



Newspaper of
the Conseil provincial
des affaires sociales

CANADIAN UNION
OF PUBLIC EMPLOYEES

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2014 Calendar

- Convention preparation conference
Hôtel Rimouski
September 30 and October 1–2, 2014
- General Council
Hôtel Rimouski
October 3, 2014
- Convention
Crowne Plaza Gatineau
November 4-5-6, 2014
- General Council
Crowne Plaza Gatineau
November 7, 2014
- General Council
Hôtel Palace Royal, Quebec City
December 17–18, 2014



The Review

SMILE, YOU’RE ON CANDID CAMERA!

by Ronald Boisrond

YOU MAY REMEMBER THE RECENT CONTROVERSY ABOUT THE PRESENCE OF CAMERAS IN THE ROOM OF A RESIDENT IN A CSSS LONG-TERM CARE CENTRE.

BY THE TIME YOU READ THIS, THE SUPERIOR COURT MAY HAVE ALREADY COME TO A DECISION ON THE THORNY QUESTION OF WHETHER OR NOT IT’S ILLEGAL FOR FAMILIES TO PLACE A CAMERA IN A PATIENT’S ROOM.

Several opposing viewpoints have been put forward, including the right of patients’ relatives to know whether their family member is receiving appropriate care vs. the right of employees to work without a camera monitoring their every move.

At issue are two basic principles of human rights. On the one hand, under section 46 of the Charter of Human Rights and Freedoms, *“Every person who works has a right, in accordance with the law, to fair and reasonable conditions of employment which have proper regard for his health, safety and physical well-being.”* On the other hand, section 48 of the same charter stipulates that: *“Every aged person and every handicapped person has a right to protection against any form of exploitation. Such a person also has a right to the protection and security that must be provided to him by his family or the persons acting in their stead.”*

For once, unions and employers agree on an issue, but not for the same reasons.

A press release issued by the CSSS in question stated the following:

“We affirm at the outset our commitment to protect the dignity and private life of residents. It is therefore our opinion that video recording, especially the recording of intimate hygiene care, constitutes a violation of our obligations and ethical values. These images are not guaranteed to be used for their intended purpose or according to the rules of confidentiality. We find this situation totally unacceptable. (...)”

Other legislation further complicates the matter. The Act respecting health services and social services considers CHSLDs alternative living environments for those who can no longer live in their home. Therefore, a room in a CHSLD is akin to a room in a home, i.e. a private location where residents can bring their own possessions and electronic equipment. According to this law, it would therefore be legal for the relatives of residents to install a surveillance system.

Camera or no camera, there will always be incompetent or ill-intentioned employees. Employers are responsible for hiring the right people, and, especially, for providing them with training so that they understand the importance of their work in our aging society.

In addition, as long as the work of care facilitators is undervalued, especially in the private sector where salaries are close to minimum wage, there will always be employees who are tempted to steal patients’ jewelry or who, unfortunately, take out their frustrations on the vulnerable, defenceless people under their care.

Meanwhile, as we await the court’s ruling, we know one thing for sure: employees must be informed of the presence of any surveillance cameras.

A word from the President

by Marco Lutfy



Same Old, Same Old

That’s pretty much what I hought when the new Québec Minister of Finance unveiled the budget. What a killjoy: \$2.7 billion in budget cuts, a hiring freeze, and a paltry 3% increase in healthcare funding, with one-third going to playing catch-up with doctors’ salaries. You know the type of guy I mean.

Doesn’t he know it’s summer, that carefree time when we can unwind? So why saddle us with bad news? That’s not what summers are for.

