



RÉSONANCE

La

de la FIQ

HEALTH IS POLITICAL

How much influence do we have over
political decisions in healthcare?



FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

September 2026

3rd Edition



A MAGAZINE FOR THE MEMBERS

La Résonance de la FIQ is a bi-annual magazine that covers union, political, economic and social issues that influence Quebec's health network.

Intended for FIQ members – nurses, licensed practical nurses, respiratory therapists and clinical perfusionists – it provides a space where the realities in the field can resonate.

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Message	
from the	FIQ PRESIDENT

LET'S NOT LEAVE THE POWER TO OTHERS

As healthcare professionals, as citizens, as women, as members of a labour organization, we have immense political power. There are 90,000 of us and we can vote for the government that will make the decisions that will affect our working conditions and the population's healthcare conditions for the next four years. That's massive! We all have different realities, but one thing unites us: we are on the front line of everything that happens in the health network.

Even though we may sometimes be disillusioned, it's so important to find out what each party has to offer, particularly when it comes to health care. It's true it can sometimes be hard to make sense of it all, some promises may seem unrealistic, and some are not kept. Despite everything, we must continue to get involved, to advocate and to make our voices heard.

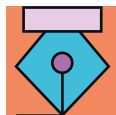
As we saw in Terrebonne in the last federal election, results are sometimes very close. One vote can change the outcome, and it could be yours.

Every vote counts, every informed person counts, so let's not leave the power to others! Let's vote and make our voices heard!

Julie



Bouchard



**Message from the
Communications Committee**

Dear colleagues,

At a time when intolerance and polarization are growing, both in society and in our care settings, solidarity, listening and dialogue are more important than ever. The challenges we experience in the health network are not by chance: they stem from political choices that weaken our working conditions and access to quality care.

Naming these challenges is a refusal to give in. It's a demand to be heard. It is to assert that solutions cannot be improvised or imposed but must instead be driven by and for those who experience the reality on the ground, in all their diversity.

Our voices are stronger when they speak together. It is together, through mobilization and collective action that we can defend our rights and change the health network over the long term.

**This magazine is a first step to starting
a dialogue. Let's talk politics!**

The Communications Committee is composed of members who are directly involved in the structure of the FIQ. They look into communications issues and trends and measure the impacts of the Federation's publications to respond to healthcare professionals' concerns.



2025-2029 Communications Committee / **Jean-Sébastien Blais** – Syndicat interprofessionnel en soins de santé de l'Abitibi-Témiscamingue / **Kathy Lagacé** – Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du Bas-Saint-Laurent / **Aurélien McBrearty** – Syndicat des Professionnelles et Professionnels en soins de santé du CHUM / **Amélie Mercier** – Syndicat interprofessionnel du CHU de Québec / **Bianca Morin Tremblay** – Syndicat des professionnelles en soins du Saguenay-Lac-Saint-Jean

VOTE TO CHOOSE OUR EMPLOYER!

Elections offer healthcare professionals a unique opportunity that should not be underestimated: the chance to vote for their employer! We often forget, but public service employees vote for their employer every four years: this is how they can influence who their boss is. We spend far too much time at work to ignore our influence. We must therefore ask important questions during the election campaign.

The vote result will determine who we will negotiate with in the next round of negotiations. That's significant! Depending on their approach, some governments choose a stance of opposition and bad faith, while others want to work together to find solutions. **Who do we want to negotiate our next work contract with?**

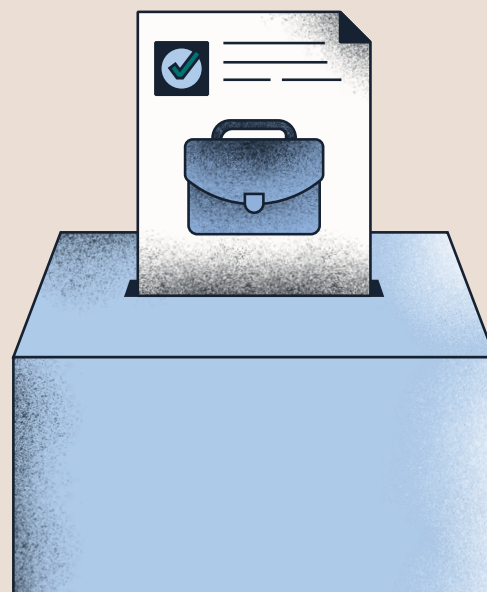
THE GOVERNMENT IS AN EMPLOYER AND LEGISLATOR

