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OF PUBLIC EMPLOYEES

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2013 Agenda

**Conference: Outlook for
the 2015 negotiations**

Loews Hôtel Le Concorde
Quebec City
April 2-4, 2013

General Council

Loews Hôtel Le Concorde
Quebec City
April 4 and 5, 2013

General Council

Quebec City
June 17, 2013

General Council

Sheraton Laval Hotel
October 9 and 10, 2013

General Council

Sheraton Laval Hotel
December 11 and 12, 2013



The Review

Of Zombies, Modernization and Consensus

by Pierre Girard

IN 2012, MINISTER OF LABOUR LISE THÉRIAULT TABLED LEGISLATION BEFORE THE NATIONAL ASSEMBLY THAT WOULD MODERNIZE THE OCCUPATIONAL HEALTH AND SAFETY SYSTEM. KNOWN AS BILL 60, THE PROPOSED LAW SUGGESTED NOTHING LESS THAN SWEEPING AWAY THE RIGHTS OF THE VICTIMS OF OCCUPATIONAL ACCIDENTS AND DISEASES.

We had hoped that the bill would breathe its last along with Jean Charest's Liberal Party on September 4, but we underestimated the Parti Québécois' morbid tendency to plunder the spoils of its opponents to satisfy the Conseil du patronat.

The new Minister of Labour has now resurrected the issue, and, like a zombie rising from the grave, Bill 60 has come back to haunt us. The situation resembles a B horror movie; a nightmare we wish would just go away.

If passed, the new bill would profoundly change the Act respecting occupational health and safety (AOHS), which regulates prevention activities, as well as the Act respecting industrial health and occupational diseases (AIAOD), which governs remedies. CUPE-Québec views these changes as detrimental to workers and employees. In fact, it puts our rights on the chopping block. To better understand the origin and nature of the beast, I spoke to CUPE-Québec representative Karine Cabana, who has been closely monitoring the issue from the very beginning.

PG: In brief, what are the impacts of the modernization plan?

Karine Cabana: The impacts would be numerous and far-reaching. The list is downright scary. In terms of safety, «modernization» means the outright disappearance of safety officers. Responsibility for the development and implementation of the program and health services would be borne by the employer, and not by the Public health department (DSP). This change makes us fear the worst for the “safe maternity experience” program since we know that many employers think that preventive withdrawals are being overused. In addition, there would no longer be one OHS joint committee per institution, but rather one committee per employer;

which to some extent dilutes the effectiveness and relevance of these committees. The healthcare system, where some employers have several establishments, is already grappling with this reality.

In terms of remedy provisions, attending physicians stand to lose a lot of ground if the new bill is passed. They would no longer be able to give their

opinion on a rehabilitation program, which would instead be prepared by the CSST's multidisciplinary team. What's more, the list of reimbursable medication and treatments would be cut back. Lastly, workers would have to return to work as soon as possible—even at any cost, which could certainly open the door for

employers to take unfair advantage of temporary assignments! Workers would lose some of their rights to appeal, and could risk penalties if they don't get involved to some degree in the process of returning to work.



TO BE CONTINUED ON PAGE 3

A word from the President

by Marco Lutfy



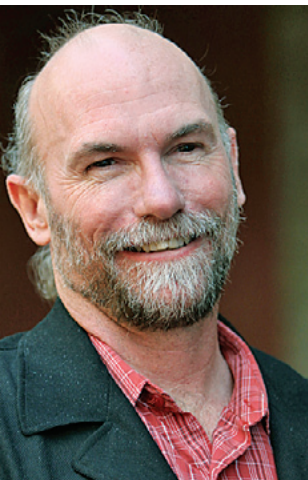
Taking care of our future

AT THE LAST
GENERAL COUNCIL,
THE DELEGATES

AGREED TO CREATE A SPECIALIZED
POSITION TO ASSIST THE CPAS. WE
COMMEND THEM FOR THIS DECISION.

The motion to create the new position
was prompted by the sense of renewal
pervading the CPAS and the very simple

SUITE EN PAGE 3



A Word from the Secretary General

by Michel Jolin

New pay increases for some of our members !

It's been a good New Year so far! All care facilitators in the health and social services network capped 2012 with a 0.5% increase, thanks to the nominal GDP clause in the collective agreement. Also, under an agreement we struck with the government, as of January 1, 2013, nurses, nursing assistants, beneficiary attendants, some technicians and other job titles working with beneficiaries in

long-term care centres became entitled to a lump sum of \$ 180 for every 750 hours worked.

Under a separate agreement, care facilitators working with clients with serious behavioural problems, especially those in rehabilitation and youth centres, but also those in certain health and social services centres, will begin to receive a lump sum of \$ 195 per 500 hours worked if their job code begins with 3000 or higher;

\$ 295 per 500 hours worked if their job code is between 2000 and 2999; and \$ 360 per 500 hours worked if their job code is 1999 or lower.

