



Newspaper of
the Conseil provincial
des affaires sociales

CANADIAN UNION
OF PUBLIC EMPLOYEES

VOLUME 27 N°1
February 2014

IN THIS ISSUE

- 2 / A Word from the
Secretary General
- 2 / The CPAS in Action
- 3 / Salary Increases
and the Healthcare System
- 4 / Specialized Workers :
Unions are Taking Action!

2014 Calendar

- General Council**
Sheraton Laval Hotel: April 9–10, 2014
- 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

PUBLIC HEALTH AND SOCIAL SERVICES FOR THE PUBLIC GOOD

by Pierre Girard

INVESTING IN PUBLIC SERVICES, ESPECIALLY HEALTH AND SOCIAL SERVICES, DOESN'T JUST MEAN INVESTING IN JOBS. IT ALSO MEANS INVESTING IN THE PUBLIC GOOD IN AN IMPORTANT AND EVEN VITAL WAY THAT ASSURES THE PEOPLE'S RIGHT TO HEALTH CARE AND THE EFFECTIVE REDISTRIBUTION OF WEALTH.

Nonetheless, the successive parties in power have decimated the health care system over the past two decades while spouting pious promises and preaching zero deficits, optimization, the re-engineering of the State and other dribble to justify the devastating budget cuts that are now crippling the system.

Deep cuts

In 2013 alone, the Institut Philippe-Pinel saw its budget slashed by \$1.1 million and 50 positions eliminated; the Institut de réadaptation en déficience physique de Québec faced \$2 million in budget cuts and more than 20 positions abolished; while the Centres Jeunesse de Montréal suffered \$3.5 million in cuts and lost more than 50 positions. These are but a few examples of last year's widespread bloodletting in the public health and social services sector.

And yet...

The official explanation for the cuts is that “*The government's coffers are empty.*” Do they think we were born yesterday? How is it that in 2013 alone, the Québec government granted \$1 million to ADM Agri-industries; \$16 million to Sural Group for the construction of an aluminum processing plant in Victoriaville; \$19 million to Pratt and Whitney to modernize its Longueuil facilities; \$50 million for the Mega Brands toy factory; \$300 million for the Place des Arts; \$305 million to the pork industry; \$400 million to Quebecor for an amphitheatre; and \$1 billion to Bombardier? And that's just the tip of the iceberg!

We're not that gullible

The Fraser Institute (a right-wing opinion group) calls Québec the land of subsidies, while international accounting firm KPMG (as non-socialist as they come) points out every year that Québec is a payroll tax haven.

Public services are a way to redistribute wealth

Speaking at a study day on privatization in the health care sector on February 3, 2014, Gabriel Sainte-Marie, a researcher at the Institut de recherche en économie contemporaine,

explained how public services can be a tool for the redistribution of wealth. According to Statistics Canada data on service delivery in Québec in 2007-2008, Quebecers receive more than \$128 billion in public services annually. That works out to more than \$37,000 per household, or \$17,000 per individual. In other words, Quebecers receive on average the equivalent of 68% of their income in public services such as health, education, civil safety, and so forth. Of this amount,

TO BE CONTINUED ON PAGE 3

A word from the President

by Marco Lutfy



Let's be
done with
the “taboo
commission”
once and
for all!

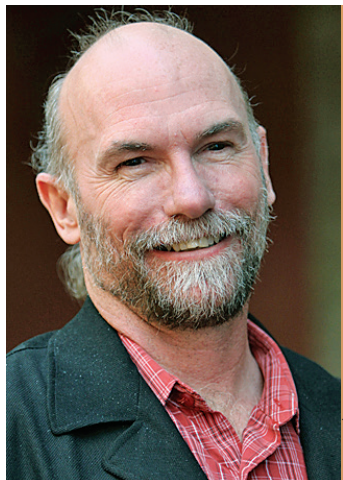
Like most of you, I've heard and read a lot about the testimonies at the Charbonneau commission, and have found some of them to be outrageous and others mockable. But I've hardly heard a peep from the union world. There seems to be an uneasy silence on the subject, as though everyone was tiptoeing around the elephant in the room.

