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OF PUBLIC EMPLOYEES

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2012 Calendar

- General Council
Hôtel Sandman in Longueuil
April 4-5
- CPAS Convention
Hôtel Le Noranda in Rouyn-Noranda
June 12-13-14
- General Council
Hôtel Le Noranda in Rouyn-Noranda
June 15
- General Council
Hôtel Delta in Québec
October 3-4



The Review

HEALTH CARE AND THE TOYOTA MODEL ARE HEALTH CARE USERS LIKE CARS?

by Rémi Arsenault, CUPE Local 2881

The Quebec Department of Health and Social Services is bubbling with excitement. In an article published in *Le Soleil* on October 7, 2011, Yves Bolduc was downright giddy: “*When we threw out the idea, we thought it would be hard to get institutions on board. But now most of them have implemented “lean management”.*” Minister Bolduc can gloat all he wants and glorify his managerial revolution, but this new form of work organization does more than just increase profits or lower costs (in the case of the health-care system). In fact, several studies confirm that work conditions are deteriorating and that “lean production” (or the Toyota model) does nothing to improve the working conditions of employees in the health-care system. According to Angelo Soares, a researcher at UQAM’s school of management, incorporating this method in the health-care system is a catastrophic move.

The Toyota model

The saying that best sums up this new form of work organization is “Doing more with less.” The method consists in determining what brings value added and non-value added in the production process. The non-value added activities are then eliminated by avoiding any form of waste, which results in lower production costs. The philosophy is to strive for the continuous improvement of production processes. In other words, produce more and more and never stop. Did anyone mention worker burnout here? No doubt workers are affected because the method leads to personnel cuts and a faster work pace.

Case study

For some researchers, however, the Toyota method is not revolutionary at all. In an article published in *Le Devoir* titled *Les hôpitaux ne sont pas des chaînes de montage* (“Hospitals are not assembly lines”), Angelo Soares quotes from a survey that was conducted at the Ahuntsic and Montréal-Nord CSSS at the request of the unions. A questionnaire was distributed to 1,240 employees, and of the 469 who responded, four out of 10 indicated that they were suffering from psychological problems. Forty percent of respondents said they were overloaded, and one-fourth said they had experienced psychological harassment. These statistics speak for themselves and may explain the difficulties experienced by the thousands of employees in the Québec health care system. The Ahuntsic and Montréal-Nord CSSS is not the only example. The Charlevoix CLSC experienced the same problem in the early 2000s,² when

17 out of 70 employees went on sick leave. Even a former Director of the establishment confirmed the problem: “*People were having difficulties, but they had no one to talk to,*” recalled Jean-François Mellon, now retired. “*Management wasn’t available because we were spending our time putting out fires.*”³

The situation doesn’t appear to be any rosier on the other side

3. Ibid.

TO BE CONTINUED ON PAGE 2

A Word from the President

by Marco Lutfy



\$1 billion for managers?

When it was announced that the 2006 health-care reforms that gave rise to the CSSSs would dramatically cut administrative costs, I hope you weren’t

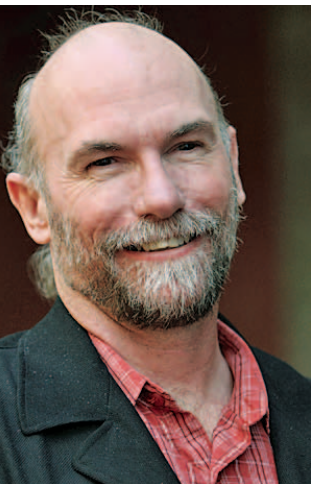
expecting managers to be part of the equation? Oh, you were? Well, so were we!

Those of us who work in the trenches had a sneaky feeling that managerial ranks were swelling. And then last year, we knew for sure; the health and social services sector saw a 20% increase in management personnel!

In fact, we were scarcely back at work after the excesses of the holiday season when an article on managerial numbers soaring in health care (*La Presse*, January 10, 2012) and another on managerial payroll topping \$1 billion in the health care sector (*Argent*, January 9, 2012) almost slipped under our radar.