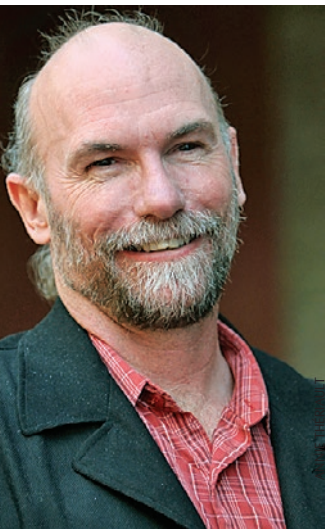
But still, don’t you find his permanent program review committee a bit scary? I know it’s summer, but I have to say that when I first heard the title, this is what I ctually understood:

“The committee to permanently shut down government programs”. So I started freaking out. But I was wrong, there’s nothing to worry about. Martin Coiteux, Minister responsible for Government Administration and Ongoing Program Review, explained the committee as follows:

The aim of the committee is to help government to make decisions regarding opportunities for eli-

TO BE CONTINUED ON PAGE 2

ANNIE THÉRIAULT



A Word from the Secretary General

by Michel Jolin

CARE FACILITATORS ARE HITTING THE ROAD... ...and coming to a town near you!

At the 2012 convention, delegates from the Conseil provincial des affaires sociales made the pivotal decision to fund a campaign to highlight our job titles. We also decided that we wanted to be recognized as something other than public servants, public-sector employees, or the

State's fat cats. No more political manipulation or mystery about who we really are. We call ourselves care facilitators because we put our hearts and souls into our jobs.

We are those who provide care by welcoming, rehabilitating and nursing users and taking care of our establishments in a thousand and one ways.

We can honestly say that without us, the health and social services network would simply not exist.

In 2012, we kicked off a promotional campaign to help the public get to know us better. We started by distributing pamphlets, and then followed up with a television campaign in 2013.

In 2014, the CPAS acquired an ambulance, which we painted in the colours of care facilitators. This promotional vehicle will enhance our reputation and visibility across Québec.

All we want is the recognition we deserve.

Thanks for believing in us.

CPAS General Council

by Michel Jolin

The union representatives of the Conseil provincial des affaires sociales held a meeting in Laval on April 9 and 10, 2014.

The following CPAS committees presented their report:

The Class 1, 2 and 4 committees announced that they were preparing separate pamphlets for the campaign spotlighting the job classes.

The OHS committee reported on the vaccination campaign titled "Mon vaccin pour la grippe, un choix du cœur" (flu shots are a matter of the heart). The campaign had its share of problems, including employers who overstepped their bounds.

The employment evaluation committee is working full steam ahead on three issues:

- Provincial committee on jobs
- Salary relativity
- 2010 maintenance of pay equity

The bargaining committee reiterated the importance of filling up the consultation workbook in view of the upcoming round of negotiations for our collective agreements. Four groups were to receive separate questionnaires:

- Members
- Executives
- Committees
- Representatives

The questionnaires must be returned to the CPAS by June 30, 2014.

They will be compiled and the Locals will present the results at the conference on preparing for the collective agreement, which will be held this coming September. A list of demands will be approved at the meeting.

CUPE representative Pierre-Guy Sylvestre presented two action plans:

- Specialized workers
- Fight against privatization

CPAS President Marco Lutfy presented CUPE's cross-Canada action plan against the Harper government's decision to end the Health Care Accord. Québec stands to lose \$8 billion over the next 10 years.

He also explained Dr. Brian Day's legal battle to dismantle the healthcare system.

In addition, Marco announced the unveiling of the study on nosocomial infections commissioned by the CPAS. For the first time ever, researchers addressed their questions to maintenance workers and beneficiary attendants.

Simon Beaulieu of Local 3247 was elected to represent the healthcare sector at the CUPE general council in Quebec City.

If you need further information, please feel free to contact your union representatives.



A WORD FROM THE PRESIDENT / CONTINUED FROM PAGE 1

minating certain programs, reducing their scope or repositioning them, and to assess them on a continuous basis. See what I mean?

That doesn't seem too terrible, except if the word "opportunity" was intended to mean "seize the moment when it comes", then that changes things somewhat. And just because they've already determined that \$3.2 billion in savings are expected for the 2015-2016 fiscal year in connection with the committee's work, it doesn't mean that they've already made up their minds! After all, they say they're going to consult with us **beforehand**. They call it a **social dialogue**. See what I mean?

