

Newspaper of the  
Conseil provincial  
des affaires sociales

CANADIAN UNION  
OF PUBLIC EMPLOYEES

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## 2010-2011 Calendar

### Study session on the new collective agreement

Chéribourg Hotel in Orford  
November 9 to 12, 2010

### Extraordinary Convention SCFP-Québec

Palais des congrès in Montréal  
November 27, 2010

### FTQ Convention

Palais des congrès in Montréal  
From November 29 to December 3, 2010

### General Council

Sheraton Hotel in Laval  
December 8 and 9, 2010

### General Council

Loews Vogue Hotel in Montréal  
January 27 and 28, 2011

### «Youth» thematic day

Château Frontenac in Québec  
March 29, 2011

### General Council

Château Frontenac in Québec  
March 30 and 31, 2011

### General Council

Centre des congrès and Hilton Hotel  
in Québec  
May 9, 2011

### Convention SCFP-Québec

Centre des congrès and Hilton Hotel  
in Québec  
May 10 to 13, 2011

# The Review

## COMING SOON... A NEW COLLECTIVE AGREEMENT

by the Bargaining Committee: Karine Cabana,  
Ghislaine Doré, Yves Paprocki, Monique  
Trépanier, Michel Jolin and Alain Tessier

INDEED, THE 30,000 WORKERS IN  
HEALTHCARE AND SOCIAL SERVICES  
REPRESENTED BY THE FTQ HAVE ENDORSED  
THE AGREEMENT IN PRINCIPLE OF LAST  
JUNE BY A STRONG MAJORITY AT THEIR  
ASSEMBLIES.

Let's go over some of the highlights of this agreement: salary increases of about 6% over 5 years with the possibility of getting an additional 4.5% with indexation clauses based on GDP and inflation, an increase in evening and night premiums conditional to a greater availability, the introduction of new premiums, a substantial increase in the employer's contribution to our group insurance and improvements at the parental rights and pension plan level.

So if the trend continues, we should have a new collective agreement before the end of the year. Your Bargaining Committee is currently reviewing the new provisions to make sure they comply with the agreement in principle and in your best interest. Once this task is completed, we must proofread the entire collective agreement and validate everything with an official signature. The new provisions will become effective 21 days after the signature. We would like to remind you that a retroactive payment will apply to salary parameters effective April 1st, 2010; this payment will take place 60 days after the new collective agreement enters into force.

As it is customary with each new collective agreement, the Bargaining Committee will prepare a seminar for local executives to ensure that your representatives have all the information needed to properly enforce our new labor contract.

This meeting will be held from November 9 to 12, 2010 in the Eastern Townships.

Thank you to you all for your participation to general assemblies.



Members of the Bargaining Committee reviewing the collective agreement.

## A word from the President

by Marco Lutfy

### Enhancing the value of our job titles...

«People! Believe me! If the healthcare system is still dispensing services in your towns and villages,

despite three restructurings that did not deliver, it is mainly due to workers who, every day, come to work and leave a little of themselves!»

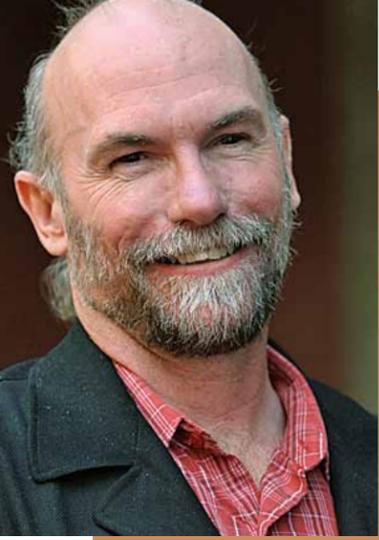
And the people replied: «We appreciate the dedication of doctors and nurses. They are doing a tremendous job under these circumstances.»

And the population is right.

The problem is that a multitude of other job titles strive every day to ensure that our health institutions are operational every day. Unnoticed, they work in the shadow of the aforementioned professionals; we call them «public servants».