TO BE CONTINUED ON PAGE 3

1. Pierre Pelchat, “Méthode Toyota : Bolduc surpris de l’engouement,” *Le Soleil*, October 7, 2011.
2. Article by Éric Grenier at <http://www.jobboom.com/magazine/25-05-texte.html>.



A Word from the Secretary General

by Michel Jolin

Take that, you skeptics !

As we grudgingly settled our salaries during the last round of negotiations, the Bargaining Committee was hedging its bets on the likelihood of eventual changes to the original framework. It took the government at its word when it said that it couldn't make

a higher offer because of the economy, but that if things improved it would be ready to share the growth with us. The agreement was finally settled with the addition of an article incorporating Quebec's nominal GDP (Gross Domestic Product) into the calculation of our salary increases (Article 7.25 C of the collective agreement), making us eligible for a 0.5 %

salary increase on April 1, 2012 if the right economic conditions are in place. Well, lo and behold, the Minister of Finance has now determined that we actually will be eligible for the additional 0.5 % beginning on April 1, 2012. But we can't celebrate just yet because we have to wait for the official determination of Quebec's nominal GDP based on Statistics Canada data. In addition, Article 7.25 D stipulates that we may be eligible for a further increase of up to 1.5 % on April 1, 2013. Let's hope so, because we deserve it !

Mr. Bolduc, do you care about the social services sector?

by Guy Jolicoeur

This is the era of media saturation. Day after day, we hear about failures in the healthcare system, the shortage of family physicians, and suspicious deaths of elderly residents in nursing homes. But newspapers and news programs turn a blind eye to the social services sector, ignoring the tireless efforts put in by its workers to assist clients in crisis, in transition, or even at the evaluation stage. Most social services workers are constantly on the go, working in isolation at a thankless job that consists in improving the lives of those who have been sent their way by a wide spectrum of organizations.

Social services personnel are mainly female. They work as psychologists, social workers and social assistance technicians, toiling in the shadow of the medical sector, which is constantly stealing the spotlight. To compensate for the lack of media attention, the psychosocial services committee of Coalition Solidarité Santé is working to publicize service cuts and workloads in this sector.

Now that the Minister and the health agencies have published statistics on healthcare institutions in the form of client scores by program, these institutions have been trying to outperform each other these past few weeks. The employer has asked workers to see a maximum number of clients, emphasizing that observance of the new criteria is critical for renewing budget programs. The figures published by the Minister are hard to understand without additional information or background on the programs and culture of the areas in which the programs have been implemented.

Another one of the committee's interesting projects is a comprehensive study of the history of social services in Quebec from 1988 onward by the Université du Québec en Outaouais. The study may involve interviewing social workers who experienced the working conditions of this period first hand.

It's now 2012 and high time to give attention to this "poor relation" of the healthcare system. Let's begin by asking ourselves, "Where would we be without the adequate delivery of social services in Quebec?" Workers in the social services sector are on the front lines, protecting the rights and skills of their clients in youth centres, rehabilitation centres, hospitals and the CSSSs. Without them, Quebec would not be the egalitarian society in which we believe today.

OF STREETS AND ASYLUMS

by Ronald Boisrond

Today's homeless have little in common with Charlie Chaplin's romanticized hobo of the silent film era. In the city we often witness the sad plight of homeless people who have no resources or safety net to help them.

The recent death of two homeless people and a passerby who were shot by police was a brutal reminder that homelessness continues to exist and is growing worse almost everywhere in Quebec, but especially in Montreal.

It's hard to pinpoint the exact number of homeless people as they have no fixed address, making it difficult to come up with reliable numbers. The experts say that there are about 30,000 of them, including some 10,000 to 15,000 in downtown Montreal.

Recently, the City unveiled an 11-point action plan to battle the problem. It includes the addition of rooms for rent, social housing and a drop-in center to assist intoxicated persons. One bright spot is the new approach by the Montreal police in regard to social profiling. Past repressive techniques led to widespread court action against the homeless, preventing them from reintegrating into society. When not in the legal system, the homeless in many cases have to beg for food while trying to pay off their fines.

