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des affaires sociales

CANADIAN UNION
OF PUBLIC EMPLOYEES

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2011 Calendar

«Youth» thematic day
Château Frontenac in Québec
March 29 2011

General Council
Château Frontenac in Québec
March 30-31

General Council
Centre des congrès and Hilton Hotel in Québec
May 9

SCFP-Québec Convention
Centre des congrès and Hilton Hotel in Québec
May 10 to 13

General Council
Auberge Universel in Montreal
September 21-22

«Status of Women» thematic day
Loews Le Concorde in Québec
December 6

General Council
Loews Le Concorde in Québec
December 7-8



The Review

Maintenance of Pay Equity

by the Employment Evaluation Committee: Francine Lamothe, Lucie Marchand, Martine Roy and Johanne Martel

THE PAY EQUITY AUDIT PRESCRIBED IN SECTION 76.1 OF THE ACT HAS NOW BEEN COMPLETED, AND THE RESULTS WERE PUBLISHED ON DECEMBER 20, 2010. THEY WILL REMAIN POSTED FOR 60 DAYS, I.E. UNTIL FEBRUARY 18, 2011.



Lucie Marchand, Francine Lamothe and Martine Roy from the Committee

In compliance with the possible procedures set out in section 76.2 of the Act, the Conseil du trésor opted to conduct the audit on its own. It examined the most recent information available using the same approach adopted for the August 2006 audit. Adjustments were made to take into account the following developments:

- The creation, abolition or merger of job classes in traditionally male and female job categories;
- Update or review of classification plans;
- New requirements of professional orders;
- Amendments to the Professional Code;
- Application of general parameters for salary increases, including those that came into effect on April 1, 2010.

Some predominantly female job classes were affected by the above changes and are entitled to salary and other adjustments.

During the posting period, any employee who requires additional information has 60 days to contact the *Conseil du trésor* and must do so by February 18, 2011. The *Conseil du trésor* has 30 days to respond and will post an explanation of any

amendments it makes or a notice that it will not make any amendments.

Thereafter, individual locals or members have the option of lodging a complaint with the *Commission de l'équité salariale* under section 100 of the Act.

The Committee will ensure that members are informed of the audit process and the prescribed deadlines, as well as of future developments.

A word from the President

by Marco Lutfy

Getting used to the wolf at the door

Private-public partnerships are on the rise in Québec, so much so that the first private long-term care centre opened its doors in 2010.

Trade agreements like NAFTA and several others, which also cover the health-care sector, are hitting us hard. Despite victory in several important battles (transformation of the PPP agency, announcement about the use of traditional construction methods, etc.), the threat remains and is growing (increase in the number of private clinics, private CHLSDs, resumption of PPP projects after the banking crisis, departure of hundreds of physicians to the private sector, and so forth).

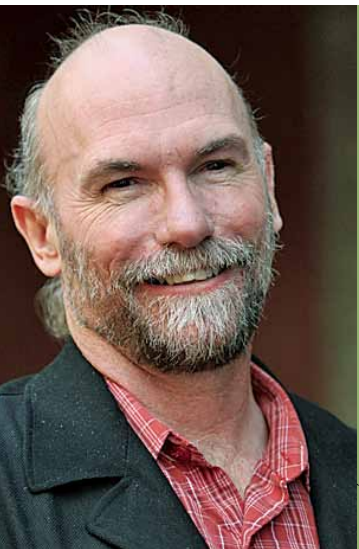
Yet that's the idea behind the strategy: let's wear them down.

But now they're getting sneaky about it!

Remember how loud the wolves were howling at the beginning? They drowned out everyone else! « Let us help you! », they would say. « We have the money you need! » « Don't worry, we'll look after everything for the next 25 to 30 years! »

Now the wolves have quieted down. They realize that they have to use stealth to get what they want and not make too many waves. They know

TO BE CONTINUED PAGE 3



A Word from the Secretary General

by Michel Jolin

Negotiations are still dragging on

Do we need patience to do our job? Do we ever! We're expected to be perfect in our dealings with members, their families and our employers, and to be even more perfect when dealing with the media. We're supposed to be reasonable in our bargaining demands. We can't ruffle the public's feathers. We're expected to do our job because we love it and not hope for very much recognition in return.