And that's not all! Under another agreement between the unions and the pay equity commission, medical secretaries receive a 3% pay raise retroactive to December 31, 2011; laundry attendants enjoy a 6% increase; contributions technicians receive a 3.5% hike retroactive to January 1, 2011; and beneficiary attendants receive a 3.7 % increase retroactive to January 31, 2011.

Discussions are currently underway concerning specialized workers.

We sincerely thank everyone who contributed in any way to the outcome of these agreements.

CPAS General Councils

by Michel Jolin

TWO GENERAL COUNCILS WERE HELD SINCE THE PUBLICATION OF THE LAST EDITION OF THE REVIEW. HERE IS A SYNOPSIS.

December 5 and 6, 2012

CUPE social affairs coordinator Alain Tessier reported on progress made by the various bargaining tables on which we work with Québec Government representatives. The parties have agreed on some joint recommendations to the government in relation to the following Letters of Agreement:

No. 1 ("Regarding Employees Working with Beneficiaries in Residential and Long-term Care Centres");

No. 3 ("Regarding the Establishment of a Committee on the Use of Independent Labour")

No. 5 ("Regarding the Work Organization Projects")

At press time, discussions were still underway with regard to Letter of Agreement No. 6 on clientele with serious behavioural disorders.

Alain also presented the report of the Institut de la statistique du Québec, showing that the compensation of administrative personnel in Québec lags behind most of the other sectors.

Guy Jolicoeur, the new Vice President of the Montréal/Outaouais/Laurentides/Lanaudière/Montérégie region, reported on a work environment study conducted by Angelo Soares, a researcher at the Université du Québec à Montréal. The complete results of the study will be released soon.

FTQ representative Marc Bellemare explained the Harper Government's changes to the employment insurance program. None of them are too impressive, of course.

The Insurance Committee presented the rates for 2013. Since our use of insurance has increased, the rates are higher.

CPAS President Marco Lutfy gave an update on the CPAS's campaign to highlight our job positions. Inserts were distributed with French-language newspapers across Québec. The English version of



the insert will be distributed in early 2013, while the television campaign kicks off in February 2013..

February 6 and 7, 2013

CUPE social affairs coordinator Alain Tessier gave an update on the specialized workers committee. Discussions are continuing between unions and the government. Meetings have been scheduled for March 11, April 17 and May 2, 2013.

The OHS committee followed up on Bill 60 on modernizing the occupational health and safety plan. CUPE Representative Karine Cabana said that the PQ government considers the issue a priority. We will be closely monitoring the issue.

Gérard Ouimet, who holds a PhD in political science and an MSc in psychology from the Université de Montréal, gave a very entertaining presentation on the problem of Borderline Personality Disorder.

The CPAS adopted a resolution allowing the executive committee to create a researcher position for the CPAS and to post the position. Interested candidates from the CUPE family have until February 22, 2013 to apply.

Secretary General Michel Jolin presented the 2012 financial reports and the CPAS's 2013 budget forecasts.



The following elections were held: Stéphane Allard of Local 3300 was elected to the Class 2 committee; Mélanie Gougeon of Local 2960 was elected to the Class 4 committee; Pierre Girard of Local 1751 was elected to the Organizing Committee Opposing Public-Private Partnerships (OCOPPP); and Johanne Martineau of Local 1751 was elected to the Information Committee.

For further information, feel free to contact your local executive. They'll be happy to discuss the topics of the General Council with you.

Workforce Snapshot

by Rémi Arsenault and Sylvain Lemieux

What the government wants

In an effort to more effectively manage the health and social services network, the Ministère de la Santé et des Services sociaux (MSSS) is attempting to anticipate workforce needs and asking health-care establishments to submit annual forecasts of their requirements, keeping in mind the supply and demand of qualified personnel. In this way, the government hopes to maintain a balance between human resource needs and availability.

This planning is necessary not only at the local and regional levels, but also province-wide. It will be used to implement strategies to meet staffing needs on various scales.

The government maintains that this exercise will lead to the optimal use of skills in the network. Its aim is to reduce overtime by 10% and cut down on the use of self-employed workers, including nurses, by 25%.

In addition, the government hopes to improve the working environment and the health and well-being of network personnel.¹

The reality

In theory, all these measures appear to be positive. No one is against good intentions. However, the real picture is far more complicated.

Qualified workers continue to be in short supply, and that means overtime. Even with the best planning in the world, skilled workers can’t just be plucked out of thin air!