Despite the commitment of these authorities, we don't expect miracles to happen in the fight against homelessness because we know that financing from the different levels of government doesn't keep pace with the needs of these clients. Many of them have the potential to break out of their plight but they need better social support from all the stakeholders concerned.

The situation will remain critical for many homeless people, particularly those who have mental health issues. It is estimated that half of Montreal's homeless fall into that category.



These people used to be institutionalized in asylums, as they were called. A few decades ago, they were simply thrown out in the name of deinstitutionalization. The goal was to reintegrate them into the community, and this was viewed as a good idea because it came from institutions that were well regarded. Unfortunately, the resources were not equal to the challenge, and many of these patients were unable to function in society. Today, we are faced with a conundrum that is difficult to solve.

How can we help the homeless who suffer from mental illness but are left to fend for themselves in the streets in winter as in summer? There is no easy solution, as the law stipulates that they cannot be forced to receive care unless their mental state presents a "grave and immediate" danger to themselves and others.

Should the law be made more flexible to allow the institutionalization of the most serious cases?

There is no easy answer. Perhaps this should be debated in the communities. One thing is certain, however; if the same institutional resources were available today, many innocent lives would be saved.

THE TOYOTA MODEL / FROM PAGE 1

of the Atlantic. According to researcher Antoine Valeyre of the Centre d'études de l'emploi,⁴ the lean production model does nothing to improve work conditions; on the contrary, it contributes to their deterioration. "[translation] *Learning organizations demonstrate far more favourable working or occupational health conditions than lean or taylorist organizations do, and the situation in lean organizations is generally worse than in taylorist organizations.*"⁵ Lean production leads to a more intensive pace of work, compared to other management models.

4. <http://www.cee-recherche.fr/>
5. Conditions de travail et santé au travail des salariés de l'Union européenne: des situations contrastées selon les formes d'organisation, ANTOINE VALEYRE, Centre d'études de l'emploi, Document No. 73, November 2006.

In conclusion, Minister Bolduc's statement explains the difficulties that health-care system workers are experiencing currently. The Toyota model comes with no guarantees with regard to improving work conditions, if the recent studies are to be believed. Unions have started to examine the issue, but the rank and file needs to be informed as well, because battles are fought at the grassroots level. These battles must include opposition to the Toyota model because it seems to be at the core of our problems. If unions fight against it and make it their main issue over the coming years, they might do some genuine good for their members. By opposing the Toyota model in the health-care sector, we will be getting to the source of the problems that sector workers are experiencing.

- The numbers are shocking;
- 149 new managers hired in the last year alone (including 136 in Montreal)
 - 4,851 more managers than 10 years ago (+51%)
 - 14,374 managers in the sector divying up \$1,000,000,000 (yes, you read it right: \$1 billion!) in salaries and bonuses of all kinds!
 - 29% in salary increases in just 5 short years
 - \$ 16.8 million in bonuses paid in 2011
 - 1 manager for every 17 employees

Whew !

In the meantime, how many new positions were created in your job class during that period? Not many, you say? Fewer than the above?

One manager for every 17 employees... that's a pretty high ratio, isn't it? How many patients is a night nurse in a CHSLD responsible for? Generally more than 100, wouldn't you say?

If you think these numbers are scary, check out some of the statements attempting to explain the situation. There's the comment by Serge Beauchamp, Deputy Director General of the Mauricie Agency, on the increase of 13 to 21 managers at his Agency : *"The increase was necessary to fill in gaps in personnel supervision. We had no middle managers. Employees were having a hard time (!). They themselves asked for more managers (!!). They're happy about it (!!!)."*

Then there's my favourite statement by Lise Denis, Director General of the Association des établissements de santé et des services sociaux (AQESSS). Far from worrying about the situation, she made it clear that *"Manager don't just sit in their offices filling out papers. In the health care sector, 83 % of managers work in the trenches."* (Is that so!)

83% you say! Ok, if you say so.

But exactly which trenches are you referring to? Ms. Denis, let me just point out that it's in the very trenches that we're short of manpower. We're lacking young workers, family physicians, time, money, equipment and countless other things besides.