We concluded an agreement in principle with our good government in June 2010. It is now

February 2011 and we still have not received the amended documents from the agreement. In the meantime, health and social services employees are still waiting for the small token of recognition the government promised during the last round of bargaining.

Ladies and gentlemen of the government, please get down to business!

Two meetings, one report

by Michel Jolin

SINCE THE LAST ISSUE OF *THE REVIEW* WAS PUBLISHED, THE *CONSEIL PROVINCIAL DES AFFAIRES SOCIALES* HAS HELD TWO GENERAL COUNCIL MEETINGS, ONE IN LAVAL ON DECEMBER 8 AND 9, 2010, AND ANOTHER IN MONTRÉAL ON JANUARY 27 AND 28.

During the December meeting, we reviewed a recent report published by the Institut de la statistique du Québec and were not surprised to learn that we earn 5.6% less than other salaried workers in Québec in terms of overall compensation and benefits. The disparity in comparison with federal employees is - 18.3%, and even greater with municipal employees at - 29%. The same report notes that although our overall compensation is on par with that of private sector workers, we earn 6.9% more than non-unionized workers and 7.8% more than non-unionized private sector employees.

In presenting its report, the Bargaining Committee said it was still waiting to receive all the amended documents from the government. We appointed a new Class 2 representative to the Committee in response to Ghislaine Doré's resignation to pursue professional interests. We wish her all the best and have confidence in her success in meeting this new challenge. As her replacement, the delegates selected Nathalie Olivier, who comes to us from head office.

Two further elections were held: Sylvie Gagné of the Montréal Chinese Hospital was elected to the Insurance Committee, and Julie Cliche of the *CSSS de Beauce* was elected Director of the CUPE-Québec General Council.

On the afternoon of December 8, delegates held a working session to study problems and remedies for members who will be working on two committees established under the collective agreement: the committee on the use of independent labour (Letter of Agreement No. 3) and the committee on clients with serious behavioural disorders (Letter

of Agreement No. 6).

The January meeting saw another election: Danie Bouchard of the *Centre hospitalier universitaire de Québec* was elected as a member of the organizing committee opposing public-private partnerships.

The Youth Committee has notified us that it will be filming a DVD on February 7 for new member orientation. In addition, it is organizing a special day-long event for delegates to the CPAS General Council meeting in Quebec City on March 29, 2011.

CUPE union representative Sylvain Pilon was on hand to present the FTQ campaign on retirement planning (*Une retraite à l'abri de soucis*). We learned that retirees who wish to maintain their

lifestyle need to continue earning 70% to 80% of their household income. To improve our retirement income, the FTQ is demanding a progressive enhancement of Quebec Pension Plan amounts by ensuring that benefits increase from 25% to 50% of employment earnings, and raising the maximum pensionable earnings amount from \$47,200 to \$62,500 and the basic exemption from \$3,500 to \$7,000. The FTQ is also lobbying for an increase in the guaranteed income supplement of at least 15% and to ensure greater security for pensions through the use of supplemental defined benefit pension plans.

Lastly, a working session was held to study the problems facing home support workers.

CSSS HOME CARE SERVICES The CPAS reviews home care problems

by Guy Jolicoeur

ON A COLD FRIDAY MORNING, A NUMBER OF CPAS MEMBERS MET TO DISCUSS THE MANY PROBLEMS FACING CSSS PERSONNEL IN THE DELIVERY OF HOME CARE SERVICES. ANIMATED DISCUSSIONS WERE HELD ABOUT DAY-TO-DAY DIFFICULTIES, AND PARTICIPANTS WORKED HARD TO COME UP WITH POSSIBLE SOLUTIONS TO HEALTH AND SAFETY ISSUES, UNREASONABLE WORKLOADS, LABOUR SHORTAGES AND TRAINING AND TRAVEL ISSUES.