The Charbonneau Commission is a taboo subject. To minimize its importance and cover up the fact that no one has anything reassuring to say, people avoid the subject altogether.

Given that the public sees union leaders as barely more trustworthy than used car salesmen, the events of the past year certainly haven't left a great impression.

Maybe it's because we know all too well how public inquiries affect our communities; after the initial shock, outrage and anger have passed, people are left with a bitter taste in their mouth.

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ANNIE THERIAULT

A Word from the Secretary General

par Michel Jolin

The Conseil provincial des affaires sociales is in negotiation mode. A new bargaining committee elected last December has tackled its first order of business: fulfilling the wishes of attendees at the 2010 study session on the collective agreement who asked for a mini-conference to

be held before the expiration of the agreement's five-year term. Now that the mini-conference has taken place, the bargaining committee is turning to its second task: preparing a survey asking members about improvements they would like to see in the next collective agreement. Look for the survey to be delivered to you around April 24, 2014.

As members, you have an important role to play in the negotiation process because your suggestions will frame the demands we submit

to the government this fall.

Your input and participation in the various phases leading up to the signature of the new collective agreement will determine the scope of the gains we achieve.

We thus urge you to be proactive in your roles as the care facilitators in your Locals. You will be the driving force behind the success of the next round of negotiations.

It's in your power to improve your working conditions. Believe it...and make sure it happens!

TWO GENERAL COUNCILS AND TWO CONFERENCES The CPAS in Action

by Michel Jolin

December 11-12, 2013

General Council delegates approved a resolution allowing the CPAS to purchase a promotional vehicle. It will be painted the colours of the care facilitators campaign and be used at demonstrations by the Groupe d'intervention santé (GIS).

The GIS demonstrated at the Centre jeunesse Montréal in May, the Institut Philippe- Pinel in June, the Centre de la petite enfance Picasso and the Institut de gériatrie de Montréal in September and the St-Léonard and St-Michel CSSSs in November. It also took part in five demonstrations for the rights of specialized workers.

CPAS President Marco Lutfy introduced us to the Autonomy Insurance Act (Bill 67). We learned that Health Minister Réjean Hébert is considering privatizing home care services and allowing social economy domestic help enterprises (SEDHE) to provide assistance for activities of daily living (ADL) and household chores. Several points are cause for concern, such as staff working conditions, lack of training, lack of case follow-up and user safety.

Social affairs coordinator Alain Tessier presented the actuarial report of the Commission administrative des régimes de retraite et d'assurance (CARRA). We had \$40.9 billion in cash in our account as of December 31, 2011. The contribution rate will rise to 9.84% in 2014.

CUPE equality representative Annick Desjardins gave a presentation on the duty of accommodation. The prohibition on discrimination states that: «No one may practise discrimination in respect of the hiring, apprenticeship, duration of the probationary period, vocational training, promotion, transfer, displacement, laying-off, suspension, dismissal or conditions of employment of a person or in the establishment of categories or classes of employment.»

In view of upcoming negotiations, a new CPAS bargaining committee was elected. Lyne Masson of the Institut de gériatrie de Montréal, Pierre Girard of the Institut de réadaptation en déficience physique de Québec, Jean-François Haineault of the Centre Hospitalier Universitaire de Québec and Sylvain Lemieux of the Institut Philippe-Pinel were elected to represent Classes 1, 2, 3 and 4 respectively.

Rebecca Pierrin of the Centre Hospitalier Universitaire de Québec was elected to the CPAS youth committee.