And what we're definitely lacking is recognition and a listening ear.

But as for more supervision?
It's never been mentioned.

Even if we were to throw another \$ 1 billion at the managerial class, that wouldn't make the picture any rosier, nor would it solve any of the above-mentioned problems.

You know what? It's end of February, and I'm still having trouble digesting the back-to-work news.

INTERMEDIARY RESOURCES

Who is ensuring quality services for the elderly?

by Guy Jolicoeur

Further to Quebec Health Minister Yves Bolduc's multiple announcements on the reorganization of services to the elderly, a new creature has appeared on the Quebec landscape: intermediary resources (IR) for the elderly. Falling somewhere between a private residence and a long-term residential centre (CHSLD), these services are for older people who have lost their independence and can no longer stay in their home or in a private residence, but who require fewer than three hours of care per day.

Health agencies across Quebec have responded by issuing calls for tenders to private proponents for the construction or adaptation of buildings to make way for this new clientele. The bidders have been asked to supply beds, meals, leisure activities, and basic needs. The CSSSs are to provide professional services such as social workers, occupational therapists and physiotherapists.

Montreal's "bad example"

To finance these new services, the Montreal health and social services agency had to close over 2,500 long-term beds in the CHSLDs and in hospitals. This has resulted in a serious bed shortage for the many patients who are functionally dependent. Added to this quandary is the fact that some CHSLD beds will be given to elderly clients in the assessment stage so that acute care beds and space in the emergency department can be freed up. In addition, it was announced that the Légaré CHSLD would become a residence for mentally disabled adult clients who are unable to live in the community. As a result, thousands of older people who had been waiting

patiently for their turn to live out the rest of their days in a CHSLD have had the rug pulled out from under them.

So where are the IR services?

Elderly clients may well be wondering where they will be able to find the promised IR services. The CSSSs are unable to locate enough professionals to fill the needs of intermediary resources, resulting in reductions of services that vary from one IR to another. For example, one brand new IR has no nurse on staff after 4 p.m., which means that medication is administered entirely by beneficiary attendants with fewer than 12 hours of training.

The January 13, 2012 edition of *La Presse* reported serious problems in the delivery of care and assistance needs at the Navarro residence in St-Léonard. And yet when the Montreal health agency investigated these issues in 2011, it still expressed confidence in the owners of the residence despite the fact that its own inspectors had uncovered problems back in March 2009.

The families of the residents may complain all they want, but the government is turning a deaf ear to reports of many problems in quality of care, a disturbing turnover in beneficiary attendants, and unfilled professional positions. While he waits for the situation to somehow correct itself, Minister Bolduc has assured us that his magic wand, otherwise known as the Toyota-based "lean management" method, will solve these inconveniences before re-election time...

The February 1-2 General Council

by Michel Jolin, Secretary General

Some 100 representatives of your Locals attended the General Council of the Conseil provincial des affaires sociales in Boucherville on February 1-2, 2012. Following the usual procedure, social affairs coordinator Alain Tessier presented his report. First, he commented on the decision handed down by the Commission des relations du travail with respect to Bill 142 on the working conditions and salaries of government employees in 2006. The Commission found for the unions, saying that the government had acted in bad faith during the negotiation process. The government will most certainly appeal the decision. Alain also reported on the ongoing work of the committees established under the letters of agreement in our contract.

The Insurance Committee, the Organizing Committee Opposing Public Private Partnerships, and the Class 4 and Employment Evaluation Committees also reported on their activities. Université

du Québec à Montréal has wrapped up its investigation on nosocomial infections and work climate, and we are currently awaiting the results. The Employment Evaluation Committee gave the delegates a reference guide explaining the work being carried out on pay equity, pay equity maintenance and salary relativity.

CUPE union representative Pierre-Guy Sylvestre, who represents us on the Committee on Specialized Workers, gave the committee's progress report. The Committee has compiled a considerable amount of statistics, and now the data must be examined and formulated into arguments that the government will find persuasive.