In terms of health and safety, even though the performance of home care services carries multiple risks of incidents and accidents, these events often go under-reported because of a lack of accident report forms on the scene. One participant suggested that workers carry the FTQ's accident report logbook. In addition, home health care workers who travel daily to see clients in their homes are challenged by having to work without lifting apparatuses, manoeuvre in cramped apartment bathrooms, and deal with unsanitary dwellings and bedbugs.

Workers have to cope with unreasonable workloads when employers expect them to see two or three clients who live in the same building. The clients' proximity to each other doesn't mean that baths can be given any quicker. Even health and social services professionals have complaints about case assignments and emergencies. To avoid adding more people to wait lists, supervisors have the annoying habit of assigning cases to social workers so that the file is removed from the wait list before anyone can take it on. Workers can't catch up on their work and quickly become overloaded when other tasks are heaped on them, such as vision screening, vaccinations, medical evaluations in off-territory hospitals, and so forth.

The closer one looks, the more one realizes that Québec is managing home care like a fire emergency and using the urgency of a situation as a pretext to neglect clients who may be just as needy but are not emergency cases. Ever-lengthening wait lists and sponge baths instead of real baths are just some evidence of the inadequate budgets allocated to our seniors – society's most vulnerable individuals. It is high time for the Health Minister to take a good look at the problems hampering this essential service. The construction of new hospitals can wait; our seniors cannot!





Our thanks go out to our administrative assistant, Manon Pépin, for 20 years of service to the CPAS!

WORD FROM THE PRESIDENT / FROM PAGE 1

that ordinary people are too busy to notice what's going on!

Lately I've been wondering whether the arguments we came up with in the past are still valid. I re-read some documents, including a 34-page report on private health care entitled « Le privé dans la santé : un enjeu en santé publique » which was submitted to the Task Force on the Funding of the Health System and its President, Claude Castonguay.

There's no doubt in my mind that the arguments put forth by privatization opponents in the Castonguay Report have stood the test of time.

As proof, the **Québec Directors of Public Health** reminded us in 2007 that:

[Translation] « *The people of Québec have chosen the path of solidarity by opting for a national insurance to share the risks related to illness. It is important to reaffirm this social contract while seeking to improve, adapt and modernize our system.* »

[Translation] « *By introducing more private services into the system, we are transforming its vocation as a tool of social protection and are undermining our citizens' social rights by gradually transforming them into consumer goods.* »

The **World Health Organization (WHO)** has stated that:

« *In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.* »

« [Translation] *Performance indicators are systematically better when the public sector plays a dominant role in the regulation, funding and supply of health-care services.* »

Even **Charles Baillie**, former Chairman and CEO of Toronto Dominion Bank, has stated that:

« *Canada's health-care system is an economic asset, not a burden, one that today, more than ever, our country dare not lose.* »

« *In an era of globalization, we need every competitive and comparative advantage we have. And the fundamentals of our health care system are one of those advantages.* »

Privatization opponents are unanimous on the following point:

« [Translation] *The privatization of health care, even if only partial, costs more, is harder to manage, does not improve services and creates vast inequalities in the face of illness.* »

Despite these opinions, the wolves are still on the prowl and we are slowly getting used to and even beginning to believe we need their presence...

The DSPs also commented:

« [Translation] *Whether health care costs are subsidized by the public or the private sector, the funds will come from the same source: the taxpayer. What we need to do is to determine how this money can be used most effectively.*

- *Through a single-payer system providing universal access?*

- *Or through a more expensive system made up of several insurers and accessible only to a minority?* »

Since « The answer is in the question », why does the battle continue to rage?

Well, the answer also lies in examining ourselves...

We may be against violence, but...

...How do you like your wolf? Well done?

