



Vol. 11, No 1, April 2000

Actualités

The agreement in principle

JOURNAL OF THE FIOQ

Can we counter the nursing shortage?

Status of Women

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Launching the World March



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90% in favour !



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Photography by
 Jacques Lavallée,
 Studio Image en tête

Rally in front of
 Centre Réseau de Santé
 Richelieu-Yamaska,
 Pavillon Honoré-Mercier

After many months of absence, *FIIQ Actualités* is back with a series of articles on issues that will undoubtedly be of particular interest to you. An interview with Lina Bonamie and Chantal Boivin takes stock of the last bargaining round. There is an article on the sharing of financial losses suffered as a result of the strike. You will also find information concerning the drug insurance plan, the World March of Women, activities offered by CISO, professional re-adaptation after a period of disability, ... In short, this is an issue full of interesting news from the Federation.

The Journal Committee wishes you a pleasant springtime and good reading.

Marielle Ruel,
 nurse

In contact

Can we counter the nursing shortage ?

For some time now, we have been hearing regular talk of the nursing shortage in the Quebec health-care sector. The FIQ expected this and had even warned the government of a coming shortage, like other stakeholders in the network. The government preferred to lend a deaf ear, being more concerned by budget cut-backs and the zero deficit. As a result of these past years, we have nurses exhausted by the burden of the workload, who do not receive recognition for the just value of their work, unstable employment, a higher than expected number of nurses who leave for retirement, a rate of absenteeism which has doubled in the past years, and a drop in interest, among young people, for a profession which offers unattractive perspectives for the future. This is a sure recipe for shortage.



For over two years now, the government has known that the number of graduates in summer 2000 would be the lowest in the past twenty years in Quebec : did he think that the problem would vanish all by itself? We said on many occasions and at all forums that in order to attract, retain and bring nurses back to the profession, we would have to offer working conditions that make it possible to have a normal life at work and outside, adequate training programmes, regular work teams, sufficient staff, a salary that reflects responsibilities, and permanent positions. It took long negotiations and a strike for the government to finally come around to some solutions to the nursing shortage.

Possible solutions

The **collective agreement** which the Federation is about to sign makes it possible to improve the situation of nurses and it is certainly a step in the right direction. The repositioning of the CEGEP nurses' salary scale, a new salary scale for Baccalaureate nurses, the improvement of the pension plan and the continuation of the work on pay equity and pay relativity are considerable gains. Moreover, the obligation for employers to convert hours of replacement into permanent positions and the posting of positions to solve the workload problems are important for nurses. To date, more than one thousand permanent

positions have been posted.

While the improvement of working conditions and salaries is essential for the attraction and retention of nurses in the network, other actions must be taken to reduce the shortage.

Although the government must rapidly **increase the number of places** available in teaching institutions for young people interested by the nursing profession, this measure is not a cure-all. Indeed, the government will have to ensure that the majority of students persevere in their choice by raising the admission criteria. Presently, 50% of students in the CEGEP nursing programme drop out of the programme and one third of students do so during the first year. Moreover, this solution will only produce concrete results in a few years, since we will have to attract more young people to the profession and take the time to train them well.

To avert this shortage, it is not enough to propose solutions liable to arouse interest for the profession in order to ensure sufficient and qualified relief. It is also necessary to continue to propose solutions so that nurses currently working in the network will want to stay as long possible. The Federation upholds that **training should be recognized**. In several institutions in the network, employers have decided to recognize training and this has turned out to be a good retention measure. For the Federation,

in-service training is also a measure which would enable a greater number of nurses to develop their expertise and thus have the possibility of expanding their field of practice : a measure which promotes the retention of personnel.

In addition to this, more human, more motivating, more rewarding, more satisfying work organization, greater possibilities for professional improvement, better and more numerous career opportunities, to name but a few, are all winning measures for the attraction and retention of available nurses to respond to the needs of the population.

A social challenge

The need for nursing personnel will continue to rise in the coming years. Our society is faced with the phenomenon of the ageing population, which also affects nurses, and therefore other departures for retirement are to come. To ensure the population of quality care, dispensed by qualified nurses in sufficient numbers, we must act energetically now and implement adequate measures that will efficiently counter the problem of nursing shortage.

A handwritten signature in dark ink, appearing to read 'Jennie Skene'.

