution was adopted mandating the FTQ Intersectorial Parity Committee to invite bids and proposals for the basic and additional insurance coverage plans as provided for in the collective agreement. The last time this was done was eight years ago.

Travelling Expenses

Travelling expenses for the use of a personal automobile for work purposes. Effective last April 1st, the rates have changed as follows: from \$0.41 per km to \$0.415 per km for the first 8,000 km and from \$0.335 per km to \$0.34 per km for any kilometre exceeding 8,000 per year.

Bill 58 proposed by the Charest Government

Modifications to the Act respecting minimal labour standards for individuals victims of criminal acts, to provide for leaves, which will not be remunerated, except if provided for by other concurrent programs, such as IVAC (Compensation for victims of criminal acts), SAAQ, salary insurance with an employer, etc.:

- One hundred and four (104) weeks for serious bodily injury involving a criminal act. This leave applies also to the spouse or a child victim of a criminal act.
- Fifty-two (52) weeks in case of a suicide of a spouse or child as well when a child disappears. This leave ends eleven (11) days after the child is found.

Situation at Hôpital Lachine

The integration process is ongoing with the McGill University Health Centre (MUHC). Political interventions are ongoing as well. The Coalition wants an affiliation and not integration. On a long-term basis, the francophone character of the Hôpital Lachine will be weakened at the staff level particularly when positions will be posted; bilingual personnel from MUHC could apply and obtain the position whereas a francophone Lachine Hospital employee could not apply for a position at MUHC because he or she is not bilingual. A gala benefit organized by the Coalition will be held on Sunday, May 11th, at the Pauline-Julien Hall of the Gerald-Godin CEGEP in Pierrefonds.

Emergency Call Centre Personnel

A legal strike by the emergency call centre personnel of Urgences Santé of Montréal took place on Tuesday, April 15, 2008. Representatives of the Locals of the General council were there to support them on the

picketing line. The main issue now is salaries; the call centre personnel are asking parity with their counterparts working for 911 in Montréal.

Presentations were made

La Capitale's administration guide

(Company who has the group insurance contract)

Ms. Suzanne Dubé from the insurance group La Capitale made the presentation. The document in question has been forwarded to each employer and all PCSA Locals have received a copy to answer questions from members regarding the coverage.

TO BE CONTINUED ON PAGE 4

A MESSAGE FROM THE PRESIDENT



Hello everyone,

As you know, I was elected President of the Provincial Council of Social Affairs on December 13, 2007.

Quite a challenge, and with a new executive team. I have the pleasure and opportunity to work with Michel Jolin, our new Secretary General, a top-notch professional who can handle various tasks.

My new responsibilities will include representing you on various boards and committees, i.e. on the CUPE-Québec board, on the FTQ General Council, at the Health and Social Services Ministry, on CUPE National Health Committee as well as on the Committee on manpower shortage in health care.

Additionally, I will work closely with the Regional Vice Presidents who are of great assistance and support.

My apprenticeship is progressing well and I am putting forth all the necessary efforts to represent you, as well as I possibly can.

The future does not look too promising for the public healthcare sector, but together we can change things; we only need to believe that we can do it and we will!

Pierre Soucy
President of PCSA

ACTION PLAN – MONTREAL MENTAL HEALTH Network meltdown story



The Coalition members

THE CASTONGUAY REPORT: A REAL THREAT

THE CASTONGUAY COMMISSION WAS MANDATED TO FIND NEW FINANCING RESOURCES FOR THE HEALTHCARE SYSTEM, DEFINE WHAT COULD BE THE ROLE OF THE PRIVATE WITHIN THE SYSTEM AND PROPOSE AN APPROACH TO UPGRADE THE FINANCIAL STRUCTURE WITH A VIEW AND PUT AN END TO THE RECURRING FINANCING ISSUE.

Main objectives

- Accelerate the use of private clinics;
- Finance collectively medical and home care services;
- Propose a gradual coverage based on degree of need;
- Prioritize the use of patients' electronic files without asking in each instance the patient's consent;
- Assess publicly the performance of public establishments;
- Hand over the hospital administration to the private sector;
- Allow regional agencies to buy services from CSSS, health clinics, community organisations and other establishments;
- Possibility of imposing to front-line patients of private clinics a \$100 annual contribution;
- Allow doctors to practice simultaneously in the public and the private sectors;
- Authorize the use of private insurance to pay for services already covered by the public system;
- Eliminate incidental costs invoiced by several clinics;
- Increase Quebec Sales Tax by half a percentage point;
- Impose to all patients, except the most deprived, an annual deductible based on the previous year's number of visits;
- Increase the public health insurance plan premium.