BILL 100 AND THE NEW HEALTH CONTRIBUTION THESE BUDGET CUTS WILL BACKFIRE!

by Guy Jolicoeur

LAST YEAR, WHEN BILL 100 WAS PASSED, HEALTH MINISTER YVES BOLDUC PROMISED TO REDUCE SUPERVISORY PERSONNEL AS WELL AS TRAINING AND TRAVEL EXPENSES. HOWEVER, INITIAL ANALYSES OF THE BILL'S IMPACT PAINT A DIFFERENT PICTURE. THE PLANNED REDUCTIONS IN HEALTH AND SOCIAL SERVICES SUPERVISORY PERSONNEL WILL ACTUALLY RESULT IN CUTS TO SERVICES TO THE PUBLIC.

The minister's original intentions were to reduce training, travel and advertising budgets by 25% by 2013 and renew only one of every two positions held by retiring employees. Contrary to expectations, however, the actual application of cuts to supervisory positions and travel expenses will open the proverbial Pandora's Box. For example, now that the CSSSs have brought their services under one roof with no regard to distance from clients, reducing workers' travel budgets will lead to cuts to various client services, despite what the Minister thinks.

Consider another example in the Montréal region. Some \$40 million will be axed from the Montréal budget in 2011-2012, but Québec City officials forgot one detail: the Montréal Agency's budget also covers the salaries of medical residents and interns working in the city's university hospitals. It will therefore be impossible to implement the cuts without compromising medical services to the public. As a result, the institutions will have to make even deeper cuts to travel and training expenses and secretarial and supervisory positions.

Such manoeuvres are typical of centralized decision-making by the head honchos in Québec City.

They have their target budgets and the Agencies are responsible for forcing their institutions to comply even if such compliance results in alienating the public they are supposed to serve. Another underhanded government practice is to define as a budget cut the non-renewal of a management position that was abolished years ago.

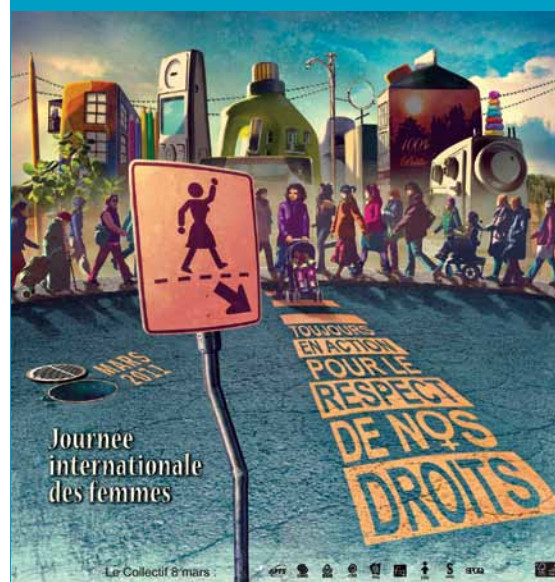
The Minister may be using the entire exercise as a smokescreen to allay fears that he'll exceed the budget set by the *Conseil du trésor*. If there is a genuine concern for preventing duplication of services, why does the government continue to maintain its heavy apparatus in both Québec City and Montréal?

Lastly, we remind you that the 2010 tax year marks the inauguration of the Québec Minister of Finance's new «health contribution,» a mandatory \$25 tax that must be paid by all Québec residents aged 18 and over. The new charge can be found on line 448 of the 2010 Québec income tax return. Minister Bachand's new tax is outrageous, and we'll be forced to pay it for the next three years! And, adding insult to injury: it increases to \$100 in 2011 and \$200 in 2012!