Yet, there are among the «public servants», people who spend more time with your family and friends,

TO BE CONTINUED ON PAGE 3



# A word from the Secretary General

by Michel Jolin

## A BUSY FALL!

Summer is already behind us, leaves are changing colors and falling... another season is upon us, consequently, it is time to put out another issue of our newsletter *The Review*.

You and your union leaders have been quite busy since last June when we accepted the agreement in principle for the renewal of our labor agreement. The agreement in principle was endorsed by a vast majority. You were also asked to complete a survey prepared by the CPAS Insurance

Committee to find out if we are ready and willing to increase our basket of services. You will have the results of this survey in December, after the CPAS General Council meeting.

You were also acquainted with the FTQ Action Plan to oppose Bill 100 that the government has adopted following the March 2010 budget. You might be asked to mobilize against this bill. In closing, I want to thank you for your participation.

ANNIE THÉRIAULT

## INTEGRATION, MERGER AND CONFUSION IN THE HEALTHCARE SECTOR IN MONTRÉAL

# Some CUPE locals are affected

by Karine Rainville

A RESTRUCTURING IS OCCURRING IN THE HEALTHCARE AND SOCIAL SERVICES SECTOR ON THE ISLAND OF MONTREAL. INDEED, LAST OCTOBER 1ST WAS THE OFFICIAL INTEGRATION OF THE CHSLD FATHER DOWD/ST. MARGARET/ST. ANDREW TO THE CAVENDISH CSSS. THIS AMALGAMATION AFFECTS THE 225 CATEGORY 2 MEMBERS OF CUPE LOCAL 2184.

Pretty soon, they will have to decide on their union allegiance. In addition, the proposed project involving the integration of Catherine Booth Hospital to the Cavendish CSSS – never materialized after several years of discussion – would be almost completed. Therefore it is highly possible that another campaign will take place at the Cavendish CSSS.

Potential changes in the organization of rehabilitation centers on the Island of Montreal are raising similar questions at WMRC, where CUPE Local 1841 is also representing over 200 members in Categories 1, 2 and 3. Here, the issues are even more numerous since the decision of the Healthcare and Social Services Ministry as to the structure of rehabilitation services for the intellectually disabled on the Island of Montreal is not yet decided. WMRC officially separated from the Lisette-Dupras Readaptation Centre on April 1<sup>st</sup> ; they shared several services. WMRC is in the midst of new changes, and members of Local 1841 are saying that they are exhausted because so many changes are occurring.

A decision from the Ministry about the future of readaptation centers in the Montreal area is expected shortly and over the next few months, our members at the Cavendish CSSS should know more about their union future. We will accompany them and will be by their side every step of the way. CUPE will make every effort to ensure that these members' rights are not infringed by this situation.

# CPAS IS CHANGING!

by the Youth Committee: Mélanie Bergeron, Simon Beaulieu, Sylvain Lemieux and Nathalie Oliver

WE HAVE NOTICED THAT SINCE LAST YEAR, MORE YOUNG PEOPLE ATTEND CPAS ACTIVITIES AND IT IS COMFORTING. THIS PROVES THAT PEOPLE INVOLVED FOR SEVERAL YEARS IN THE MOVEMENT ARE CONSCIOUS THAT THEY MUST BE REPLACED BEFORE THEY RETIRE. THEY HAVE SUCCEEDED IN PASSING ON THEIR PASSION TO A GROUP OF YOUNG PEOPLE... AND WE MUST CARRY ON THE MISSION!

The Youth Committee is proud to welcome Sylvain Lemieux of Local 2960 to its team. Now the committee has three members: Simon Beaulieu, Local 3247, and Melanie Bergeron, Local 5436, are staying for another term. Nathalie Olivier remains the person in charge of policies associated with the Committee.

Since last March, the Committee has worked extensively on a tool to welcome young people, as well as the older individuals, who start working in our facilities.

The demand was there; you expressed your opinion to your union representatives on this issue and your desires were tabled at CPAS General Council meet-

ings. You want a tool, other than the traditional pamphlets, to show who you really are and what is really happening inside your establishments.