Manifestation against the Castonguay report, February 2008

Why we must reject this report

- Because it is the costs of private services that are uncontrollable;
- Because there are public solutions to public issues, for example, centralization of waiting lists, concentration of a type of surgery into a same location;
- Because international studies show that, as the private gets more and more involved, the total costs for health become less controlled, for example, in the U.S.;
- Because allowing doctors to practice both in the public and the private sectors is opening the way to a parallel system that will drain from the public system human resources already lacking;
- Because it proposes to replace the following principles: universality, transferability, accessibility, free of charge, basic care, and freedom - by principles related to gain and profit.
- Because it proposes to integrate multidisciplinary approaches in front-line private medical clinics;
- Because there is no reason why the population's financial contribution should be increased;
- Because private insurance would not cover 100% of the population;
- Because our healthcare system is costing us what it should be costing us;
- Because our best insurance, is a healthcare system.

Let's keep our eyes open on:

- Trade accords : These could make it easier for multinationals to infiltrate the healthcare market;
- Human resources leaving for the private sector;
- Rates for services;
- Canadian Health Act
- Hospital administration by private agencies;
- Transfer of CLSC mandate to private clinics;
- Accessibility guarantee;
- Budgets.

Conclusion

The Castonguay Report, like those from Clair and Rochon, will not be put away on the shelves as indicated by Mr. Couillard and the majority of analysts in the newspapers and television. It will slowly creep into our lives and one day we will wake up with a healthcare system that will be there to care for healthy individuals, leaving out those who are really sick.

It's not too late to do something!

WHEN CUPE WAS ASKED TO PARTICIPATE TO A COALITION MEETING TO DISCUSS THE TRANSFER OF MENTAL HEALTH HUMAN RESOURCES IN MONTREAL, WE WERE NOT EXPECTING THAT THE MONTREAL AGENCY OF HEALTH AND SOCIAL SERVICES WOULD BE SO COMPLEX AND SO INADEQUATELY PREPARED.

Let's go over the facts. In 2005, Mr. Couillard, the Health Minister, tabled his action plan that would be spread over the next five years, or until 2010. The Action Plan has three phases - the first phase is the transfer of Douglas and Louis H. Lafontaine caregivers, and Rivière-des-Prairies Hospital for the younger clients.

No new money was available for this plan, but more than 200 beds used for short-term stays were cut to finance the salaries of first-priority caregivers transferred in the new Centres de Santé et de Services Sociaux (CSSS) created, as you will remember, from the merger of institutions such as CLSC's, CHSLD's and a few small hospitals in Montréal in 2005.

The action plan was full of good intentions but the reality reached quickly the coalition members when sensitive questions asked to the agency's top bureaucrats were left unanswered. Among the issues, hospitals were not transferring all their caregivers but rather money since they also had a shortage of staff; a minimum of 75 caregivers are needed in mental health in Montreal and these professionals were not going to let go their expertise without an intervention.

Other problems were picked up along the way: for a patient to be transferred, he had to find a family doctor who would accept to follow him. There again, lack of family doctors. Psychiatrists were supposed to contribute because, quite often, they are the ones who diagnose their clients: there is also a shortage of psychiatrists, and as they say, when it rains it pours, powerless, we witnessed six psychiatrists leaving all at the same time the CH Fleury – they were contesting their future role in the network. But the bureaucrats at the Agency remain cool.

The coalition asked them to sign a regional protocol to ensure that all the caregivers being transferred would have the same working conditions and that it would be done on a voluntary basis. Refusal by the Agency to consider even to study this protocol: institutions will remain in charge of their negotiations and the Agency won't butt in.

After two years of talks, FSSS-CSN, FIQ, APTS and SCFP authorities considered that this is a total meltdown, and on Monday, April 28th, denounced the lack of action by the Agency as well as its lack of coordination.

The Coalition is therefore demanding the intervention of Mr. Couillard who must remind his bureaucrats in Montreal of the importance of a true negotiation with the unions and the assurance that all the elements are in place to materialize this action plan for a vulnerable and voiceless clientele.

And it is not all: two other phases are forthcoming and fast approaching. Montreal cannot afford another stinging failure from the Health Ministry that is promising lots but delivering very little.

Our clients deserve better than that.