It's a status that comes with numerous privileges: setting lower occupational health and safety standards, passing special laws to enforce working conditions and end strikes in the public sector (even though this practice will most likely be judged as unconstitutional afterwards), and the list goes on!

The election campaign (and the many promises made) provide valuable information about the next government's intentions. Each party platform includes a vision for the economy and healthcare priorities. **Will the announced commitments really lighten our workload, make it possible to implement ratios and provide a strong public network with an accessible front line?**

We can go and meet the candidates in our regions, ask them about the issues we care about to influence their platform on health care. **Who will truly listen to healthcare professionals' demands?**

**VOTING FOR OUR EMPLOYER IS SERIOUS
POWER THAT WE SHOULDN'T TAKE LIGHTLY!**



Five ways that political choices influence our working and living conditions

Here are five of the thousands of political choices that influence our working and living conditions:



Access

Focus the front line and services in the ER and family medicine groups (FMG).

This choice overwhelms hospital settings, privatizes the front line and prevents multidisciplinary teams from working.



Abortion

Recognize abortion as a healthcare service in Canada.

This choice avoids granting abortion a special status that would allow anti-choice groups to use it as a means of controlling women's bodies.



Privatization

Increase the number of contracts with private healthcare companies and enable those who can afford it to access private health care more quickly.

These choices exacerbate social inequalities, enrich private companies and drain public resources.



Overload

Maintain a chronic shortage of resources within the health network and refuse to implement safe ratios.

This choice leads to work overloads for healthcare professionals who are constantly forced to do more with less.



Violence

Not provide any specific paid leave for victims of domestic violence.

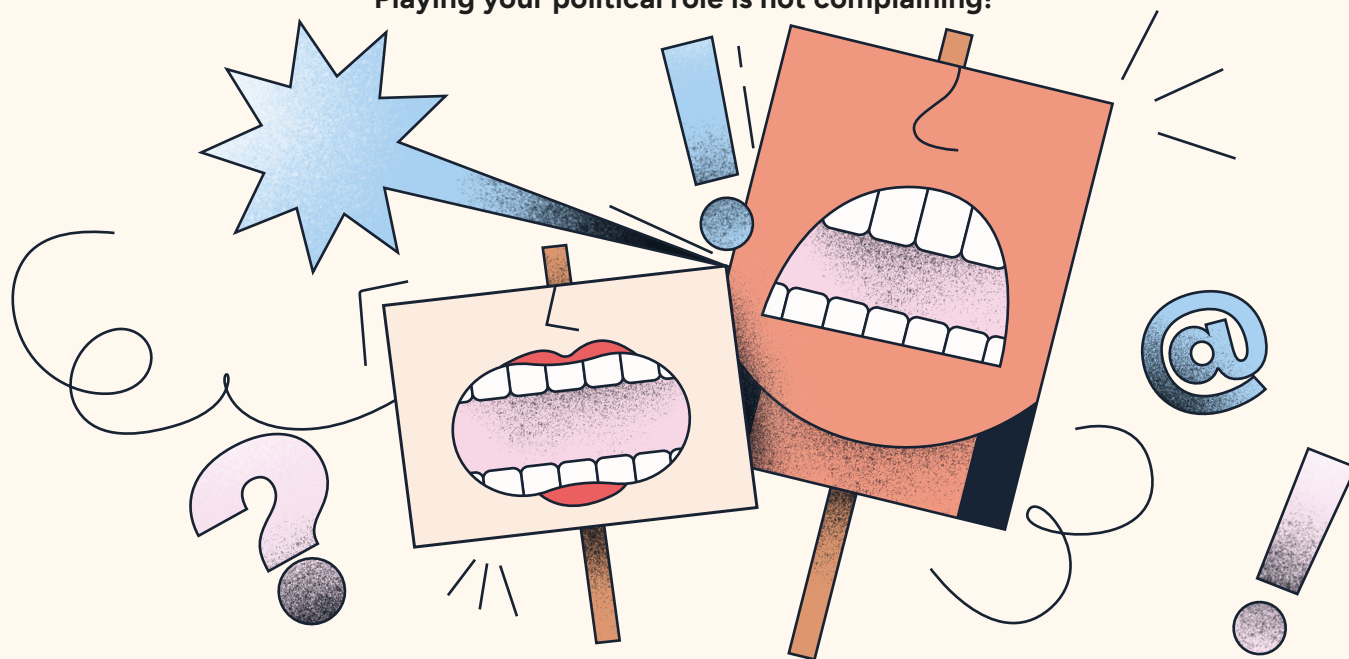
This choice means that victims cannot take time off work without risking the loss of their income or their job. Breaking the cycle of violence takes time – time that is not provided for under the *Act respecting labour standards*.