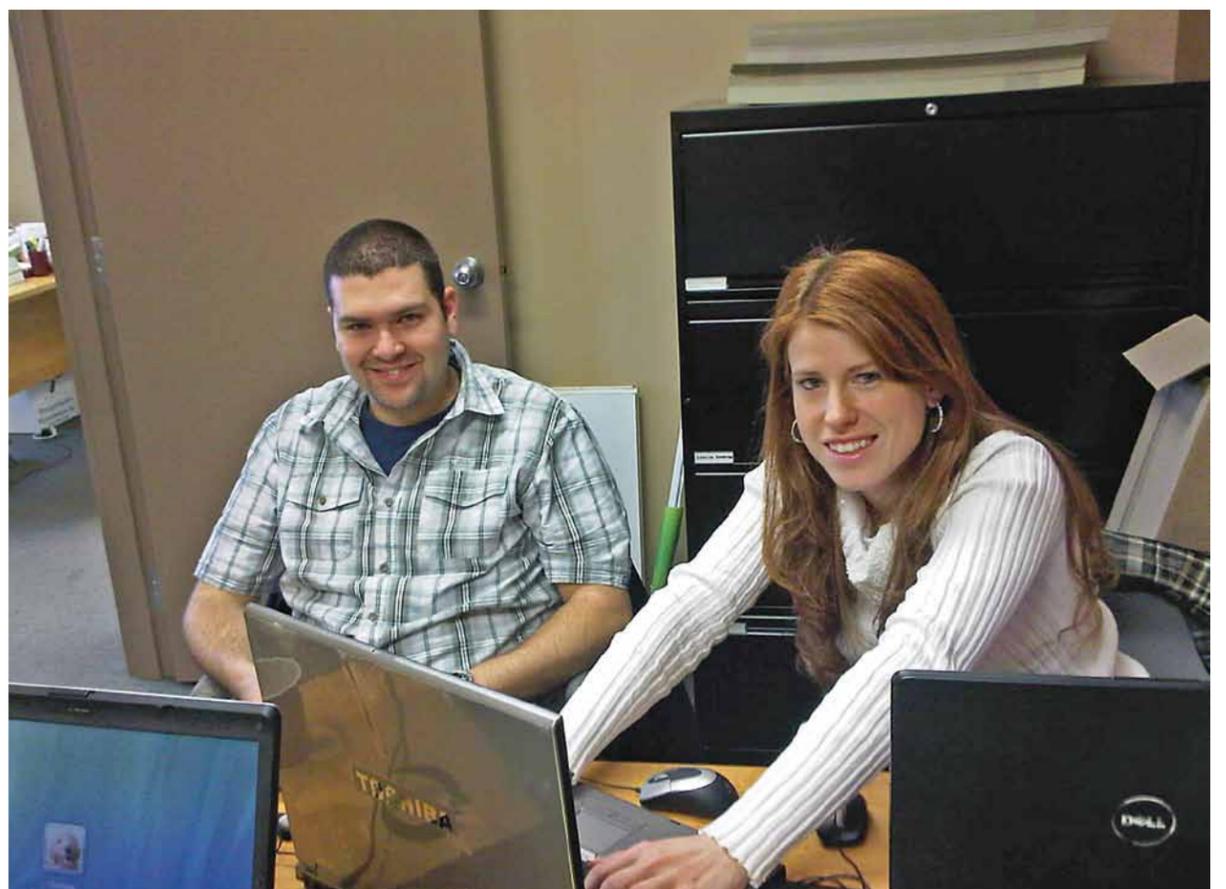
From our discussions and our ideas is born an interactive DVD to welcome and inform our new members, in harmony with the leaflet created by the CUPE's Youth Committee. This DVD is fun and provides useful information on the union movement and what it offers, but is not tutorial; it captures your attention and you want to watch until the end.

Hence, younger and older members alike will better understand their activity sector and their union.