Jennie Skene
President

Status of women



It was quite an unforgettable event indeed where, invited by the *Fédération des Femmes du Québec*, African, Arab, Asian, European, and Latin and North American women were able to talk to each other by satellite. How moving it was to hear women say that they found this idea of a world march extraordinary, that they supported it and that they are organizing in the four corners of the globe. To date, there are 4000 women's groups in 151 countries, and this figure is regularly

MARCH 8 : Launching the World March

increasing. Of course, there are still around 50 countries missing, some of which are very small countries, but also large countries like China and Afghanistan... This reminds us of the difficult living conditions of some women in the world. It is unthinkable, for a good number of them, in a context of war, exile or reclusion, to organize, to formulate demands or simply to sign cards of support.

This is why it is all the more necessary, that we, who are in a position to do so more easily, sign the support card to demand concrete measures to eradicate poverty and violence against women. We want to uphold these demands forcefully by presenting 10 millions cards of support to Kofi Annan, Secretary General of the United Nations, October 17, in New York City.

We therefore encourage you to sign the card of support inserted in this issue, unless you have already done so on March 8. Make photocopies and distribute it to those around you. Men are also invited to take part: we need their solidarity and their support for this vast mobilization.

Prepare your walking shoes and keep an eye out for the activities that will be held in your region.

Lucie Girard,
consultant,
Status of Women Sector

Life stories

The Federation has been a member of the *Intersyndicale* since its creation in 1988. The *Intersyndicale* is a coalition of representatives of status of women committees in various unions which exists since 1976 and which now represents around 170,000 women workers in eight union organizations*. While the preparation of IWD (March 8) its central activity, this group also takes public stands on various issues during the year via press releases, briefs or publications.

To support March 8, 2000 in a very special way, the representatives of union status of women committees who participate in the *Intersyndicale*, chose to publish a book of life accounts. There are first-hand accounts of women workers from different regions and walks of life, whose professional activities are as different as archivist, physiotherapist, weaver, teacher, laboratory technician... and nurse.

These women share with us their hopes and their struggles, on a day-to-day basis. They are neither spokespersons nor public figures. They are ordinary workers who speak up and who, in the context of the World March of Women, join their voices to those of women elsewhere in the world.

This book, published by *Editions du Remue-ménage*, is available in each union organization that is a member of the *Intersyndicale*, at the cost of \$5. You can send your orders to the Federation, by fax (1-514-987-7273) or ask one of your delegates to buy one for you, since it will be available at the June meeting of the Federal Council.

Lucie Girard,
consultant, Status of Women Sector

* APTMQ/ Association professionnelle des technologistes médicaux du Québec

CEQ/ Centrale de l'enseignement du Québec

CPS/ Centrale des professionnelles et professionnels de la santé

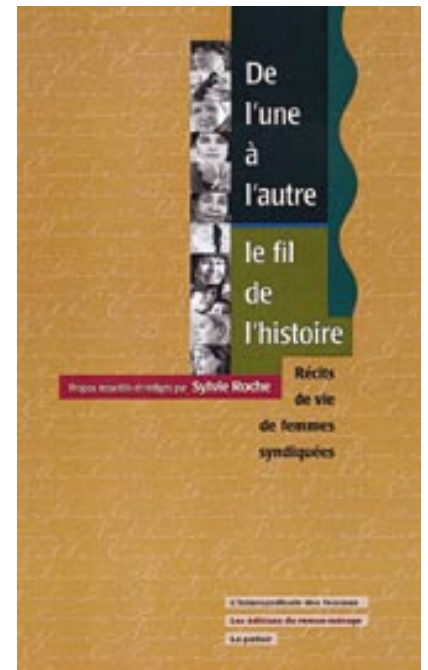
CSD/ Centrale des syndicats démocratiques

FAC/ Fédération autonome du Collégial

FIIQ/ Fédération des infirmières et infirmiers du Québec

SFPQ/ Syndicat de la fonction publique du Québec

SPGQ/ Syndicat des professionnelles et professionnels du gouvernement du Québec



FROM MARCH 8 TO OCTOBER 17, 2000

I'll be there!
By walking a little, a lot,
with all our heart

JUNE 4, 2000

Fifth Anniversary of Quebec's
Bread and Roses March

Mobilization and Fundraising Day
throughout Quebec in preparation
for the October 2000 March

FROM OCTOBER 9 TO 13, 2000

Days of action for the March in Quebec

Thousands of marching feet
throughout all regions of Quebec ...

OCTOBER 14, 2000

Quebec-wide rally in Montreal

Major mobilization and celebration activities
Don't miss this historic event!

OCTOBER 15, 2000

Canada-wide rally in Montreal

Be part of it!