February 3, 2014

The Conseil provincial des affaires sociales held a conference to provide an overview and strategic directions for the privatization of the Québec healthcare system, in collaboration with Pierre-Guy Sylvestre, contracting out and privatization representative. Guillaume Hébert of the Institut de recherche et d'informations socio-économiques (IRIS) discussed the costs and ramifications of subcontracting in the public sector, while Gabriel Sainte-Marie of the Institut de



recherche en économie contemporaine (IREC) spoke on public healthcare funding in Québec. Marc-André Gagnon of Carleton University presented the economic advantages, costs and benefits of universal prescription drug insurance and Michel Grignon of McMaster University discussed publicly insured long-term care. Pierre- Guy Sylvestre explained the facts on anti-privatization campaigns and the CUPE national fightback fund. CPAS researcher Jennifer Whiteside presented healthcare privatization in Canada and Québec, and CUPE-Québec president Lucie Levasseur discussed the magnitude and importance for CUPE-Québec of the battle against privatization.

February 4-5, 2014

The CPAS bargaining committee, composed of Lyne Masson, Pierre Girard, Jean-François Haineault, Sylvain Lemieux, political officer Michel Jolin and social affairs coordinator Alain Tessier, hosted a mini study session on the collective agreement.

During this two-day workshop, participants were tested on their knowledge of the 2010-2015 collective agreement.



In addition, several prizes were awarded :

Marco Lutfy Award (best puns)

Jean-Philippe Dechelle, s.l.2442
Frédéric Brisson, s.l. 3300
Alain Doyon, s.l. 4825
Chantal Denis, s.l. 2385
Peter Erenyi, s.l. 2886

Michel Jolin Award (attendance)

Stéphane Allard, s.l. 3300
Paul-André Clermont, s.l. 311
Frank Kociper, s.l. 2960
André Basque, s.l. 4546
Kathy Hébert, s.l. 3350

Monique Trépanier Award (attention to detail)

Francine Lamothe, s.l. 4953
Louise Frenette, s.l. 311
Denise Hébert, s.l. 2881
Élyse Boivin, s.l. 2667
Prolet Tocheva, s.l.4755

Super Mentor Award

Pierre-Paul Tessier, s.l. 4628
Paul-André Clermont, s.l. 311
Denise Hébert, s.l. 2881
Bruno Breton, s.l. 4475
Chérie Thomas, s.l. 3350

Best Newcomers

Joël Nadeau, s.l. 2881
Michel Cadrin, s.l. 1751
Sabrina Daigle, s.l. 1751
Steve Marcotte, s.l. 311
Majorie Paranada, s.l. 2886

SUITE EN PAGE 3

February 6–7, 2014

Social affairs coordinator Alain Tessier took the floor at the General Council to announce the important dates in the process leading up to the next round of negotiations.

On March 24, 2014, the bargaining committee will begin preparing an opinion survey for members of CPAS Locals and social affairs representatives. The questionnaire should be available in your Locals on April 24, 2014. Members will have two months to complete and return the questionnaire to the leaders of their Locals, who will then transmit the surveys to the bargaining committee.

The bargaining committee will analyze the completed questionnaires over the summer and produce a document outlining our demands for improving the collective agreement.

September 30 and October 1-2, 2014, delegates from the Locals will approve the list of demands to be presented to the employer’s representatives by the end of 2014.

In other business, Céline Giguère, CUPE National health and safety representative, advised us that members of Locals listed in the Québec enterprise register (REQ) must be insured by the CSST.

CPAS President Marco Lutfy announced that the campaign to promote care facilitators will continue in 2014 and receive \$100,000 in funding. Committees representing the four job classes are in the process of preparing their own promotional material. Members will also make a video for the Web.

Equality representative Annick Desjardins spoke about the Superior Court’s decision on the Charest government’s amendments to the pay equity law. In a significant gain for us, the court struck down sections 76.3 and 76.5 and gave the government one year to amend the law and comply with the judgment. We will have to wait for the application of the amendments before judging the effect of the court’s decision. The government has until February 21 to appeal. Stay tuned for the next developments!