We had planned on giving Locals a copy of this DVD in October. Unfortunately, its release has been postponed. Some corrections must be made before we do. We are sorry. The Committee will do everything in its power to release it as soon as possible.

Several projects are under way! We are currently working on a «Youth» day which will take place concurrently with a CPAS General Council meeting. Your union representatives will be invited to participate in large numbers. The following question will be asked: Do you have a Youth Committee in your Local? If not, why?

If you are a young member and you want to become involved with your union, contact a member of your union executive. Your ideas, questions and / or suggestions are all welcome. Our email address is: [comitejeunessecpas@hotmail.com](mailto:comitejeunessecpas@hotmail.com)



Simon and Mélanie working on the DVD design.

# NATIONAL MEETING OF CUPE'S HEALTHCARE SECTOR IN VICTORIA, BC

## CUPE must better protect the public healthcare system

by Guy Jolicoeur

WITH OVER 350 DELEGATES ATTENDING, AND FROM ALL PROVINCES IN CANADA, A COMMON DESIRE EMERGED FROM THE CONCLUSIONS REACHED AT THIS CONFERENCE: CUPE STANDS AT THE FOREFRONT IN DEFENSE OF OUR HEALTHCARE SYSTEM, BUT IT MUST DO MORE TO REPEL REPEATED ATTACKS BY THE «PRIVATE» SUPPORTERS. IT IS ALSO IN THE BEST INTEREST OF THE POPULATION BECAUSE ALL PRIVATE HEALTHCARE SYSTEM ENDEAVORS HAVE BEEN CATASTROPHIC IN TERMS OF QUALITY OF CARE AND COSTS GENERATED BY PRIVATIZATION.

Speeches on the viability of the health insurance system were delivered by four panelists including: Damien Contandriopoulos (University of Montreal), Dr. Robert Woodward (Canadian Physicians for health insurance), Dr. Robert Evans (University of BC) and Natalie Mehra (Ontario Health Coalition).



Yes, health insurance is more expensive than before, but it is still cheaper than private healthcare systems in Switzerland and the United States right now.



The United Kingdom model was presented to us by none other than the former Labor Party Health Minister, Mr. Frank Dobson. He summarized the English experience in these terms: «*Nobody wants to shop for a hospital in a glossy catalogue, what people want is a hospital close to home that dispenses good care!*» The private system motivation is to make money with everything, even with people's health. The following illustrates well this motivation: «*When we negotiated the administration costs with the private system, private administrators told us that 4% was too low and would rather ask 12% for administration costs!*»

Other panelists were wondering what were the factors creating an increase in the public healthcare system costs: the answers came quickly - increases in medication costs and doctors' compensation.

However, the public system is in a better position to negotiate these two issues: the United Kingdom did so by forcing pharmaceutical companies to reduce their profits: today, a drug in the U.K. is less than 50% cheaper than in the U.S. Speaking of drugs, the subject of a universal drug program has been addressed and endorsed by Canadian researchers: it would give all Canadians equal access to medication regardless of the province where they reside.

The reluctance of Health Canada to study the side effects of drugs, because they are too busy praising the studies carried out by the industry, was also criticized.

Thus, a new drug will be recognized by Health Canada if it can demonstrate that it is better than a placebo, and not better than an older effective drug costing less. Or, out-of-control inflation of drug prices.

Finally, let's not forget what happens in long-term care institutions where the private sector entering this niche quite noticeably: by cutting costs, it

reduces also the care given to residents and number of employees per resident.

All participants had some horror stories to tell and they unanimously asked CUPE to negotiate national standards for this sector which is now struggling. The quality of life of our vulnerable clients, unable to defend their needs and make their voices heard is at stake.

### A WORD FROM THE PRESIDENT CONTINUED FROM PAGE 1

hospitalized or in a residential setting – ensuring quality of life and quality of care, cleanliness and safety in the premises, and taking care of the «paperwork» on behalf of the health professionals.

... and so many others who also are devoted to their work, their team and their patients.