The government wants to reduce the use of self-employed workers but continues to offer less attractive working conditions than those offered by placement agencies. And that means nurses continue to leave the network in droves, and sub-contracting continues apace.

How does the government think it can improve the network’s working environment and the health of workers when hostile management practices like mandatory overtime are so widespread? If employers want to improve the work climate, all they have to do is treat their employees better.

Analyses and Forecasts

MSSS researcher Charles Madet conducted studies that suggest distressing outcomes for some Class 4 employees (psychologists, speech therapists, occupational therapists and physiotherapists!).

Despite a steady increase in labour demand, many positions remain vacant, which means we aren’t training enough professionals to meet our needs.

The number of vacant positions is still high in the Montreal area and, at 11% to 25.8%, is even higher in the regions.

If the trend continues, the need for professional staff will continue to increase.

In conclusion

In my humble opinion, the solution is simple and obvious. To attract workers to the healthcare system, the jobs have to be appealing. The system needs to offer good salaries and working conditions.

Our employers seem to believe that there will always be an endless stream of workers knocking on their door, but studies seem to indicate otherwise. This mistaken belief could cost our public healthcare system dearly.

We expect Pauline Marois’ government to have to courage to apply the simple, obvious solution mentioned above.

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1. *Strategic Plan 2010-2015*, Ministère de la Santé et des Services sociaux du Québec, Edition: La Direction des communications du ministère de la Santé et des Services sociaux du Québec, 2010
2. *Portrait de la main d’œuvre* (4 documents: psychologists, speech therapists, occupational therapists, physiotherapists) Charles Madet, Direction de l’analyse et du soutien informationnel, ministère de la Santé et des Services sociaux du Québec, March 2012.

CONTINUED FROM PAGE 1

but astute observation that taking one’s destiny in hand requires understanding what we have and what we’re missing.

After thinking about this some time ago, it became clear to us that we needed to fill in the gap between the desire of our elected officers to be all things to all people and the resources they had to accomplish that goal.

Going forward to remedy the situation seemed to be the right thing to do. We felt that to prepare for the future, there was no time like the present to get started. The decision we made was a good one and coincided nicely with the launch of the campaign about our image.

The care facilitator campaign not only assures us of forging a distinctive brand, but also unifies us as a group, tightens the bonds between us, demystifies what we do in the eyes of the public and distinguishes us from the hordes of people who also work as civil servants.

The addition of the new position will be a huge boost that will help us be more deliberate and efficient in what we do. We expect it will take our sector’s credibility and professionalism to a whole new level.

With that increased versatility, we’ll be stronger and more dynamic, and our work will be more meaningful and relevant to future members.

On behalf of your elected officers, I thank you!

CONTINUED FROM PAGE 1

PG: What are the origins of this Bill?

KC: Briefly, this «modernization» plan (and I use the term loosely given that it’s more like a rampage than a plan) is the brainchild of the CSST Board of Directors, whose members come from labour and employer associations. The Board reached a consensus on a modernization plan in spring 2011, after studying the Camiré report and conducting a negotiation blitz. While some union entities, including the FTQ’s executive committee, agreed with the CSST’s 30 or so recommendations, CUPE-Québec voiced its opposition after reading them. As a result, the CSST was unable to find the same consensus on the ground.

In April 2012, Labour Minister Lise Thériault, encouraged by the so-called consensus, tabled Bill 60, which turned out to be even worse than the CSST’s original consensus points! At that point, CUPE-Québec marshaled its forces and released a brief that it intended to present at the parliamentary committee meeting originally scheduled for August 2012. But the elections intervened and the PQ victory gave us the fleeting hope that the Bill was dead in the water.

PG: And where do we stand now?

KC: Now that Agnès Maltais, the new Minister of Labour, has made the modernization of OHS «a priority for the spring,» time is of the essence and mobilization is urgent. FTQ President Michel Arsenault has heard our opinion and recently stated that «if the modernization plan returns in one form or another, the FTQ would not take a position without consulting its affiliates.»

Following the Minister’s statements, the FTQ’s OHS committee held an emergency meeting in January. Armed with an apparent carte blanche,

it decided to set up two sub-committees to make recommendations to improve the Bill, one to look at the AOHS, and the other at the AIAOD. I participated in the AOHS committee, and despite the earlier assurance of freedom to deliberate, we learned at the second FTQ OHS meeting that Michel Arsenault and the President of the Conseil du patronat du Québec had met with Minister Maltais on January 29 to discuss the Bill. We were then told to “get on board,” end of discussion.

PG: Is CUPE-Québec alone in its position?

