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(adresse de retour)
FIIQ-QUÉBEC 1260 boul. Lebourgneuf
Bureau 300, Québec, QC G2K 2G2

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To put a stop TO USELESS AND DANGEROUS LAWS

At the opening of the Federal Council, the members of the Executive Committee shared their concern with delegates regarding the legislation the Charest Government had just tabled, especially Bills 25, 30 and 31. Since then, as we know, the Government tabled amendments, mainly to please the employer associations, and finally adopted the amended bills on December 17 by imposing closure on the National Assembly.



Both in the National Assembly and in every forum offered to us up to now, the FIIQ has declared its firm opposition to Bills 25, 30 and 31. These projects, which have now become law, are attacks by the Charest government not only on union organizations but on the Quebec population as a whole. We see more and more clearly that these laws are part of a comprehensive neoliberal project of reengineering, Government disengagement and privatization.

This legislation, adopted in haste and discussed in a vacuum to all intents and purposes, calls into question core values such as equity, social justice and democracy, values on which Quebec society has been built and developed and to which we adhere.

The Government got itself elected by playing the health-care card. But it had also promised to review the role of the State. Never, however, had it expressed its intention to review the role of State in health care. Yet today this is how we should understand this reform of the health-care system, which is at least as extensive as the Castonguay reform of the early 1970s.

The new *Act respecting health and social services network development agencies* is, on the one hand, useless because it was unnecessary to have a law to give life to the creation of integrated networks. On the other hand, it is pernicious in that its real objective is to open up the network to privatization and subcontracting, since private enterprises will necessarily be integrated into these service networks. However, this objective was never put up for debate. As if it were self-evident that private enterprises should be recognized as participants in the Quebec health and social services network! Yet this is a crucial breakthrough.

As for the new legislation on bargaining units and the process of negotiation of collective agreements, Minister Couillard, through

his amendments to Bill 30 stealthily tabled on December 12, introduced changes to the forced mergers he had first proposed in the bill initially tabled, requiring union allegiance votes in these newly merged bargaining units in the middle of the public sector negotiation period, regardless of the upheaval he will create himself by the forced amalgamations of institutions. He hastened to respond to the employers' demands and ignored those of the unions. Continuing along the line of imposing the composition of the bargaining units in the health and social services sector, the Government persists in attacking the union organizations that workers have taken many years to build, the better to defend their working conditions and develop their solidarity. During the consultation, we had clearly expressed nurses' will to keep a class of personnel that would preserve their professional identity, a choice they have made for many years. We find that the Minister has changed the configuration of his forced mergers yet again, solely to meet the expectations of ten employer associations in the health and social services network. The objective is increasingly clear: weaken the strength of the unions and break the bonds of solidarity. Can you imagine the Minister forcing a merger of the federations representing the medical specialists and the general practitioners? It's a double standard.

We must prepare for a daily battle in the trenches for the next few years, in every work environment. However, with the adoption of this legislation, not only workers' rights are being flouted. All of civil society is affected.

The day after the adoption of the bills, the member organizations of the Réseau de vigilance, of which the FIIQ is a member, issued the following statement: "Closure may possibly impose silence on the Official Opposition in the parliamentary debates, but the Liberal Government will never be able to silence a population that refuses to turn back the clock by 30 or 40 years. The resistance to the Government's policies is not limited to the labour movement. Social groups, community organizations, ecological and alterglobalization organizations, the women's movement, youth groups, the student movement and many others are also committed to do everything possible to compromise the implementation of measures and legislation that are obvious backward steps in the social, cultural, economic, civil and political rights of the Quebec population as a whole".

At this Federal Council, we adopted a mobilization plan, including alliances with the entire labour movement, which we have implemented very quickly. We will continue along this path, which will translate into actions to mobilize nurses. At the next Federal Council meeting in February, we will discuss the FIIQ's priority actions for the year ahead. These actions will translate into information, education and mobilization activities to thwart the Government's policies.

Despite a difficult political context, we wish you a holiday period marked by sharing, friendship, love and well-deserved rest.