OCTOBER 17, 2000

Grand finale of the World March of Women 2000
On the International Day for the Eradication of Poverty

Local actions throughout the world • Lobby with MPs
in Ottawa • World rally in New York City

Negotiations

BRIEF NEWS

... The new collective agreement: coming soon !



Since the agreement in principle was concluded, the most frequent question is: When will the new collective agreement come into effect? At the time of going to press, we did not have a definite answer. However, we are doing everything we can in order for the new working conditions and salaries to come into effect as quickly as possible, and for back pay to be paid in June, just in time for vacations.

Thus, in the past weeks the negotiation co-ordinating team worked intensively at writing up and revising the texts of the next collective agreement. Texts were proposed by the management party and by the FIIQ. Close to 25 of the 45 articles of the collective agreement are modified, and this in the six collective agreements which the FIIQ negotiates : CHP, CLSC, CHSLD, CR, EPC and CPEJ. Both with the Treasury Board for questions related to remuneration, retirement or parental rights *and with the Comité patronal de négociation de la santé et des services sociaux (CPNSSS)* for all the other questions, we are making good progress.

... Training sessions: in the making

In parallel to the drafting of the contract clauses, the Negotiation Sector and the Education-Animation Service began preparing the training session which will be offered to over five hundred union representatives. The conditions and dates of these sessions have not yet been confirmed, but as soon as they are, members of local teams will be invited to sign up for one of the 25 sessions which will be offered.

... The evaluation and classification of jobs : under discussion

The conclusion of a new collective agreement is undoubtedly an important step in the constant quest for better working and practising conditions for nurses. This new collective agreement also contains important mandates with regard to the evaluation and classification of jobs, mandates that will be carried out in the course of the coming months as regards remuneration and in the course of the coming year as regards job classifications.

Thus, the work on the evaluation of nurse and baccalaureate nurse jobs, which began last September, is still under way with the Treasury Board. Presently, the mode of selection of the 1073 nurses who will participate in this study is being dis-

cussed. Nurses will be chosen on the basis of criteria such as: initial training, job title, the type of institution and the region. The evaluation instrument to be used is also being discussed with the Treasury Board.

As for the work on the classification of jobs, it should begin in the weeks following the coming into effect of the collective agreement. This study, conducted with the CPNSSS, is designed to evaluate the pertinence of creating distinct job categories, in view of a career plan.

... A new method for the accumulation of seniority now in effect

Since April 1, a new method for the accumulation of seniority is in effect for part-time employees. Henceforth, for each day of work or annual leave, the part-time employee will accumulate 1,4 calendar day of seniority. Moreover, 1,4 calendar day of seniority will be added at the end of each accounting period (13 periods per year) to account for the thirteen annual statutory holidays. These new rules replace the notion of 1/225th of a year of seniority per day of work that previously applied to part-time employees.

This new method for the calculation of seniority for part-time employees was agreed upon in the tentative agreement at the beginning of the year. It was then agreed that

these rules would be in effect beginning on the 1st of April following the coming into effect of the collective agreement. Since it was not possible to sign before April 1, employers proposed to set April 1, 2000 as the date of the coming into effect of this provision rather than wait until April 1, 2001. Since the collective agreement was to be signed in the course of the month of April, the Federation accepted the employers' proposal, especially since nurses' reaction to this modification had been highly favourable.

These new rules for the accumulation of seniority for part-time employees do not in any way modify the current rules for full-time employees. For part-time employees, however, they allow for the more regular accumulation of seniority throughout the year, besides being simple to apply and understand, for employers as well as employees.

*Richard Beaulé,
consultant,
Negotiation Sector*

Interview

A successful bargaining round...

The signing of a collective agreement is the result of a long negotiation process. This is all the more true for this bargaining round which began in early 1998. Indeed, it was at that time that members took a stand on the priorities to be brought to the bargaining table. However, before reaching an agreement, delegates and members, in many cases, had to make serious decisions. Remember, for example, June 1998 : nurses decided to stop working overtime; January-February 1999 : in many emergency rooms, nurses exercised their right of refusal because the situation was too dangerous for themselves and for patients; April 1999 : members mandated the Negotiating Committee to call for hours of recuperation, days of recuperation and an illegal general strike, at a time deemed appropriate; June 1999: action picked up and, defying the law and court orders, nurses began a 23-day strike. Then, in July, members rejected the tentative agreement, telling the government that it would have to make better offers if it wanted to reach an agreement with nurses, which it did at the end of 1999 and early 2000.