KC: Not at all. There are probably other FTQ affiliates as dissatisfied as we are, but although I can’t confirm anything right now, we’ll know pretty soon. I also know that other unions and outside organizations share our point of view, for example, affiliates of the SISP (FIQ , SFPQ, APTS, SPGQ, CSQ), which incidentally weren’t included in the discussions that led to the «consensus,» and UTTAM, a community group fighting for the rights of workers with occupational injuries.

PG: What can we do to help in the fight as members of the Conseil provincial des affaires sociales and care facilitators in the Québec health and social services network?

KC: Keep your ears to the ground and stay tuned. Exchange stories, share information with your local representatives and take part in our mobilization efforts. Things will be moving very soon. We need everyone to block this Bill and stop this zombie, as you call it, in its tracks.

For now, I can say that for CUPE-Québec, the status quo is far preferable to the so-called consensus.

YOUR SALARY INSURANCE RIGHT

by local 4475

Uninsured Period

Full-time: 7 working days, Art. 23.29 Regular or casual part-time: 9.8 calendar days, Art. 23.44, par. 2).

Calculation of Benefits: Full-time (F.T.)

Full-time according to rate* listed in applicable scale as though the employee were at work, Art. 23.29, par. e), subpar. 10).

Calculation of Benefits: Part-time or Casual Part-time (P.T./C.P.T.)

Same rate* as F.T. but prorated on the basis of time worked in the 52 calendar weeks preceding the beginning of the disability.

The weeks during which absence occurs for illness, vacation, leave without pay or maternity leave are excluded, Art. 23.29, par. e), subpar. 11) and 12)

% of Salary Paid as Benefits

- 80%** the first 3 months of the benefit period, Art. 23.29, par. b)
- 70%** after the first 3 months, Art. 23.29, par. c) and d)
- 100% per day for light work

Duration of Benefits and Employment Relationship

- First 24 months: benefits paid and file managed by employer
- 24th to 48th month: benefits paid and file managed by Standard Life

- After 48th month and until age 65, if worker is completely unfit for paid work: benefits paid and file managed by Standard Life

Art. 23.39, par. d)

Employment relationship: after 36 months of disability, termination of employment relationship, Art. 12.14

Seniority

Seniority retained and accrued for the first 2 years (first 24 months), Art. 12.10, par. 3).

At the end of the 2nd year (24th month), accrual of seniority and maintenance of seniority until the 3rd year (end of 36th month), Art. 12.10, par. 3) and Art. 12.14

Accumulation of Vacation and Sick Leave Days

Vacation: Accumulation of vacation during the first 12 months of disability, Art. 23.41, par. 2)

Sick leave days: After 30 days of sick leave, sick days no longer accumulated in bank for F.T. (.08 day/month x 12 months = 9.6 sick leave days per year, including 3 personal days, Art. 23.41

A bank of no more than 5 sick leave days may be maintained upon choosing not to convert them into cash by November 30 of each year, Art. 23.43

Exemption from RREGOP Pension Plan

Employee continues to participate in the plan and is exempted until the end of the disability or for a maximum of three (3) years following the beginning of the disability, Art. 23.30

Insurance Exemption

F.T.: For all options, as of the 8th working day after the date of the beginning of the disability

For F.T. working 4 days/week: as of the 6th working day after the date of the beginning of the disability.

P.T.: 9 calendar days after the date of the beginning of the disability.

Gradual return: Pay stubs showing salary-insurance benefit and light work

Life insurance and preventive withdrawals are not exempted.

End of exemption: at the end of the disability or up to 3 years following the beginning of the disability.

La Capitale insurance contract, pp. 39-40

Medical Arbitration Contestation

The employer may notify the employee in writing that it refuses or has ceased to recognize the disability following an expert medical opinion and asks the employee to report to work on a specific date. If the employee fails to report to work, he or she is deemed to have grieved the employer's decision

The arbitrator's decision is final. Procedure, Art. 23.39

Arbitration clause, Art. 23.39A, litigation with Standard Life after 2 years of disability

*Excludes all premiums except regional disparity (which does not apply to us)

** Excludes premiums

*** Includes premiums

Care-facilitators, on your screens!

On TV...

From February 18 to March 17, our care-facilitators will be introduced to Quebecers on TV. We'll be showing how we make caring our life's work through our campaign in French. We'll be introducing the new name for our members and stressing the importance of the work we do in the public health and social services network. Our advertisement will be seen throughout Quebec on many of the most watched programs. You can see it on our website at care-facilitators.com.

And on the Internet

The care-facilitators website is your site. Check it out! Spread the word! It demonstrates how we make caring our life's work in the public health and social services sector. It illustrates our contribution to the health and well-being of Quebecers.

NEW!

Coming in March: the new care-facilitators album goes online. Join in! Register and make it part of your world at care-facilitators.com.



CARE  FACILITATORS

We make caring our life's work



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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Secretary General: Michel Jolin

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