Jennie Skene
President

2004 ACTION PLAN

A YEAR OF UPHEAVAL AND RESISTANCE

The Executive Committee member in charge of Labour Relations, Daniel Gilbert, presented the *Basic Action Plan* for 2004 to delegates and it was adopted. He reminded them that, in previous years, delegates examined the *Priority Actions* at the same time. While the first document presents the FIIQ's regular and everyday activities, the other document, resulting from the analysis of the internal and external context, identifies the priority actions, those that become the organization's priorities beyond the basic action plans of the sectors and services. He explained to delegates that, because of the uncertainty surrounding the reforms announced by the Liberal Government and the real content of the legislation that would be adopted, the Executive Committee members considered it wiser to put off to the February Federal Council the presentation of the priority actions. This will allow them to obtain an accurate picture of the situation, to better understand the stakes and the nature of the actions the FIIQ will conduct in 2004, and thus give them the full scope desired by its orientations.

The Basic Action Plan adopted recapitulates the orientations of each sector and service, the objectives they are pursuing and the mandates and collaborations necessary to achieve them. This year, the orientations bore the stamp of the FIIQ TOMOR-

ROW action plan, adopted at the March 2003 Federal Council, which inspires the basic action plans from now on. Each sector and service therefore integrated the FIIQ TOMORROW activities concerning them into this 2004 action plan, regardless of whether they are taking the lead or collaborating in these activities. The priority actions will be discussed at the next Federal Council. With the reform of the health and social services network (amalgamation of institutions, merger of bargaining units, decentralization of the process of negotiation, etc.), delegates will decide on the intervention framework and perspective of the FIIQ's priority actions and its actions on three unavoidable issues: the field of nursing practice, collective bargaining and union practice.

The year 2004 promises to be rich in repercussions. We will have to continue to acquire real power to influence at all levels, in the development of our solidarity and in resistance to the attacks on health services and on our union organization.

ADOPTION OF THE 2004 FINANCIAL FORECAST

FIIQ Treasurer Lise Martel presented a balanced financial forecast for 2004. Remember that at the Special Convention held in June 2003, delegates voted to increase union dues. This decision was accompanied by other decisions concerning the negotiation reserve fund, equalization, the policy on reimbursement of delegate expenses, the FIIQ's obligations as employer and the implementation of the FIIQ TOMORROW action plan. The financial forecast was therefore prepared on the basis of these decisions, both for revenue and for expenditures.

The financial forecast was adopted unanimously as presented. The Treasurer also tabled the financial statements as of June 30, 2003. The audited financial statements for 2003 will be presented at the next meeting.

IN THE HEALTH-CARE SECTOR A POSSIBLE GROUPING

The President and one of the Vice-Presidents, Jennie Skene and Michèle Boisclair, reported to the delegates on the status of the discussions with six independent union organizations whose members also work in the health and social services network: the *Alliance professionnelle des infirmières et infirmiers auxiliaires du Québec*, the *Association professionnelle des inhalothérapeutes du Québec*, the *Association professionnelle des technologistes médicaux du Québec*, the *Centrale des professionnelles et professionnels de la santé*, the *Fédération des infirmières et infirmiers auxiliaires du Québec*, and the *Syndicat professionnel des diététistes et nutritionnistes du Québec*. The objective of these discussions is to create a new consolidated grouping.

After a long and fairly passionate debate, delegates mandated the Executive Committee members to pursue the discussions and report to the Federal Council in February. As the President explained to the delegates, although the FIIQ had been approached in the past, this project took shape in response to the new legislation intended to restructure the network and reduce the number of bargaining units. Without having gone the distance on the development of this potential grouping, the members of the Executive, like the leaders of the other organizations, believe that grouping along the lines of a central labour body or confederation would create a force to rally workers sharing a community of interest, the health and social services network, while preserving the autonomy of the different job categories represented within the grouping.

During the Federal Council debates, even though the delegates expressed their reservations and concerns, a strong majority voted in favour of the objective sought by the grouping process – to protect the specificity of each organization while giving a stronger and more credible voice to the 65,000 workers this eventual grouping would represent.

This is therefore an issue to follow in February. No doubt consultations will be held as often as necessary.