March 8, International Women's Day

by Karine Rainville

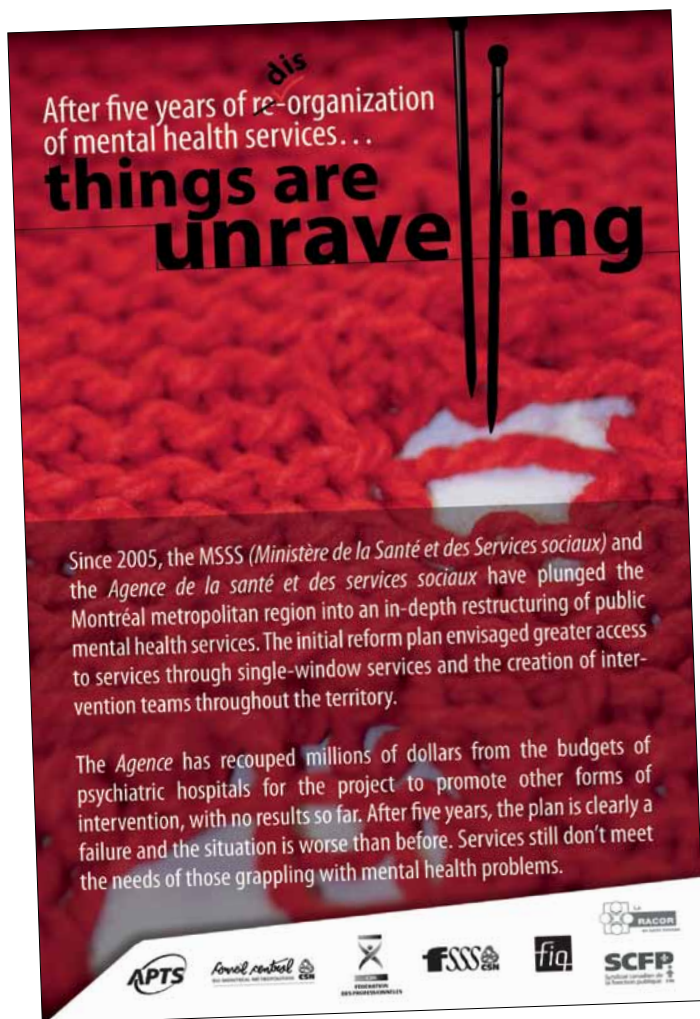


Each year on March 8, women around the world remember the major feminist struggles of the 20th century – the right to vote and to better work conditions. They also reflect on the state of women's rights today and reaffirm their determination to continue the fight until equality is achieved.

This year's International Women's Day will be celebrated in Québec amid political and economic conditions that are threatening many of these rights. Indeed, economic austerity policies that make major cuts to our public services – particularly health care and education – are especially hard on women, who constitute the majority of low-income earners. Public services are a way to ensure society can help women shoulder some of their traditional responsibilities of providing children with education and health care.

These services have been taken for granted by many, but today they are once again central to women's demands.

We are therefore proud to celebrate International Women's Day on March 8, because as public-sector workers, we contribute each day to the pursuit of equality between men and women.



MONTREALERS AS CPAS VICE-PRESIDENTS TWO DECADES OF TRADITION

by Karine Cabana, Vice President for Montréal /Outaouais /Laurentides /Lanaudière /Montérégie



Claude Généreux, Alain Tessier, Serge Lalonde, Marco Lutfy and Karine Cabana

During the CUPE National Health-Care meeting in Victoria, held from October 19 to 22, 2010, I had the immense privilege, as the new Vice-President for the Montréal/Outaouais/Laurentides/Lanaudière/Montérégie region, to meet the four activists who held this position over the past 20 years. Where are they now, and what did they contribute to the *Conseil provincial des affaires sociales*? Here is what I found out.

Claude Généreux 1991-93

Claude Généreux was elected National Secretary-Treasurer of the Canadian Union of Public Employees (CUPE) in the fall of 2001. While President of the CPAS, he also headed CUPE-Québec from 1993 to 2001. Claude came to us from Local 313, the *Hôpital Rivière-des-Prairies*, where he was an educator.

Since becoming National Secretary-Treasurer, Claude has led the national organization out of debt and built up members' financial assets to the tune of over \$65 million. Instead of renting the majority of their facilities, CUPE members now own 25 office buildings across the country. CUPE's national head office in Ottawa is LEED certified, making it one of the most environmentally-friendly offices in Canada.