Québec can repeat *ad nauseam* that it's facing a structural deficit or that programs are growing beyond our ability to pay for them, but the government will still let everyone be part of the debate and have a say in things. Then they'll wait until the process is **over** to announce which social programs will be slashed by \$3.2 billion. But no stress! They have a plan!

Totally incredible!

Enough said! Weren't we talking about something else? Oh yeah, summer.

Everything's better in the summer, isn't it? The sun, the outdoor cafés, the people. You have to make the most of the season, because it goes by in a flash. Sometimes there's just enough time for a bit of union raiding, and then it's over before you know it! Oops! Sorry. We won't bring that up either...

Well, I think I'll stop here because I'm about TA get BOOed.

So recharge your batteries and have a happy summer, everyone!

CHAOULLI OF THE WEST

DR. BRIAN DAY, OWNER OF THE PRIVATE FOR PROFIT CAMBIE SURGICAL CLINIC IN VANCOUVER, BRITISH COLUMBIA, IS TAKING THE BC GOVERNMENT TO COURT TO WIN THE UNFETTERED RIGHT TO CHARGE INDIVIDUALS FOR MEDICALLY NECESSARY HEALTH CARE.

The case, to be heard in BC Supreme Court in September 2014, is the biggest threat to Medicare of our generation.

If Day wins, the principle of health care based on need and not on a person's ability to pay will be gone. Our public health care system will be undermined as more doctors set up private clinics to profit from those who

can, or are willing, to pay for health care. Our system will become like the US system where individuals and families pay thousands of dollars annually for basic health insurance.

There is no question that privatisation costs more for the system in general but also for individuals. A government audit in 2012 found that Day's clinic had illegally billed patients close to \$500,000 in just a 30 day period. The clinic had also charged a patient 6 times the cost of the same procedure in the public system.

A coalition consisting of the BC Health Coalition, Canadian Doctors for Medicare, as well as two patients and two doctors has been granted intervenor status in the case. This means that evidence critical to the defence of our public healthcare system will be presented in court.

Several expert witnesses, including Quebec law professor Marie Claude Premont, will testify to the

consequences of opening the door to U.S. health conglomerates and what happened in Quebec when it opened the door to private hospitals.

At the April Conseil général CPAS members voted to donate \$5000.00 to the intervenor coalition. It is an important and valued contribution. The cost of ensuring we launch the best possible defence of our public healthcare system is approximately \$500,000 It is crucial that we intervene at the BC court; as with an arbitration process, we will not be able to introduce new evidence further along in the process. The outcome of this case will affect us all. Regardless of the outcome in the BC courts, the case is expected to wind up at the Supreme Court of Canada.

To keep in touch with developments in the case or to find out more, visit **savemedicare.com**, or look for updates on the CPAS website. CPAS is contributing to the sharing of information about the case by providing translations of key documents in english.

SAVE OUR HEALTH CARE! LET’S WORK TO KEEP OUR PUBLIC HEALTH CARE

by Pierre Girard

THE HEALTH CARE ACCORD EXPIRED ON MARCH 31 OF THIS YEAR, WHICH MEANS THAT \$8 BILLION WILL BE SLASHED FROM OUR HEALTH AND SOCIAL SERVICES NETWORK OVER THE NEXT DECADE. WE HAVE TO FIGHT BACK! THAT’S WHY WE LAUNCHED A PUBLIC CAMPAIGN IN LÉVIS-BELLECHASSE TO DEMAND THAT OUR HEALTH CARE SYSTEM CONTINUE TO BE A WELL-FUNDED PUBLIC SERVICE.

What exactly was the Health Care Accord?

After years of budget cuts, in 2004, the federal government signed an accord with the provinces to guarantee national standards and special funding for health care, which comes under provincial jurisdiction. The accord reflected the government’s commitment to free and universally accessible health care. However, after this accord ended on March 31, 2014, the Conservative government refused to renew it; with the result that health care funding in Québec will be cut by a whopping \$8 billion by 2024.