After two years of harsh negotiations, the agreement was ratified on March 16, and soon nurses will have their new collective agreement. To take stock of the recent negotiations, *FIQ Actualités* met Lina Bonamie and Chantal Boivin, both Executive Committee members in charge of negotiations.

Marielle Ruel, nurse

In our ranks, there are still members who wonder why we adopted a strategy in view of reaching a settlement quickly, before the summer?

"Several factors explain the delegates' choice to aim for a settlement before the summer. Firstly, in the network, summer 1998 had been very difficult, if not disastrous for nurses. Moreover, even if negotiations had resumed in January, there was no real progress at the bargaining table and, at that time, the situation in emergency rooms was dramatic; this, in turn, had just as dramatic

repercussions on the various care units. Thus, at the March Federal Council, delegates clearly indicated to the members of the Executive Committee and of the Negotiating Committee that they had had enough, that it was out of the question to wait for the fall before taking action, and that action had to be taken before the summer, even if this meant that nurses would face illegality.

As a matter of fact, the theme of the negotiations, *Enough is enough! It's time to act!* expressed very clearly and very accurately nurses' anger and their call for help. With a 63% vote in

favour of an illegal general strike, nurses gave the government a clear message: they were exasperated with the slow pace of negotiations and exhausted at having to carry the deteriorating health-care system at arm's length.

We would like to come back on the question of illegality. The Premier, and a few ministers for that matter, greatly exaggerated the question of illegality. Our strike was illegal simply because we did not respect a few technicalities of the law (notices, prescribed time limits). Essential services were always ensured and, in many cases, there were



more nurses during the strike than during the regular summer period. As a matter of fact, our strike was not seen by the public as illegal; rather it was perceived to be legitimate and necessary. The Premier used the pretext of illegality to justify his position, his arrogance and repressive actions toward the 47,000 women who fought for the defence and recognition of their profession. The only culprit for the illegality of nurses' strike is the government."

In a context where it is difficult for various union organizations to mobilize their members, nurses proved to be highly mobilized. How do you explain this?



Chantal Boivin

- Associate Secretary
- Executive officer in charge of the Occupational Health and Safety Sector and jointly responsible for the negotiations
- graduated from the Nursing School in Alma in 1968
- nurse at the *Complexe hospitalier Sagamie*, Chicoutimi, since 1997
- union activist since 1974, she was active on status of women issues, the denunciation of situations of abuse in the network. In 1995, she was on the FIQ Negotiating Committee and from 1990 to 1995, she was also vice president of her regional union, SINEQ.



Lina Bonamie

- 4th Vice President
- Executive officer in charge of the Negotiation Sector, Task and Organization of Work Sector
- graduated in 1975 from CEGEP Maisonneuve
- nurse at Hôpital Maisonneuve-Rosemont, Montreal
- union activist since 1989, she was in turn grievance agent and president of her local union team. She was also vice president of her regional union, United Nurses Inc.



"Working conditions have never been this difficult before. The reform, the budget cutbacks, the lack of personnel, cuts in supplies and funding since 1995, compulsory overtime, the rise of casual employment, heavier workloads are all factors which pushed nurses to shout loud and clear: Enough is enough! We have not only the responsibility but also the duty to ensure that the public has access to quality care and services. Thus, we could not tolerate and be silent on the situation which prevailed on a daily basis in health-care institutions. The population counted on us, public opinion was in our favour, we had the support of Canadian nurses, women's groups, physicians and other union organizations. On the strength of these supports, we had the obligation to wage the struggle."

As Executive Committee member, you are probably aware that there are recriminations concerning the absence of a back-to-work protocol?

"It is understandable. At a Federal Council, delegates



had voted that a protocol be a pre-condition for return to work. Nurses remember the 1989 strike and the effects of Bill 160. The loss of seniority left scars and nurses did not want a repeat. In 1999, the government did not apply the penalties with regard to seniority. Bill 160, together with Bill 72, mainly affect union organizations and union life: suspension of the automatic check-off of union dues and non-payment of union leaves. The negotiating team tried on many occasions to raise the question of a back-to-work protocol, both at the bargaining table and with the Premier, but always met with an outright refusal. They repeated that it was impossible to be lenient in any way with people who were on illegal strike. It is clear that the Premier wanted nurses to serve as an example for policemen and truck drivers. However, talks will begin on how to minimize the impact of Bill 72; the issue is therefore still on the table."



Now that negotiations are over and that the Federation is about to sign the collective agreement, do you think that nurses could have won the battle without resorting to strike action?