### One of our objectives must be to promote our job titles!

We must put the focus on the thousands of workers who currently have no real voice within our society. They have to deal with a public who tends to react impulsively particularly during negotiations, a public who would agree to cut public servant positions because they consider that the public system is packed with overpaid pencil pushers.

It is about time that we give some meaning and dignity to those whose job is to take care of people.

We are now in the process of refining the texts which will become the provisions of our collective agreement for the next five years. The project involving the promotion of our job titles seems like a must ... an absolute necessity.

Spread the word: all job titles in our work environments are held by people working towards a single common goal: providing care! That's what they do, day in and day out, without pomp or glory!

But, in the end, who is taking care of them?...

## PORTRAIT OF A REGION

by Pierre Soucy, Vice President, Québec/Beauce-Appalaches/Bas-St-Laurent Region

Bas-St-Laurent joined the Québec/Beauce-Appalaches group in the Spring of 2006 when delegates gathered at the CPAS Convention in Rouyn Noranda in

Abitibi modified the by-laws to delimit the territory of Quebec regions.

It gives me great pleasure to draw a portrait of this beautiful region. Fifteen (15) Locals represent more than seven thousand (7,000) members of this region. We are proud to have among us the Local representing the largest number of members at CPAS, i.e. Centre Hospitalier Universitaire de Québec (CHUQ), with nearly three thousand five hundred (3,500) members.

The region is defined as follows:

### Québec

Local 1108  
Centre hospitalier universitaire de Québec

Local 1284  
CRDI de Québec

Local 1751  
Institut de réadaptation en déficience physique de Québec

Local 3300  
Institut universitaire de cardiologie et de pneumonie de Québec

Local 4671  
Institut national de santé publique

Local 4950  
Intermediate and family-type resources affiliated to the CRDI de Québec

### Beauce

Local 4825  
CSSS de Beauce

### Appalaches

Local 1350  
CRDI Chaudière/Appalaches

Local 2442  
C.A. St-Joseph-de-Lévis

Local 4546  
ASSS de Chaudière/Appalaches

Local 4752  
Centre de réadaptation en alcoolisme et toxicomanie de Chaudière/Appalaches

### Bas-St-Laurent

Local 1107  
Agence de développement et des services sociaux du Bas-St-Laurent (Unité de santé publique)

Local 1934  
SSS de la Matapédia (C.H. D'Amqui)

Local 3975  
Agence de la santé et des services sociaux du Bas-St-Laurent

Local 5007  
CSSS de Rivière-du-Loup

Union representatives assigned to the various Locals meet three times a year to share and exchange ideas. Regional meetings are held alternately in Rivière-du-Loup, St-Georges-de-Beauce and Quebec.

The region hosted and welcomed, in June 2010 in Rimouski, the delegates of the CPAS biennial convention. Those present will no doubt remember the lobster feast organized by the Committee responsible of activities, a great and excellent success. A tough act to follow for the organizers of the 2012 Convention in Abitibi!



## Mobilization : a strength

by Pierre Dionne

WE HAVE JUST FINISHED A ROUND OF NEGOTIATIONS IN WHICH WE MANAGED TO GET, WITHIN AN HISTORIC TIMEFRAME, AN AGREEMENT WITH OUR EMPLOYER, THE GOVERNMENT. THE KILLER QUESTION: COULD WE HAVE DONE BETTER?

A mini-survey conducted at Centre Hospitalier Universitaire de Quebec (CHUQ) to which 60% of members participated, showed that 60% of people do not believe in pressure via mobilization. Lack of interest and time, the power of our employer who is also a legislator, the fact that our beneficiaries who are all vulnerable are held hostage are all elements against mobilization according to the survey.

Can we say that this is representative of all unionized workers in Quebec? Maybe! One fact remains: in this survey, 40% of members who responded believe in the power of a group, solidarity and union involvement.

Do you think we would have obtained a similar settlement without the power of a Common Front in the last round of negotiations? I don't think so; we must build on this basis.