The Conservatives are trying to get us to swallow these draconian cuts in “small” doses: \$188 million in 2014, \$230 million the following year, and so on until 2024, when Québec will be deprived of nearly \$2 billion for that year alone! Since our workers in the health care network have been coping with successive spending cuts for years now, they understand the impact of these unprecedented federal cuts. The outcome will be nothing short of catastrophic, so we need to sound the alarm now to help all Quebecers understand how their lives will be affected by the Harper government’s shameful decision.

That’s why the CPAS chose the Lévis-Bellechasse county for the Québec arm of CUPE’s Canada-wide campaign

to save our healthcare system. Not only is it one of the six Québec ridings with a Conservative MP, but it also has an aging population with growing needs and covers a large territory with just a few points of service that struggle to attract physicians. Even though its voters sided with the “right” party, the cuts will hit that part of the country like a ton of bricks.

Talking to people

The campaign has two main objectives:

1. To inform people about the federal cuts and how they’ll impact their lives;
2. To make health care a key issue for the 2015 federal elections, should a new agreement fail to materialize.

How did we do it? We sought people out and talked to them. A team of activists hit the streets, public places, workplaces, etc., carrying the message that our health care system must remain public!

Since almost everyone has either a family member with breast cancer, a parent in a long-term care centre or receiving home care, or a neighbour or friend with a chronic disease, we were able to speak to people’s real-life situations as we explained the impact of Harper’s decision. We asked everyone to contact their MP and the federal party leaders by signing and sending the postcard in our pamphlet or by writing directly to their MP and Prime Minister Harper through the campaign website¹ to voice their discontent and demand proper health care funding.

A message that resonated

Phase 1 of the campaign was conducted June 1 to 21. Activists met with residents across the riding, from Lévis to Lac-Etchemin, including St-Lazare, St-Damien, Ste-Claire and St-Henri de Lévis, and from St-Romuald to St-Vallier, including Beaumont and St-Michel. We spoke to factory workers, home care cooperatives, community groups, advocate groups for citizens, health and social services workers, retirees, young people, and many others.

Their response was unequivocal: they all want a solid, well-funded public health and social services system.

They know that many workers in the healthcare network will lose their jobs, and that the economy will suffer. They are incensed at the prospect of ever-lengthening wait lists, fewer public services and increased out-of-pocket costs for X-rays, check-ups and so forth.

Our group insurance plans will also be affected. Whatever services the public network won’t provide will have to be paid out of pocket, i.e. through our group insurance programs. This will obviously cause our premiums to skyrocket and seriously impact on future negotiations for many unionized employees.

It’s not over

Phase 2 will take place in September when we’ll use our newfound alliances to take up the battle once again and rally everyone around the cause of saving our health and social services system. Stay tuned!

1. www.saveourhealthcare.ca



The Review

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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)

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Introducing Your Bargaining Committee

by Sylvain Lemieux

The CPAS bargaining committee was elected in December 2013 and has been working on the renewal of our work contract, which expires on March 31, 2015. The committee held a pre-convention conference in February and has prepared a consultation workbook to collect your demands in view of upcoming negotiations.

You may already be aware of this information, but you may not know who we are. So to kick off the new Écho des négos newsletter series, we thought some introductions would be in order:

Lyne Masson (Class 1)



I have worked as a nursing assistant at the Institut universitaire de gériatrie de Montréal (IUGM) for 31 years, and have been an active union member for 30 years, including nine years on the executive. I represent Class 1 on the bargaining committee.

Pierre Girard (Class 2)



I have been a paratechnical office worker at the Institut de réadaptation en déficience physique de Québec (IRD PQ) for 10 years, and have been on the union executive for eight years. I represent Class 2 on the bargaining committee.

Jean-François Haineault (Class 3)



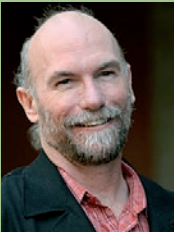
I have been an administrative officer (Class 3 and Class 2) at the Centre Hospitalier Universitaire de Québec (CHUQ) for eight years. My six-year union career has included four years as the vice president of my union executive. I represent Class 3 on the bargaining committee.