Reminder: political decisions can have both positive and negative effects on our working and living conditions. We must remember that these are choices made by decision-makers and that, if they were truly willing to bring about change, it would be possible.

THERE ARE SO MANY SOLUTIONS!

Are unions just a bunch of complainers?

Playing your political role is not complaining!



Is it possible to improve working conditions for healthcare professionals without getting involved in politics? When a bill reforms the healthcare system, when budgetary decisions slash funding for care and services, or when political decisions have an impact on the working conditions of its members, can the union simply stand idly by? To ask the question is to answer it!

To improve things, we must first identify the problems (some people might call this whining). We must highlight the issues, criticize policies that will have negative effects, and demand change.

For several years now, attempts have been made to reduce the role of unions to its most basic form: negotiating a collective agreement and ensuring that members' rights are upheld. While this does indeed account for the bulk of their work, limiting their role in this way means depriving ourselves of a powerful tool: collective strength.

Healthcare professionals are best placed to identify solutions to improve the healthcare system, and it is by coming together – through the union – that these solutions are most likely to be heard. That is where our real power lies to drive society forward and counterbalance the unfair decisions of policymakers!

We are the FIQ!
90,000 healthcare professionals
 who mobilize to demand change.

Gains: paid days off, occupational health and safety standards, public funding of the health network, withdrawal of independent labour, and many others!

Our leverage: demonstrations, awareness-raising campaigns, marches, strikes, petitions, etc.

POLITICAL REPRESENTATION

Let's not kid ourselves: unions do not have the resources to engage in intensive lobbying in the same way as employers and large multinationals. However, there are still forums where they can make their voices heard and influence legislation before it is passed. There are blind spots that need to be brought to the attention of legislators!

So yes, the unions are critical, but you can't say they don't propose solutions! Since 2021, the FIQ has submitted 35 briefs and statements to the National Assembly, documents that analyze bills and propose solutions to improve them. The topics of these briefs and statements vary: home care, field of practice, budget, vaccination, bargaining system, telemedicine, violence, etc.

INFORMATION FOR MEMBERS

Don't worry, during an election campaign, it is not a union's role to tell its members who to vote for.

The FIQ analyzes the political parties' platforms through the lens of healthcare professionals' interests so that everyone can make an informed decision. It creates an electoral kit that takes into account issues like access to front-line services, work overload, safe ratios, the private sector in health care, and changes related to Santé Québec. Issues that affect us every day.

Promises

Fiscal discipline	+	Private-sector partnerships in healthcare	=	NEGATIVE EFFECTS ON THE NETWORK	
Promotion of public services	+	Tax measures to redistribute wealth	=	POSITIVE EFFECTS ON THE NETWORK	

Learn more ↓



SOCIAL JUSTICE

Who profits from inequalities? Definitely not healthcare professionals! Access to affordable housing, a decent income, quality public education and a healthy environment impacts the health of a population and in turn our work. Showing solidarity with causes that don't personally affect us is essential: that is how we can create a collective movement for equality and equity.