"It is clear that the strike forced the government to put substantial offers on the table. The first agreement in principle which was not ratified by members, in the opinion of nurses themselves, contained gains that were significant, but not enough. It needed to be improved. The determination and solidarity which we demonstrated during the strike left no doubt in the government's mind concerning our determination to improve our working conditions and to solve the problem of the attraction and retention of nursing personnel."

The strike also brought to light the problems encountered by nurses specifically and in the network in general. Finally, it is an undeniable fact, even if the other union organizations do not like to hear this, that nurses opened the way for a settle-



ment in the public and parapublic sector and, as is evident, our mobilization enabled us to obtain much more for nurses."

In closing the interview, *FIIQ Actualités* asked the two Executive officers responsible for negotiations: What are your their feelings when you think back of summer 1999?

"As a nurse, I feel proud. Collectively, we were able to wage a dignified battle for the defence of our working conditions, and to share with the population our concern about the state of the health-care network. Quebec nurses must have no guilt with regard to this strike." *(Lina Bonami)*

"I would add that as a group composed of a very strong majority of women, we should also be very proud. We received the support of many women's groups who supported our demands and paid tribute to our determination. It was not always easy to be on the picket lines when we know all the responsibilities which women shoulder." *(Chantal Boivin)*

Drug insurance

THE CURRENT PLAN: HIGHLY INEQUITABLE

In February and March, the Quebec government held public legislative hearings on the report entitled **Evaluation of the general drug insurance plan**. At these hearings, the **Fédération des infirmières et infirmiers du Québec** took a stand in favour of a public and universal drug insurance plan. The FIIQ also presented an evaluation of the current plan which it describes as inequitable and formulated a severe criticism of the pharmaceutical industry which is largely to blame for the rise in the cost of drugs and, consequently, the rise in the costs of the current plan.

In the context of the shift to ambulatory care, the Quebec government adopted in 1996 the *Act respecting drug insurance* (Bill 33) designed to offer coverage to persons who do not have access to a private insurance plan, the elderly and people receiving social assistance. Thus, approximately 1,5 million people were able to benefit from coverage under the public plan. However, persons who have access to a private plan, for their part, were to maintain their coverage. After three years of implementation of this new programme, it was imperative that the government take stock. Studies were ordered, including one by McGill University, the Tamblyn Report, and the government held public legislative hearings.

The main criticisms addressed to the public portion of the programmes, by the FIIQ, as well as by other union organizations and community groups, concern the fact that income levels are too low and that the plan is not progressive according to income. In the case of group plans, our experience highlights disparities between the public and private plans, for equivalent revenues: in private plans, employees with unstable employment and low income are not entitled to government subsidies; the contribution to the plan is not proportional to income; insured members have to pay first and then wait to be reimbursed; drugs are more expensive since there is no cost control; parents pay the drugs for their dependent children; etc. In short, the current plan is highly inequitable.

Moreover, while the drug insurance plan was important in making the shift to ambulatory care possible, and as paradoxical as it may seem, drugs are still not an integral part of the Quebec health-care system, in the same way as hospital and medical services.

These considerations led the FIIQ to take a stand, at the legislative hearings, in favour of a public and universal drug insurance plan. The latter would have been much more advantageous than the mixed plan implemented by the government. Rather than envisage higher premiums, a higher deductible and/or co-insurance in the context of the current mixed plan or the implementation of an entirely private plan or even the introduction of an emergency plan like the one in Ontario, the FIIQ believes that the proposal made by the Gagnon Committee (composed of civil servants from various ministries, who concluded that a public and universal plan was feasible and viable in 1995) must be debated and serve as a basis of discussion for the creation of a public and universal plan.



The cost of drugs: outrageously high

In Quebec and in Canada, governments tabled on the pharmaceutical industry as an important pole of economic development. This is why this industry is burgeoning, here like elsewhere in the world. A study conducted by the *Chaire d'études socio-économiques de l'UQAM*, between 1992 and 1996, shows that the return on the equity of the shareholders varied between

25% and 36%. The six pharmaceutical companies studied paid 23 billion dollars to their shareholders in dividends for this period. And the researchers concluded that

« the financial health of the proprietary drug industry is quite remarkable [...] and of all industries in the world, the proprietary drug industry is the most lucrative. »⁽¹⁾

Since the end of the 1980s, Canada supports the protection of intellectual property and has increased to 20

a public and universal plan

years (Bill C-91) the protection of patent drugs (trademark drugs). These modifications led to the elimination of competition and the rise in the price of the most current drugs. The Quebec government was the only provincial government to support the Federal government on this.