The delegates attended workshops and exchanged their viewpoints on the campaign to promote the value of our work.

Secretary General Michel Jolin presented the financial reports for 2011, as well as the auditors' report and the 2012 budget forecasts. The delegates approved these last two documents.

Alain Tessier presented the second installment on our pension plan. He explained eligibility, the determination of the pension amount, pension indexing and how much we should expect to pay.

As you are aware, you can always contact the members of your executive for further information on any topic discussed at the General Council.



Our pension plans soon to be under attack

by Sylvain Lemieux

THE SUBJECT OF RETIREMENT SEEMS TO BE ON EVERYONE’S MIND LATELY. THE HARPER GOVERNMENT HAS HINTED AT OLD AGE SECURITY (OAS) REFORM, AND HAS CREATED A POOLED REGISTERED PENSION PLAN (PRPP). THE QUEBEC GOVERNMENT, FOR ITS PART, WANTS TO LAUNCH A VOLUNTARY RETIREMENT SAVINGS PLAN (VRSP) AND INCREASE PREMIUMS FOR THE QUEBEC PENSION PLAN IN JANUARY 2012.

Many employers, including a number of municipalities, say they will be unable to pay future premiums and are threatening to make citizens pick up the tab through property tax increases.

Unions are fighting against attacks to their pension plans and proposing various solutions to ensure equitable pension plans for their workers as well as for the rest of the population.

The various plans offered

- The Canada Pension Plan (CPP) and the RRQ are universal plans accessible to all workers. The Old Age Security plan is available to some Canadians age 65 and older who have lived in Canada for at least 10 years after reaching their 18th birthday.
- Approximately 1/3 of workers have a pension plan with their employer.
 - Defined-contribution plans are like RRSPs, to which both the employer and the employee make contributions. Premiums are fixed and retirement income varies according to market returns, therefore the employee assumes the risk in times of unfavourable market fluctuations.
 - Defined-benefit pension plans are plans in which contribution amounts vary during the years worked, but income is guaranteed upon retirement (usually 70% of the worker’s salary). The plan administrator assumes the market risk and must adjust premiums to ensure the plan’s solvency.

A question of point of view

It is generally agreed that everyone is entitled to a decent retirement; the problem is that no one agrees on how to make the changes and who should pay for them.

Solvency problems with the various plans have occurred in large part because of the economic crisis of 2008. Several billions of dollars from our different plans were invested in funds that dropped dramatically after the crisis.

A consensus has emerged that the financial collapse was caused by deregulation in the financial industry. Many right-wing parties (politicians, financial leaders, large employers—i.e., the top 1% of earners), who advocated (and still advocate) free market structures and privatization to reduce the size of government, made changes that led to this monumental crisis. The shocking thing is that some financial leaders managed to make money even during the crisis.

What’s more abhorrent is that the same 1% (politicians and media owners) today blame the financial plight of governments on employees’ pension plans and seem to have embarked on a propaganda campaign. They claim that our pension plans are too generous. This attack on ideology is nothing less than a despicable demagogical maneuver.

How pension funds work

It is important to realize that the economic crisis is a temporary situation, and that times have been better in the past. In the good years of our pension plans, did municipalities lower property taxes? Of course they didn’t. They even took contribution holidays by taking surplus cash to pay their premiums, thereby leaving us to face variations in the market without a safety net.

The Quebec government did the same thing with our defined benefit plan by paying into it on paper. Instead of actually depositing the money into the pension fund, the government recorded the money as a debt on the books. This contribution holiday means that the money the government owes us did

not grow during the economy’s good years. Now the government only pays its benefits share (i.e., the money it owes to pensioners).

Clearly, the government displayed demagoguery by trying to make us scapegoats for the situation. Yes, our pension plans are good, and we deserve them. We have them because we fought for them. If we still have them it is in large part because we paid into them from a portion of our salaries, not because the employer made generous contributions or administered the plan well.

It’s time for the 99% to tell the 1% that they understand their little game and that the rules apply to the majority, including them. In view of the situation, CUPE-Quebec called a special meeting on February 22-23 to discuss the issue.



The Review

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