Strength in unity!

Introduction of a bill



Analysis of the impact on



members



health network



public finances



Preparation of a statement or brief



Presentation to a parliamentary committee



Amendments and adoption of the bill

TAKING A STAND TO IMPROVE CARE

What affects the population's health? Can we stand idly by in the face of inequality? Should we wait for the next political, economic, environmental or public health crisis to demand change?

The answers to these questions are very important, especially during an election campaign where there are so many debates on the issues. Health is political and healthcare professionals are on the front line to see the impacts of public policies on care. Inequality has repercussions on our daily lives, so either we put up with the consequences, or we take a stand for better care!

Environment

The health of the planet is inseparable from the health of the population and we can already feel the impacts of climate change:

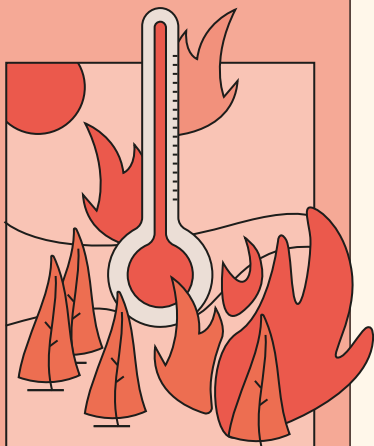
Climate change

841 DEATHS

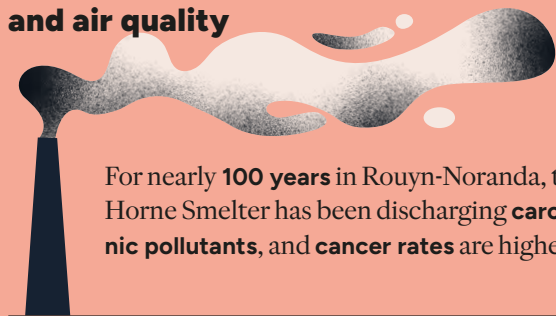
heat-related
in summer of 2024 in Quebec

82,100 PREMATURE DEATHS

in the world caused by
Canada's forest fires
in 2023



Deterioration in water and air quality



For nearly **100 years** in Rouyn-Noranda, the Horne Smelter has been discharging **carcinogenic pollutants**, and **cancer rates** are higher there

Solutions: making coherent policy choices, investing in prevention and adapting the healthcare system to cope with extreme weather events.

Housing

When housing is too expensive, unsuitable or substandard, it has a profound and lasting impact on people's physical, mental and social health:

Rise in homelessness

+ 50 % INCREASE IN THE NUMBER OF PEOPLE VISIBLY EXPERIENCING HOMELESSNESS OVER THREE YEARS

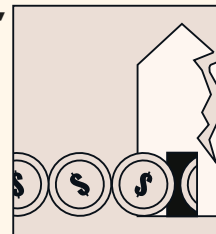
in several regions of Quebec
(Abitibi-Témiscamingue, Laurentians, Côte-Nord, Laval and Saguenay-Lac-Saint-Jean)

SOS
NEED RESPIRATORY
THERAPISTS!

Mold and vermin that cause respiratory problems

Less money to spend on food, heating, and living

+ 30 % of people who live in unaffordable or inadequate housing
can no longer afford the cost of food



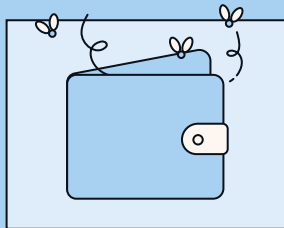
Solutions: strengthen local health services and access to mental health resources; take action at the source to regulate and hold uncooperative landlords to account; build social housing and offer support to at-risk people.