CPAS Secretary General Michel Jolin presented the 2013 financial reports for the regular, bargaining and Montréal accounts. The delegates approved the auditors’ report as well as the proposed budgets for all three accounts.

A WORD FROM THE PRÉSIDENT /
CONTINUED FROM PAGE 1

Trust and expectations are gone. Not only do these reactions cast aspersions on the witnesses, they affect the entire union movement as well.

But we know there’s a silver lining in all this. I fully believe that each crisis can lead to beneficial change and a new start, an opportunity to regroup and come out of the situation wiser and stronger.

That’s why the message I’d like to convey to you, dear members, is not to put us all in the same boat. If you only knew how much time, energy and effort we put into worrying and working for your benefit!

Union representatives who spend their break times listening calmly to co-workers complain about their workloads know what I’m talking about.

For any union workers who are feeling the effects of this current situation, please don’t get discouraged. Your awareness of our cause and your integrity and aspirations to better living and working conditions for all are more essential than ever, both for the credibility of our union as well as for the overall improvement of people’s lives.

There are hundreds of thousands of us with the same goals, and there is no better time than now to fulfill them.

Otherwise, why bother to overcome our challenges?

SALARY INCREASES
AND THE HEALTHCARE SYSTEM
A LITTLE-KNOWN
BUT DIRECT LINK

by Sylvain Lemieux

It wouldn’t be far-fetched to say that our healthcare system is imperfect, especially in light of emergency wait times, delayed surgeries, placement problems and so forth. But it isn’t entirely dysfunctional either.

Nonetheless, the newspaper Le Devoir¹ reports that only one in four Quebecers thinks our healthcare system is “fairly efficient.” Fifty percent of Quebecers have to wait six days to see a doctor, while 60% claim they have problems accessing healthcare on evenings and weekends. The problems seem pretty self-evident.

Which brings us to the following question: Is it really that hard to improve the healthcare system?

The problems

Québec Health Minister Réjean Hébert co-signed an open letter in Le Devoir² listing 10 problems facing the healthcare system. Although the solutions would require a great deal of political will, they could completely change our system.

One excerpt highlights the organization of care and one of its challenges:

“[...] there are powerful special interest groups that use the problems of the current system as an argument to make the privatization of funding socially and politically acceptable.” (translation)

It’s important to understand that privatizing certain healthcare services would serve the interests of those special interest groups. Insurance companies, private clinics, diagnostic clinics and other powerful players would love to get their hands on the profitable market shares of our public healthcare system.

Just imagine the money they would rake in if people believed that the healthcare system is too expensive, dysfunctional and couldn’t be fixed without the help of the private sector.

Not only are these ideas totally false, but they would also create inequalities in terms of accessibility, since people with insurance would be fast tracked for treatment. The authors add that:³

“[...] access to care is becoming more and more limited. A corollary of this is the fact that private healthcare expenditures are rising faster than any other type of spending.” (translation)

Our system is meant to be public and universal. It’s absolutely outrageous that the proponents of privatization are managing to convince people that a private

system is more efficient and less costly. The same article in Le Devoir⁴ continues:

“There is no credible scientific basis or definitive experience from any other country to support the private funding of the healthcare system.” (translation)

In point of fact, lobbyists and even the government itself have exploited the healthcare system’s failings to privatize some services (usually the most profitable ones). One example is the case of the Institut de réadaptation en déficience physique du Québec (IRDPQ).

When budget cuts were made there recently, the Institut’s wait list was already quite long. The cuts lengthened the six- to 10-month wait even further. As a result, people referred to rehabilitation by the CSST and the SAAQ were often sent to private organizations. This state of affairs only goes to show how easy it has become to disingenuously redirect public healthcare services to the private sector.

Since public healthcare is the most inexpensive way to deliver services, it’s important to ask who benefits from such strategies.

What about salary increases?

The one common link between salary increases in the Québec government and the Québec public healthcare system is government disinvestment.