A word from our Secretary General

Winter is finally over, and those of you who know me are well aware that I love the sun and the warmth – two elements that blend well together.

And with the arrival of nice weather, our newsletter *The Review* is making a come-back after a year of sabbatical.

We encountered various roadblocks and it was impossible to publish the Fall 2007 issue.

We are planning to make it up though, by publishing *The Review* three times a year. The Committee is committed and willing to put forth the enormous

effort necessary to do so. Of course, not without your help. Please let us know what is happening in your Locals. We will also need our Committees' participation; the newsletter is a vehicle to express opinions and to proclaim achievements.

I would also like to thank the Health and Safety Committee who took up the challenge for this issue of our newsletter.

We would like to see our Internet site www.cpas.scfp.qc.ca become an information tool where weeks on end it will be possible to read everything that is happening at PCSA.

PCSA Update and *Nego Update* will continue to be published based on needs, and also according to what the future has in store for us.

I would like to take this opportunity to thank the Committee members, namely, Guy Jolicoeur, Martial Demers, Alain Tessier and of course Manon Pépin. These individuals are truly keen on keeping our newsletter alive, and they have been very patient with yours truly, «the new kid on the block»!

I would also like to thank Claude Turcotte, our previous Secretary General, for the fine legacy that he left us, i.e. *The Review*.

In closing, I would like to thank all of you, who are allowing me to live such exhilarating experiences.

Michel Jolin, Secretary General of PCSA

PREPARING OURSELVES IN CASE OF A PANDEMIC

In Québec, it is the responsibility of the Ministry of Health and Social Services to:

- Inform the population on the nature of a disease (outbreak)
- Develop an intervention plan (health)
- Advise the population on what measures to take to reduce risks/dangers
- Recommend means of protection

But, what about the health of all healthcare workers? Right now, the various government levels are more concerned with the need to ensure that the services will be maintained than the health of the workers who will attempt to maintain these said services. In all the documents, there is no mention anywhere of the rights of workers.

As union representatives, it will be up to us to inform our members of their rights and to recall the employers their obligations. There are provisions in almost all collective agreements, requiring the employer to ensure health and safety of their workers. We also have our health and safety committees who must intervene on this issue. If committees do not exist or are not functional, it is not too late to revive them in order to be well prepared if necessary.

Additionally, besides collective agreements, there is the Act respecting occupational health and safety, which provides tools through obligations dictated to your employers.

Scope of the law

The object of this Act is the elimination, at the source, of dangers to the health, safety and physical well-being of workers.

Employee's and employer's participation

The Act also provides mechanisms for the participation of workers, workers' associations, employers and employers' associations in the realization of this object.

Means of protection and safety equipment

The fact that collective or individual means of protection or safety equipment are put at the disposal of workers where necessary to meet their special needs must in not in any reduce the effort expended to eliminate, at the source, dangers to the health, safety and physical well-being of workers.

General rights

Working conditions

Every worker has a right to working conditions that have proper regard to his health, safety and physical well-being.

Rights

In accordance with this Act and the regulations, the worker is entitled, in particular,

- To training, information and counselling services in matters of occupational health and safety, especially in relation to his work and his work environment, and to receive appropriate instruction, training and supervision.
- To receive the preventive and curative health services relating to the risks to which he may be exposed, and his wages for the time spent in undergoing a medical examination during employment prescribed for the application of this Act and the regulations.

Employer obligations

Every employer must take the necessary measures to protect the health and ensure the safety and physical well-being of his worker. He must, in particular,

- See that the establishments under his authority are so equipped and laid out as to ensure the protection of the worker
- Designate members of his personnel to be responsible for health and safety matters and post their names in a conspicuous place easily accessible to the worker;
- Ensure that the organization of the work and the working procedures and techniques do not adversely affect the safety or health of the worker;
- Supervise the maintenance of the workplace, provide sanitary installations, drinking water, adequate lighting, ventilating and heating and see that meals are eaten in sanitary quarters at the workplace;
- Use methods and techniques intended for the identification, control and elimination of risks of the safety or health of the worker;
- Take the fire prevention measures prescribe by regulation;
- Supply safety equipment and see that it is kept in good condition;
- See that no contaminant emitted or dangerous substance used adversely affects the health or safety of any person at a workplace;
- Give the worker adequate information as to the risks connected with his work and provide him with the appropriate training, assistance or supervision to ensure that he possesses the skill and knowledge required to safely perform the work assigned to him;
- Post up in a conspicuous place easily accessible to the worker all information transmitted by the Commission, the agency and the physician in charge, and put that information at the disposal of the workers, the health and safety committee and of the certified association;
- Provide the worker, free of charge, with all the individual protective health and safety committee in accordance with paragraph 4 of section 78 or, as the case may be, the individual or common protective devices or equipment determined by regulation, and require that the worker use these devices and equipment in the course of work;
- Allow workers to undergo the medical examinations during employment required under this Act and the regulations;