Poverty

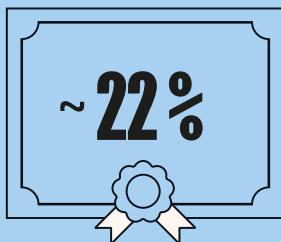
Poverty affects a person's health and poor health keeps them poor. With the rise in cost of living, people are increasingly feeling the impacts of economic instability:

873,000

people had a **low income** in Quebec in 2023

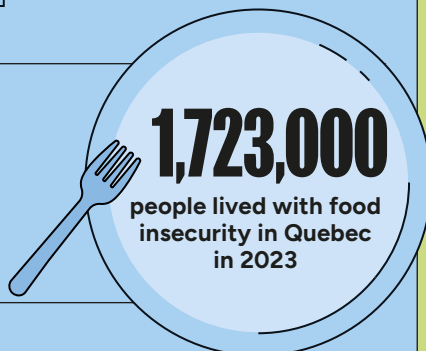


Difficulties in accessing health care, education and educational resources



of students from **disadvantaged backgrounds** completed their schooling without a qualification, and a low level of education is associated with a higher prevalence of chronic diseases

Limited access to nutritious food increases the risk of comorbidity



people lived with food insecurity in Quebec in 2023

Solutions: raise minimum wage to ensure a decent income, improve programs to support vulnerable groups and reduce health inequalities, strengthen public services and adjust the tax brackets to make the tax system fairer.

Many other factors affect the type of care needed and the number of healthcare professionals required:

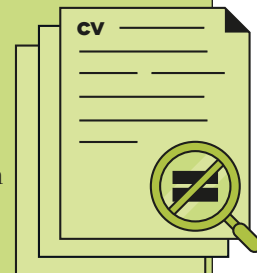
- | | |
|--------------------------|--|
| → education and literacy | → working conditions |
| → land use | → biomedical advancements |
| → social support network | → access to health and social services |

Discrimination and racism

Indigenous communities, people from different ethnic backgrounds, who've immigrated, have a handicap, or from a sexual or gender minority experience health issues that stem from daily discrimination and/or racism:

Economic and housing insecurity

Of equal qualifications and skills, applicants with a Québécois name are **at least 60% more likely** to get a job interview than those with a name that sounds African, Arabic or Latin American



Delayed consultation due to distrust in the system or a language barrier

Incomplete or delayed diagnoses

Nearly half of **Black women** say they have **delayed** or avoided using health services **out of fear of racial discrimination**



Solutions: fight against unconscious biases in medical care, implement Joyce's Principle more concretely in institutions, recognize the existence of systemic racism, and set up programs to correct it.

Immigration policies

1/5

of nurses

1/4

of licensed practical nurses

1/9

of respiratory therapists and clinical perfusionists

in Quebec were born abroad

Immigration policies that create uncertainty and stress for all of these healthcare professionals impact our teams. We must demand change with and for them!

Can we improve the healthcare system overnight?

All political parties say they want to improve healthcare access in Quebec, but the necessary funds must be invested to achieve this goal. It won't happen overnight: decision-makers have to make the appropriate budget decisions!



SOME DATA ON QUEBEC'S HEALTHCARE BUDGET

The health budget stands at **\$68B**, which includes the MSSS, Santé Québec, RAMQ, Héma-Québec, INSPQ, INESSS and Urgences-santé.

In 2025, public sector healthcare spending amounted to **\$6,786 per person**. It is one of the lowest amounts in Canada. For example, in British Columbia, spending amounted to \$7,570 per person.

Between **\$9,000 and \$17,000** is the cost of antenatal care and delivery without complications.

Private companies can make an estimated **10% to 15%** profits from their healthcare contracts with the government. It is difficult to evaluate the total value of these public contracts but when big international groups buy clinics for which almost all activities are publicly funded, you can assume the profits are substantial.

INVESTMENT OR EXPENSE?

Taking care of the population is one way to ensure revenue for the government since people who work pay taxes and thus create wealth. Healthcare spending is therefore investment.