RENEWAL CONDITIONS

GROUP INSURANCE PLAN POLICY

This year, like each year, at the December Federal Council, you will be called upon to examine the conditions for the renewal of the group insurance plan. Thus, the Executive officer in charge of the insurance plan, Lina Bonamie, and the special resource person for the insurance plan, Francine Tisseur, presented the conditions for the renewal of the insurance contract to the delegation.

The resource persons began by reminding delegates that, in past renewals, certain factors that influence the upward trend in the cost of group insurance had been identified: the reform of the health and social services network, government policies on drugs and the number members who retire. Some of these factors, unfortunately, continue to have an impact on the plan, mainly on the drug and long-term disability benefit.

Concerning prescription drugs, although the government has not modified its protectionist policy regarding pharmaceutical companies, we note that the upward trend in the cost of drugs is slowing down. Is it due to the fact that pharmaceuticals are a little less greedy as a result of the media outcry on the exaggerated increase in the cost of drugs? Or to modifications in physician's prescription habits? Or to modifications in nurses' consumer habits? It is difficult to say, but the effect is nonetheless very tangible.

Regarding the long-term disability benefit, the situation has not yet stabilized. Although in the report entitled *Mise à jour des données statistiques sur l'assurance salaire* (July 2003), the MSSS reports a very slight improvement in the number of nurses on salary insurance, the number of nurses who reach 104 weeks of disability and benefit from the long-term disability plan continues to rise.

There are other conjunctural factors that can also explain an increase and must necessarily be taken into consideration:

inflation, aging and the falling interest rates affecting the yield on our reserves.

Thus, after having questioned and debated each of the benefits, delegates adopted all of the conditions for the renewal of the group insurance plan that include an average weighted increase of 4.3% of the premium. Therefore, here is a table that presents the rates that will be in effect as of January 1, 2004.

Table 11 – Rates in effect as of 01/01/2004

PLAN	CURRENT RATES	RATES AS OF 01/01/2004 ¹	VARIATION
Basic Plan			
BASIS DRUG INSURANCE PLAN ²			
Individual	\$18.78	\$19.51	
Single-parent	\$30.56	\$31.75	+ 3,9%
Family	\$45.83	\$47.62	
BASIC EXTENDED PLAN III			
Individual	\$4.17	\$3.89	
Single-parent	\$6.73	\$6.25	- 7,1%
Family	\$9.91	\$9.18	
Extended Plan I			
Individual	\$10.17	\$10.17	
Single-parent	\$16.79	\$16.79	0%
Family	\$24.91	\$24.91	
Extended Plan II			
Life insurance and Basic ADD (\$5 000)	\$0,35 / \$5,000	\$0,35 / \$5,000	0%
Life insurance for dependent children (\$3 000 / child)	\$0,08	\$0,08	0%
Additional life insurance and ADD (per \$1 000)	\$0,083 / \$1,000	\$0,083 / \$1,000	0%
Long-term disability	1,434% of the gross salary	1,577% ³ of the gross salary	+ 10%

Average weighted increase of 4,3%

¹ Rate excluding the 9% tax.

² Rate including the employer's participation (\$0.92 for an individual plan and \$2.30 for a single-parent or family plan).

³ Long-term disability rate guaranteed until 31/12/2005

FMG : AN AGREEMENTS

In June 2002, the FIIQ entered into a framework agreement with the Association des CLSC et CHSLD du Québec and the Ministère de la Santé et des Services sociaux regarding nurses working in a family medicine group (FMG). This subsequently made it possible to establish over 50 FMGs within which CLSC nurses work. These family medicine groups were able to benefit from the expertise of the nurses of the health and social services network following agreements made locally between the unions and the CLSCs.

At the beginning of fall 2003, the MSSS representatives informed the FIIQ that seven private medical clinics, interested in entering into a FMG agreement with a CLSC, already employed a nurse. Negotiations were therefore initiated between the FIIQ and the employer negotiating committee to see how these nurses could continue to work with the medical clinic, which had now become an FMG. The solution adopted: these nurses will be hired by the CLSC if they meet the requirements. They will then obtain the FMG assignment for the duration of the FMG agreement. This solution was the object of a national agreement, which was then submitted

to and accepted by the Federal Council delegates. However, for this national agreement to come into force locally, it must be ratified by the local general assembly.