Sylvain Lemieux (Class 4)



I have been working at the Institut Philippe-Pinel de Montréal for eight years, including six years as a socio-therapist. I have been on the union executive for six years as well. I represent Class 4 on the bargaining committee.

Michel Jolin (Political Representative)

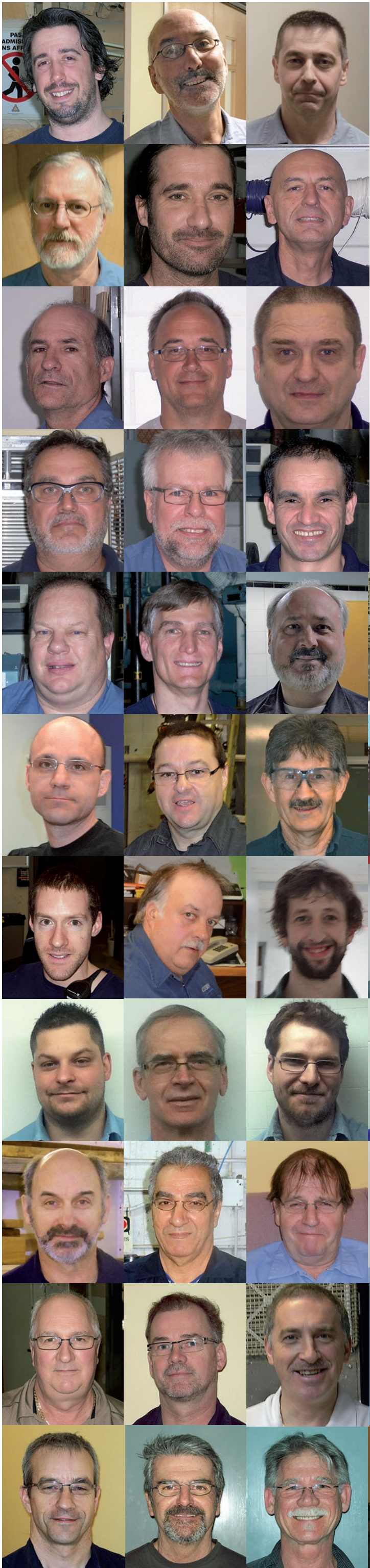


I have been with the Val St-François health and social services centre for 27 years, where I currently work as a food service attendant. I have been involved in the union for 27 years, including 25 years on the union executive. I have been the CPAS Secretary General for nine years. I am also the political representative on the bargaining committee.

Alain Tessier (Spokesperson)



I work as a beneficiary attendant and have been active in the union for 30 years. I have been a union representative for 16 years, including 11 years as the social affairs coordinator. I am the official spokesperson for the bargaining committee.



SPECIALIZED WORKERS

Who are they?

SPECIALIZED WORKERS ARE THE UNSUNG HEROES OF THE WORKPLACE. THEY WORK AROUND THE CLOCK TO ENSURE THAT OUR PUBLIC BUILDINGS ARE SAFE AND EQUIPPED TO DELIVER SERVICES.

- Electricians maintain electrical equipment and ensure that it is operational. Plumbers provide the essential service of maintaining the plumbing system so that buildings can be functional.
- Stationary engineers, instrumentation and control technicians and refrigeration mechanics work together to ensure that HVAC systems are working to keep everyone comfortable.
- Carpenters and maintenance mechanics build, install and maintain fixed and movable equipment in order to adapt the work environment to the specific needs of all employees.
- Painters bring a touch of colour to everyone's day.
- Labourers and trade workers perform a million and one useful tasks to help simplify the work of employees in other areas.

Specialized workers may toil in the shadows, but their work is essential. Together they make a significant contribution to maintaining the quality of services, in addition to making life easier for employees and users of public buildings.