If public funds are used to fill the coffers of private companies, then those are expenses!

PREVENTIVE OR CURATIVE?

Maintaining infrastructure isn't glamorous and it doesn't bring in votes. The current state of healthcare institutions is the proof! The same observation could be made for occupational health and safety and investments in preventive health care. Governments choose to invest more in curative care and that unfortunately has a cost.

NOT ENOUGH FUNDS?

All political parties aspire to have a balanced budget. Until now, governments have attempted to achieve this by cutting spending and imposing periods of austerity, with all the negative consequences that this entails.

All the same, it is also possible to increase government revenue. If tax policies were revised to ensure that the wealthy pay their fair share and to prevent tax evasion, achieving a balanced budget would be made much easier.

MORE PRIVATE SECTOR?

To solve problems in the short term, some parties propose handing over more to the private sector, especially through public-private partnerships (PPP).

PPPs are nothing new in the health network! The CHUM and the MUHC were both built with this type of partnership. Positive results? Only if you ignore:

**the dubious practices used to secure contracts**

(described in 2015 as "the biggest corruption scandal in Canadian history" by the Unité permanente anticorruption - UPAC)

**the non-compliant and unsuitable building for a medical facility**

(adequate ventilation and surfaces that can be sterilized are essential when building a hospital)

**the cost overruns**

(NOT SURPRISING)

**exorbitant modification costs**

(for example, \$8,200 for a door and \$7,700 for support rails in the bathrooms)

Katia Cauchon
Licensed Practical Nurse
Municipal Councillor

GOING INTO POLITICS

Women are still under-represented in politics and healthcare professionals even more so! And yet a diversity of voices is essential to a healthy democracy. As such, it is important to recognize and promote women who go into politics. Katia Cauchon talks about her dual role as licensed practical nurse and municipal councillor.



WOMEN ON QUEBEC'S POLITICAL SCENE IN 2025:

35.2%
of elected
representatives

ALL LEVELS

33.3%
of MPs

FEDERAL (QUEBEC
RIDINGS)

46.4%
of MNAs

PROVINCIAL

25.9%
of mayors

MUNICIPAL

"Politics may seem intimidating, but our experience as healthcare professionals is a tremendous strength. We know how to manage stress, make decisions, defend patients."



In high school, Katia Cauchon already knew what she wanted to do: work in the healthcare field. Knowing this, she was quickly drawn to the profession of licensed practical nurse, and has now been practicing for nearly 20 years. **"I have this sense of empathy and a willingness to listen, and a desire to help people, and my parents instilled a respect for others in me."**

Engaged, articulate and driven by her strong sense of belonging to the town where she was born and raised, Katia decided to run for the position of municipal councillor in Château-Richer in 2017. **"Just because you've chosen a career doesn't mean you have to stop there. Having parallel careers can be hugely beneficial, whether in the healthcare sector or in politics."**

Her colleagues from the CHU de Québec could attest to this: **"I'm very good at communicating with our managers. When it's time to argue our case or stand up for our working conditions, I'm often the first to speak up,"** she explains with a laugh. Moreover, during

the FIQ's last round of negotiations, Katia took part in several mobilization actions, notably on the picket line during the strike.

For her, there is no doubt about it: **"Health is political, because every public decision that is made has a direct or indirect impact on patients' well-being, but also on the day-to-day working conditions of healthcare professionals."**

Not only do healthcare professionals have the opportunity to take on political roles, but they also have a great deal to contribute. If Katia has inspired her partner and her two children to get involved (as volunteers), let's hope her story will inspire you too!

MOBILIZATION FOR OCCUPATIONAL SAFETY

Employers have a duty to take the necessary measures to protect us from physical or psychological violence (including domestic or family violence) in the workplace. Fear and feeling unsafe should not be part of our working lives.

January 26, 2026: four emergency room staff members were injured by a violent patient while attempting to assist and restrain him. A Code White was triggered too late. The police intervened and the individual was arrested, charged and found guilty of assault.

February 9, 2026: a man physically assaulted two patients in the waiting room.