Thus, the Federal Council recommended that local general assemblies sign this amendment to the collective agreement. It is of the utmost importance for delegates to ensure that nurses working in FMGs be part of the public network. The best way to achieve this is to accept that, in exceptional cases, a nurse employed by a private medical clinic be able to obtain the FMG assignment as an employee on the availability list of the CLSC.

Remember that the FIIQ demanded and obtained that nurses working in FMGs be attached to a public network employer. We are faced with a Government that loudly proclaims that the private sector has the answer to everything and a time when the private sector is preparing for its official debut as a partner of the future local networks. It is therefore crucial to pursue our efforts to ensure that all nurses working in the FMGs are unionized members of the public health and social services network.

Home and car Insurance

For several years, *La Personnelle assurances générales* has offered home and car insurance services to the FIIQ nurses. After soliciting a certain number of nurses under a pilot project, the FIIQ and the insurance company concluded that the results were positive and that it would be possible to offer nurses home and car insurance policies at more advantageous rates if several members joined the plan. For this purpose, the insurance company must solicit FIIQ members by telephone. The delegation therefore adopted a resolution allowing this solicitation. However, it is understood that *La Personnelle assurances générales* undertakes not to disclose the nominative list of FIIQ members to anyone.

IMPORTANT MESSAGE

In this context, it is essential to recall that, under the *Act respecting the protection of personal information in the private sector*, you may refuse that your name and contact information (personal address and telephone number) be transmitted to the service providers. Your name will then be permanently struck from the lists eventually transmitted for the purposes of validation of group affiliation or solicitation by the service providers accepted by the FIIQ.

IF YOU REFUSE TO ALLOW YOUR PERSONAL INFORMATION to be disclosed to a company that has entered into an advantageous agreement likely to benefit all FIIQ members, **PLEASE COMPLETE THE FOLLOWING SECTION** and return it to us before February 15, 2004 at the FIIQ office in Quebec City: FIIQ, 1260 Boul. Lebourgneuf, Suite 300, Québec (Québec) G2K 2G2.

FIIQ, 1260, boul. Lebourgneuf, Bureau 300,
Québec (Québec) G2K 2G2.

I, the undersigned, explicitly refuse that the personal information that the FIIQ holds concerning me be used for commercial prospection and solicitation purposes related to the agreements it establishes for the benefit of its members.

Name _____

Address _____

City _____

Province _____

Postal code _____

Telephone (home) _____

Telephone (work) _____

Signature _____

Date _____

Nurses

mobilize against

LE GOUVERNEMENT CHAREST

At this Federal Council, the delegates adopted a mobilization plan to oppose the legislation tabled by Minister Couillard – Bills 25, 30 and 31. Although most of the activities voted have been carried out, the objectives identified in the plan will be changed somewhat and pursued in the year ahead.

The purpose of these activities was to inform the general public, the Government, our allies, and FIIQ union reps and nurses about the FIIQ's positions and orientations regarding the Government bills: press conference, copy of the FIIQ memorandum sent to the media, participation in the Government's specific consultations on Bills 25 and 30, distribution of a leaflet to the public, and presentation of the bills and the FIIQ memorandum to the union reps.

Activities were also voted to put pressure on the Government to withdraw or amend its bills, to participate in the resistance movement against these bills and to expand our bargaining power with other health-care workers. Delegates decided to hold a demonstration in front of the National Assembly during the presentation of the FIIQ memorandum to the Government (December 2). They also decided on local activities (symbolic picketing) on December 10 with the independent health-care unions and on December 11 with the central labour organizations. They finally decided to contact all the union organizations for a joint action: a demonstration during adoption of the bills (December 15) and organized local contestation activities the day after this legislation was adopted (December 18).

A new mobilization plan will be submitted to delegates at the next Federal Council to continue the struggle against the Charest Government and inform the nurses and the public as widely as possible about the harmful effects of the new legislation. In January, a special edition of *FIIQ Actualités* will be sent to all members.



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