To do this, members must regain control of the place where decisions are made, general assemblies. In the same survey at CHUQ, the second question was: What percentage is interested in attending their union meetings? The answer was yes for 50% of respondents. The reasons for their interest ranged from the importance of the topics to be tackled, the need to be informed and to participate in decisions.

## GENERAL COUNCIL MEETING HELD IN OCTOBER 2010

by Michel Jolin

CPAS delegates met in Quebec City last October 6<sup>th</sup> and 7<sup>th</sup>.

The Bargaining Committee announced that the agreement in principle reached between the Employers and the Union has been adopted by a vast majority of CPAS Locals. Your Union representatives have been invited to participate to a symposium to study the new collective agreement; this event will take place on November 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup>, in Orford in the Eastern Townships.

The delegates took advantage of this meeting to set up a new committee called the Action Committee. Its mandate will be to follow up action plans already adopted by CPAS. Frederick Brisson, Local 3300, and Simon Beaulieu, Local 3247, have been elected and will serve on this new Committee.

We also took this opportunity to acclimatize ourselves with the new collective agreement by



changing the name of the Committee of jobs not provided for; it has been renamed Committee for job title nomenclature.

The Health and Safety Committee introduced « La trousse pour une campagne de vaccination efficace » prepared by ASSTSAS (Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales). The guide contains several tools. For more information, visit the ASSTSAS Web site at [www.asstsas.qc.ca](http://www.asstsas.qc.ca)

Ms. Henriette Bilodeau, Ph. D., Manager of the Human Resources and Organizations Department, School of Management Sciences, University of Quebec in Montreal, assisted by Geneviève Robert-Huot, student intern, presented the research project « Connaissances, pratiques et perceptions en matière de prévention et de contrôle des infections acquises en milieu hospitalier chez le personnel d'entretien et de préposé aux bénéficiaires ».

Two new Locals have joined CPAS: Local 4950, Intermediate and family-type resources of Centre de réadaptation de Québec, and Local 4997, Intermediate and family type resources affiliated with the West Montreal Readaptation Centre (WMRC).

Welcome to all these new members!

Moreover, the Status of Women Committee gave us an overview of the 2010 World March of Women activities which ended on October 17<sup>th</sup> in Rimouski.

## BILL 21

### MAKING A MOUNTAIN OUT OF A MOLEHILL!

by Guy Jolicoeur

HAVING SPENT OVER A YEAR TRYING TO DETERMINE THE TECHNICIANS' ROLES, THE WORKING GROUP CREATED BY THE OFFICE DES PROFESSIONS MET FOR THE LAST TIME ON OCTOBER 7<sup>th</sup>, TO SHARE ITS FINDINGS AND LINES OF THOUGHT. BIG DISAPPOINTMENT!

The final results will be forwarded to the Office and the participants will not even be able to see the final document. What is even more startling, the Office is currently unveiling the interpretation guide for the reserved acts to a limited number of... employers! Therefore, participants will not know what is being proposed in the guide and are unable to sway the «monks» at the Office des professions who will decide what acts our member technicians can carry out in their workplace. So much secrecy and mystery surrounding a process that was meant to be transparent from the outset!

But there is a small consolation! It would seem that the two co-chairmen understand the importance of not preventing the technicians from doing their work, thus avoid having to replace them by professionals, who are in short-supply. If we would follow the spirit of Law 21 and of some «philosophers» within the network, we would have closed Youth Centers because all the technicians and human relations agents (ARH, an old job title for social workers) could not meet the requirements. Therefore, we realize that they could not implement the demands of professional bodies without crippling all health facilities and social services in Quebec.

The next meeting is scheduled for the end of December. We will find out then what the people of the Office des professions will be recommending to the Health Minister. With ongoing budget problems in our healthcare and social services establishments, this does not bode well for professionals and technicians in the years to come.



## 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:** Pierre Dionne, Guy Jolicoeur, Michel Jolin and Karine Rainville from the Information Committee

**Special contribution:** The CPAS Bargaining Committee, the Youth Committee and Pierre Soucy, vice-president, Québec/Beauce-Appalaches/Bas-St-Laurent region

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