March 23, 2026: a nurse found himself trapped in the triage room with an aggressive patient. The nurse managed to escape; a Code White was triggered and the police intervened to subdue the individual.

April 19, 2026: less than a month later, the same patient made death threats against the nurse in the triage room, destroyed medical equipment and injured staff. A Code White was triggered, the police were called in, and the man was charged and sentenced to two years minus one day in prison.

Emergency care staff at the Hôpital régional de Rimouski have therefore stepped up their efforts to ensure that their employer respects their right to health and safety: **public statements, sit-ins, filing a grievance with management, displaying a giant copy of the grievance on the emergency room doors, putting up leaflets throughout the institution, and so on.**

Although the battle is not yet won, the mobilization of the Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du Bas-Saint-Laurent and its members has led to some progress:

- **emergency room staff now have 15 wristbands enabling them to alert security quickly;**
- **steps are being taken to create a safer triage area, a more suitable area for psychiatric stretchers and a security guard post within the emergency room waiting area.**

The fight continues!





Useful tips: how to read your payslip

Who actually takes the time to look at their payslip? And yet it is the best way to make sure there are no errors.

1. Deductions from pay

Federal and provincial tax: the payroll service estimates the taxes you will have to pay and deducts them at the source. If you have a second job or a unique tax situation, it might be appropriate to adjust this amount.

Québec Pension Plan (QPP): it is a public retirement plan for all Quebec workers. This contribution will give you some additional income when you retire.

Government and Public Employees Retirement Plan (RREGOP): your retirement plan! To learn more: retraitequebec.gouv.qc.ca/en

Québec Parental Insurance Plan (RQAP): this contribution funds parental insurance benefits for pregnancy, a birth or adoption.

Union dues: the rate of union dues varies depending on the union and their constitution and bylaws.

Group insurance: the insurance premium varies based on the module you choose (gold, silver or bronze), additional insurance options and your family situation.

Employment insurance: with this contribution, various benefits are paid out in the event of job loss or inability to work.

Service:		Job title:		Hourly rate: \$		2	
Department:		Site:					
3 REMUNERATION				1 DEDUCTIONS			
Description	Unit	Amount	Description	Amount	Year to date		
Regular time		\$	Provincial tax	\$		4	
Premiums		\$	Federal tax	\$			
Overtime (1.5x/2x)		\$	QPP	\$			
Fringe benefits		\$	RREGOP	\$			
BANKS			QPIP	\$			
Vacation			FIQ	\$			
Seniority			FIQ-Beneva Insurance	\$			
Health			Employment insurance	\$			
Stats/Mobile							
Total - Remuneration:		\$	Total - Deductions:		\$	6	
Gross pay:		\$	Net pay:		\$		

2. Employee ID

3. Check here to ensure that the hours worked, eligible premiums, vacation and days off have been accurately accounted for. A part-time employee receives 5.3% of their salary as fringe benefits to compensate for the statutory holidays, sick days and annual leave that they don't accumulate.

4. Total of amounts paid since January 1st. Certain contributions are capped and stop thereafter.

To learn more ↓



5. Here you can check vacation, sick day, and stat and mobile holiday banks, along with your accumulated seniority. You can use your seniority privilege to get positions, assignments, annual vacation, during bumping, etc.

6. **GROSS SALARY** = **PAY BEFORE DEDUCTIONS.**
NET SALARY = **PAY AFTER DEDUCTIONS.**

If there is an error on your payslip, you have up to six months to request corrections. The employer may also recover any overpayments, where applicable. If you are unsure, contact your union representatives.

The sky map for healthcare professionals

Four job titles at the FIQ,
four astrological elements!
Are you more fire, earth, air or water?



Licensed practical nurses

Driven, determined

You knew early on what you wanted to do in life and you went for it! Your determination can sometimes be fiery, but your confidence inspires and warms your patients and your care team.

When was the last time you spoke out to drive change within the health network?