- Give, to the workers, the health and safety committee, the certified association, the public health director and the Commission, the list of the dangerous substances used in the establishment and of the contaminants that may be entitled;
- Cooperate with the health and safety committee, or as the case may be, the job-site committee and with any person responsible for the application of this Act and the regulations and provide them with all necessary information;
- Put at the disposal of the health and safety committee the equipment, premises and clerical personnel necessary to carry out its functions.

Consequently, whether it is based on provisions in the collective agreement or of the Act respecting occupational health and safety, you must question your employer in order to be a party involved in the development of an intervention plan in your establishment in case of a pandemic.

More specifically, you must require from your respective employer that they obtain from the Public Health Department: the disease aetiology (causes/symptoms), the modes of transmission, the risks to workers that you represent

All this information must be communicated to our workers.

Also, you must identify possible sources of dangers, such as:

- Client/Patient Services: contact with public, set up safety measures such as protective screens, masks, etc.
- Labs: recommend any measures deemed appropriate: hand washing, gloves and masks, desks cleaning, disinfecting/sanitizing
- Train and prepare staff: designate essential services, hygiene measures, etc.
- Provide supplies required. Ensure supplies are available and in sufficient quantity: hygiene products for hands, cleaning tools, gloves
- Provide for staff replacement. Provide for personnel having as a mandate: apply and manage emergency plan, appoint committee to handle assignments and communications
- Determine work methods: hygiene measures to avoid contamination, establish changes to activities, possibilities of working from a distance
- Provide for food reserves and appropriate facilities for staff required to work
- Provide for medical resources: consultations, treat contaminated people
- Remuneration: group insurance plan or LATMP
- For workers not required to work: provide for provisions to protect employees with a position
- For employees on recall list, remuneration could be based as on the last 12 months, working at home

Hungry no more!

WE ALL HAVE BEEN ABLE TO WITNESS LATELY SOCIAL UPRISINGS GENERATED BY A STAGGERING INCREASE IN BASIC FOOD PRICES, AND THIS INFLATION IS HAVING A TERRIBLE IMPACT ON THE POOR POPULATION IN SEVERAL COUNTRIES.



Group of Teleco ex-workers

Let's not forget that in these countries, police repression is often quite vindictive. It takes much more than a victory by the Canadian to start riots. This general anger is fuelled by the will to survive in a wild form of capitalism fostered by economic policies aiming essentially at promoting the interests of big companies. These companies take advantage of either the support or the leniency of the government to impose their rules, which are detrimental to basic social programs such as health and education.

This can be corroborated because FTQ is present in several of these countries where it supports the labour force. Last January, CUPE participated with a FTQ delegation to the organization of a symposium on social dialogue in Haiti. This allowed us to see, once again, the extent of the problems that Haitians workers are facing.

Numbers that are meaningful

Population: 8,6 million
Country size: 27,750 square kilometres
Life expectancy (2003): men: 50 years, women: 54 years
Annual revenue per capita: 450 \$ US/per year
Unemployment rate: 60 %
Literacy: 45 %

Healthcare: a preview of what could happen to us

More specifically, this mission allowed us to meet with workers and members of the healthcare workers union. They have described to us, with ample details, the structure of the healthcare system in Haiti. Here are some outstanding facts.

Haiti has a «hybrid» healthcare system, which means that a certain number of establishments are financed by the government. Private interests finance the others. However, according to facts gathered from unionized nurses, a common point exists between the two establishments. Everybody must pay for medical supplies and medication required for the treatment.

The nurses we have met gave many heart wrenching accounts of mothers who were refused treatments for their sick children because they had no money to pay for medical supplies or medication.

Working conditions ...

In a context where the rate of unemployment is exceptionally high combined with an appalling lack of labour laws to protect the workers, it is not surprising that working conditions in Haiti are similar to those that existed in the 20's. For example, a bachelor-nurse with a permanent full-time position in the public sector receives a gross monthly salary of 14,000 gourdes or \$378. To live properly, in the Haitian capital, according to what we have heard, you must earn at least 40,000 gourdes or \$1,081. per month. With that salary, the nurses would be able to give their children three meatless meals a day, have a decent place to live and be able to send their children to school. In private establishments, the situation is even worse. The salary of a bachelor-nurse is about 8,000 gourdes or \$216. per month.