Alain Tessier 1993-98

After many years of grassroots activism, Alain became a CUPE representative in 1999 and carried out assignments in various sectors. In 2003, he returned to social affairs as sector coordinator and led two provincial negotiations as our sector's spokesperson at the FTQ table. Alain is from Local 4713, *CSSS Lucille-Teasdale*, where he was a beneficiary attendant.

Serge Lalonde 1998-2007

During his 10-year tenure as regional Vice President, Serge was responsible for English-speaking Locals receiving the information they

needed in English so they could operate properly. Serge was offered a Union Representative position in Ottawa and now defends the rights of Local 4000, members at the Ottawa Hospital. He came to us from Local 3350, *Batshaw Youth and Family Centres*, where he was a plumber.

Marco Lutfy 2007-2010

Marco was elected President of the CPAS at the June 2010 Convention and is also President of Local 4713, *CSSS Lucille-Teasdale*, which represents approximately 1,200 Class 2 members. Furthermore, Marco is our sector's Vice President on the CUPE-Québec board. He is a beneficiary attendant at his Local.

Karine Cabana, since 2010

In addition to becoming regional Vice President in June 2010, I was elected President of Local 2960, *Institut Philippe-Pinel de Montréal*, in September 2009. I work as a nurse.

Claude, Alain, Serge and Marco were important and influential Vice-Presidents of the Montréal/Outaouais/Laurentides/Lanaudière/Montérégie region and continue to give their best to the union each in his own individual way. We salute them once again for their contributions!

INQUIRY INTO THE PRACTICES OF HEALTH OFFICES IN MONTRÉAL HEALTH-CARE INSTITUTIONS

LOCALS INVITED TO PARTICIPATE

During its most recent meeting, the *Réseau intersyndical des professionnels et techniciens de la santé*, Montréal region, passed a resolution to hire Mr. Angelo Soares, a researcher at the *Université du Québec à Montréal*, to inquire into the practices of Montréal CSSS health offices. During the past few months, representatives of various unions have noted stricter controls and more challenges to our members' medical absences by health office representatives. These practices are not unrelated to the Health Minister's order to substantially reduce the number of salary insurance days granted.

However, they have led to the needless harassment of our members, produced feelings of anxiety and anger, and even resulted in the resignation of some of our members. To fight the practice, unions will have to gather more evidence for their files. That's why we've commissioned Mr. Soares to conduct qualitative interviews with four union members in each institution, from any random employment category. The interviews will take an average of two hours. The local unions are responsible for finding participants among the members who have undergone this experience this past year.

We are counting on the cooperation of the locals in the health and social services institutions in Montreal, including the 12 CSSSs, to send us the names of members interested in taking part in the inquiry. We will send you the procedures along with funds to cover the approximate cost of participation. UQAM charges about \$150 per interview for a verbatim transcription (putting the entire interview in written form).

For further information: Guy Jolicoeur, CUPE, 514 755-8223



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: Marco Lutfy

Secretary General: Michel Jolin

Coordinators: Guy Jolicoeur, Michel Jolin and Karine Rainville from the Information Committee

Special contribution: The CPAS Bargaining Committee, the Employment Evaluation Committee and Karine Cabana, vice-president, Montréal/Outaouais/Laurentides/Lanaudière/Montérégie region

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It's high time to sign the collective agreement!

by your Bargaining Committee: Karine Cabana, Nathalie Olivier, Yves Paprocki, Monique Trépanier, Michel Jolin and Alain Tessier

It's been seven months since an agreement in principle was reached, and the signature of a new collective agreement appears to be imminent. How will the new mechanisms provided under the agreement be implemented? What will be the employer's timetable for paying us what we are owed? Here are the scheduled phases:

First deadline: All the provisions of the collective agreement come into force on the 21st day after it is signed.

Second deadline: The employer has an additional 24 days to start paying us our new salaries as well as related premiums and supplements. Note that premiums and supplements are retroactive to the 21st day following the signature of the agreement. The new salary rates (0.5 %) are retroactive to April 1, 2010.

Third deadline: The employer has 60 days from the signature of the collective agreement to issue the retroactive payments we are owed.