Fire

Aries March 21 – April 19

Leo July 23 – August 22

Sagittarius November 23 – December 21



Respiratory therapists

Creative, innovative

As air signs, you often breathe new life into your teams. Your creativity guides you and you share your ideas freely. Your strength lies in your ability to think outside the box, which might leave many others out of breath.

Have you presented a whirlwind of innovative solutions to the candidates running for election in your riding?

Air

Aquarius January 21 – February 19

Gemini May 21 – June 21

Libra September 23 – October 22



Nurses

Observant, analytical

Like the earth, you embody stability and a quiet strength. Although you prefer to ground yourself in routine and practical matters, your analytical mind enables you to adapt to the daily upheavals of the health network.

How many times have you discussed safe ratios with your loved ones?

Earth

Taurus April 20 – May 20

Virgo August 23 – September 22

Capricorn December 22 – January 20



Clinical perfusionists

Intuitive, empathic

You aren't afraid of heading into the unknown! You understand the depth of people and, like the heart, which pumps blood throughout the body, you are like a life preserver for your team and patients.

Are you thinking of diving into union involvement? There are so many wonderful people to meet!

Water

Pisces February 20 – March 20

Cancer June 22 – July 22

Scorpio October 23 – November 22

FIQ current events

THE REMEDY? RATIOS

In June, the FIQ organized a visibility action and gave Quebec's National Assembly MNAs an information kit with field data, personal accounts, and concrete solutions to improve the organization of care. The FIQ's healthcare professionals are also mobilizing across Quebec. They are denouncing the work overload, the staff shortage, difficult working conditions, and lack of management accountability. Above all, they are denouncing how all of this impacts care safety.

The goal: make safe ratios a key issue in the upcoming electoral campaign and get political parties to take a clear position.



#PourquoiJeMeMobilise

Through the **#PourquoiJeMeMobilise** campaign, we collected personal accounts from healthcare professionals across Quebec to show that behind the work overload, healthcare professionals simply want to have the time to do their work well and provide quality care.

Check out the FIQ's social media accounts to see your colleagues' messages.

2026 ELECTION

On October 5, the election will have very real impacts on the work of healthcare professionals and on the care provided to the population. The FIQ will stay neutral, but it plays an essential role: giving you information to better understand election promises, compare party positions and make an informed choice. There will be an electoral kit available and the FIQ will organize a debate so that political parties can present their stance on important healthcare issues. It will be broadcast on September 14, 2026, on the FIQ's Facebook page.

**TO BE INFORMED IS
TO BE EMPOWERED!**

To learn more ↓



WORK-RELATED TRAUMA: *IT'S TREATABLE AND PREVENTABLE*

Every year, the third week of October is the time when the FIQ highlights OHS Week. The 2026 edition will address the issue of potentially traumatic events in healthcare settings. Your employer is required to ensure your safety and to protect your health and your physical and mental well-being. If your employer overlooks or fails to address potentially traumatic events, they are breaking the law.

In the coming weeks, your union teams will set up kiosks and hand out information on the topic. Keep an eye out and feel free to contact your representatives to find out more!

WRITE TO THE MAGAZINE TEAM!

Do you have ideas, questions, photos or a story you would like to share with the magazine team?

Write to

courrielmagazine@fiqsante.qc.ca



Credits

Political Officer – Julie Bouchard, President

Editorial management and writing – Mathilde Lafortune and Marie Eve Lepage, Union Consultants, Communication Service

Coordination – Marie-Claude Nault, Coordinator, Sectors and Services

Collaboration – Communications Committee, Marie-Lou Bechu, Vanessa Bevilacqua, Éliane Cantin, Guillaume Daigneault, Marie-Philippe Gagnon-Hamelin, Jean-François Lahaise, Sara Lapointe, Alexandra Pelletier, Mathilde Rajotte, Laurence Raynault-Rioux and Amélie Séguin, Union Consultants, sectors and services, Audrée Gosselin and Cindy Juteau, Technicians, IT Service, and Brendon Sirois, SPSICR du Bas-Saint-Laurent

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