Yet, healthcare employees must face a new phenomenon, casual and insecure employment. Effectively, for a few years now, it would seem that the Haitian government has implemented a moratorium, i.e., positions becoming available are not filled. During our meetings, a wide majority of these people had not received a salary for two months. In spite of our insistence to understand this irregularity, nobody within the administration of the establishments was

able to explain what happened to the money in the budgets for these salaries.

At the health and safety chapter, everything must be done. Presently, nurses are trying to get gloves to carry out the medical acts. Therefore, needless to say that preventive measures and tools conceived to avoid musculoskeletal problems, quite frequent in this environment, are science fiction in Haiti. Also, the concept of an organisation such as CSST that would discipline employers is far fetched.

Haitian government solutions to the economy problems: privatize

Presently, the Préval government fosters state privatization. Hence, big companies are literally up for grabs. This new approach is generating thousands of lay-offs. For example, during the weeks preceding our trip, 1,500 Téléco workers were arbitrarily laid off, without taking into account their seniority; a concept that seems to be lacking within the Haitian administration. Yet, another horror story: we have discovered that the employer had omitted, during 5 years, to pay the contributions to the pension plan. It is to be noted that the employees had paid their contributions. Impossible to know where the money went.

The light at the end of the tunnel

On a more positive note, the Haitian government, following pressure from the international committee, has recognized in 1987 the right to unionize. Since then, trade unions have been trying to organize. This is when we started to intervene. For about ten years now, FTQ and its affiliated unions contribute to the creation of trade unions. The last mission allowed us to see some progress in that area. To such an extent that we can now hope the emergence of a real social dialogue.

To do so, the union movement, in spite of all the difficulties encountered, will be the vehicle that will power true social change. Examples of revolutions whose genesis is attributable to the collective willingness of workers are numerous. Poland, even Québec, owe their quality of life to demands made by the labour movement.

In this sense, the Haitian union movement, in spite of its young age, has come a long way. Crimes against the State, corruption, repression - we cannot list them all - have failed to destroy the obvious willingness to change things. This is why, it is quite apparent that if we are sensitive to human misery, we must pursue and intensify our effort to support Haitian workers. Let's hope that in doing so, one day a majority of Haitian people will no longer be hungry.

CONTINUED FROM PAGE 1 / Last General Council Meeting

Occupational Health and Safety

Presentation by Ms. Francine Burnonville from the FTQ Regional Council for the Greater Montreal area, to explain the many facets of the Social Delegate Network. It was set up within a union with the involvement of individuals who are participating in the labour movement. The network fosters mutual aid with members who have personal problems or problems related to drugs, family, mental health, debts and several other situations.

The Castonguay Report

This issue is featured in this issue.

Healthcare in the U.S.A.

A FTQ delegation visited the Washington area on March 11 and 12, 2008 to find out how the healthcare system works in the US. The picture is quite gloomy because not all Americans have access to public healthcare. People must buy private health insurance and to be covered you must be in good health. We estimated that 47 million Americans have no medical insurance, 9 million children have not protection, and that more than half of personal bankruptcies are attributed to healthcare costs. The American situation is similar to what was happening in Quebec before the public healthcare system was introduced.

Health Solidarity Coalition

Forum «*Santé et services sociaux... des solutions publiques! Comment faire la différence?*» Health and Social Services Public solutions! How to make the difference?

This forum took place on Saturday, March 15th at CEGEP Maisonneuve in Montréal. The workshop participants discussed various parameters with a view to protect, keep and consolidate the healthcare public system. Presentations were made, particularly one on healthcare representing 30% and not 43% of the main budget, as indicated by the Charest government.

Election of a member to the CQASS

(Committee on the quality and accessibility of health and social services)

Daniel Morency of CUPE, Local. 4880, was elected. This committee investigates and denounces through various means of information, cases of sub-contracting, privatization, outsourcing, etc. in the health and social services sector.

Ratification of the PCSA representation at ASSTSAS (Association of occupational health and safety of the social affairs sector)

Karine Cabana from CUPE, Local 2960, is the designated representative.



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

Secretary General: Michel Jolin

Co-ordinators: Guy Jolicoeur, Martial Demers, Michel Jolin et Alain Tessier from the Information committee

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