When the economy was red hot in 2006, the government issued an order in council imposing a two-year salary freeze on government employees. In 2010, the government signed a collective agreement that provided us with salary increases lower than the increases in the consumer price index. Public employees were already receiving comparatively lower pay, but the government had no problem whatsoever reducing the buying power of care facilitators even further.

It shouldn’t be forgotten that Québec public employee salaries are 11.7% lower than those of other Québec workers, according to the Institut de la statistique du Québec.⁵ In addition, they lag behind those of other unionized workers by 18.9%, and by as much as 25.3% in terms of overall compensation (benefits and other factors).

It’s high time to realign the salaries of workers in the healthcare network and make sure they receive the increases they deserve. Not only are they entitled because their work is useful, vital and significant, but it would be a shrewd investment that would bring the government substantial returns. It would also acknowledge that people are fed up with the government’s disinvestment in the type of healthcare system that Quebecers have collectively chosen for their society.

FOR THE PUBLIC GOOD / CONTINUED FROM PAGE 1

health care is the most significant.

The data presented clearly show the redistribution effect. The following table breaks down the public into five groups, from the poorest (first quintile) to the richest (fifth quintile), demonstrating how the poorest segment “receives the most.”

Not asking for the moon

CUPE members like us who are fighting to keep our jobs in health and social services and improve our working

conditions aren’t motivated by selfishness. We do it because we’re concerned for the welfare of our children, our families and our neighbours, and we want taxpayer money to flow back to taxpayers like us, who work, earn money and spend our dollars here in Québec!

Contrast that with the shareholders of rich multinationals, who don’t need our tax money to carry on their business and who scoop up their profits and salt them away in tax havens as quickly as they can.

	1 st	2 nd	3 rd	4 th	5 th
Public services received	27 483 \$	17 143 \$	16 179 \$	14 261 \$	14 732 \$
Health care	7658 \$	3856 \$	2858 \$	2165 \$	1886 \$

SPECIALIZED WORKERS UNIONS ARE TAKING ACTION!

by Ronald Boisrond

IT'S A WELL-DOCUMENTED FACT THAT THE PUBLIC SECTOR HAS TROUBLE HANGING ON TO ITS SPECIALIZED WORKERS BECAUSE THEY'RE UNDERPAID IN COMPARISON WITH THOSE IN THE PRIVATE SECTOR.

According to the Institut de la statistique du Québec, the Québec government's 7,000 specialized workers earn 34% less than their private-sector counterparts. For instance, maintenance electricians earn \$45,996 in the public sector and \$64,618 in private industry.

The government was concerned with this situation when it created a joint-sector committee in 2010. The committee has recently produced a report outlining a comprehensive range of solutions.

In recent months, the unions representing the 7,000 public-sector specialized workers (FTQ, CSN, CSQ and SFPQ) have stepped up their efforts and increased their


meetings with the Conseil du trésor in an effort to find a solution to this unfair situation.

Unfortunately, nothing came of the most recent meeting between the joint-sector committee and Conseil du Trésor President Stéphane Bédard, which was held at the beginning of the year.

It seems that the minister and his cronies were the only ones around the table who couldn't see the connection between attracting and retaining specialized workers, offering better pay and cutting down on subcontractors. And yet the joint-sector committee had recommended taking the money budgeted for subcontractors and using it to increase the salaries of specialized workers as one of the concrete, realistic strategies in its comprehensive report. Needless to say, union representatives left the meeting disappointed.

The joint-sector committee's objective is to get a satisfactory settlement for specialized workers before the upcoming negotiations in 2015. To that end, it intends to implement an action plan and ensure that the workers are heard.

Approximately 7,000 people are employed in Québec's public establishments as electricians, plumbers, pipefitters, refrigeration mechanics, mechanics, and so forth.



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)

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Copy Editor : Marie Drouin
Graphic Artist : Anne Brissette
Translator : Lorena Ermacora
Printers : Atelier Québécois Offset 1998 inc.
Printing : 9 100 copies in French, 1 240 copies in English

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