The greater protection of patents was extremely costly for Canadians. This cost was first estimated to be 129 million dollars over five years by the Federal government. However, subsequent studies assessed the additional costs, engendered by the protection of patents for 20 years, to be between 6 and 9,4 billion dollars for the period from 1997 to 2016. Protection for an additional five years (25 years in total), as requested by the industry, would cost Canadian consumers an additional 3,7 to 6,0 billion dollars, for the period from 1997 to 2021.

Moreover, in order to promote the patent drug industry on its territory, since 1985, the Quebec government grants an additional protection of 15 years for patent drugs (trademark drugs). Quebec is the only Canadian province which does not reimburse the least expensive drug.

In addition to all this, there are the advantages consented to the pharmaceutical industry for *research and development*. Canada is the most generous of industrialized countries in this respect with a 20% tax credit for eligible expenses. Quebec, for its part, has the most generous tax credit policy in Canada, such that, in Quebec, *"innovative businesses only pay 35 % of the total bill, the balance being paid collectively."*⁽²⁾



Investments in research and development in Quebec (10% of the sales figure) are lower than the average for industrialized countries and, moreover, are way lower than spending for marketing and publicity (20%).⁽³⁾

It is not surprising, in this context, to see the cost of drugs rise so quickly. According to the *Conseil de la santé et du bien-être*, from 1985 to 1994, the part of Quebec health-care expenses attributable to drugs rose by 160%, while the total health-care bill only rose by 52%. Due to this



increase, the public drug insurance plan saw its costs rise by 15% per year in 1997 and in 1998. What can be done to make up for this rise in costs? This is the question to which the government is trying to find an answer. Should the burden of the rising costs be borne by the insured alone or should something be done to limit the rise of the cost of drugs?

COST CONTROL OF DRUGS: A MUST

It is imperative that the cost of drugs be controlled. Different measures proposed by the *Ministère de la Santé et des Services Sociaux* receive the support of the FIIQ. This is the case for the lowest price purchasing policy and the introduction of a benchmark price. There is also the review of the use of drugs which should question why a product is included on the *Drug List*. Health-care professionals, physicians, pharmacists and, to a lesser extent, nurses can and should play a determining role in the use of drugs.

This is why the FIIQ believes it is necessary that those who prescribe have better tools and that there be tighter control on the use of drugs. The FIIQ finally asked the Minister of health and social services, Madam Marois, to define the government's policies with regard to drugs by preparing a drug policy.

However, these measures, in themselves, are insufficient. The Quebec government must stop supporting and even demanding the strengthening of Bill C-91 which contributes to quell competition and leads to the price boost of drugs. The rise in premiums proposed by the government in response to the price boost would result in the transfer of the bill to citizens while the pharmaceutical industry continues to make extraordinary profits. This is unacceptable!

Lucie Mercier, consultant,
Health-Care Sector

(1) LAMBERT, Gino et Léo-Paul LAUZON, *Impact du coût des médicaments sur les budgets de santé étatiques versus la rentabilité financière de l'industrie pharmaceutique brevetée, s.l., Chaire d'études socio-économiques de l'UQAM, June 1998, pp. 8.9. 46-53, 57-59 and 62*

(2) *Id.*, p. 35.

(3) CONSEIL DE LA SANTÉ ET DU BIEN-ÊTRE, *Un juste prix pour les services de santé, avis au ministre de la Santé et des Services sociaux, s.l., Gouvernement du Québec, 1995, p. 46.*

Professional re-adaptation : unavoidable

What is re-adaptation?

Re-adaptation is an approach designed to help a nurse who has been off work for reasons of health to return to work in a progressive or adapted way. Thus, re-adaptation plays an important role in facilitating the employee's reintegration at work in the position she occupied previously or in an analogous or adapted position.

There has been much talk in the past years on the importance of re-adaptation for nurses on disability.

However some employers do not easily cooperate, mainly for financial reasons, especially when the employee is approaching her 3rd year of disability.

In order to illustrate the current context, here are two situations that were brought to the attention of the Social Security Sector:

SITUATION 1- A nurse has been off work for 25 months. Her doctor recommends that she return to work progressively. Discussions begin with the employer in order to encourage him to reintegrate this nurse. The insurer accepts the agreement that stipulates that, if this nurse has a relapse within a certain period of time, he will resume the payment of long-term disability benefits immediately. When all the parties have come to an agreement and they only have to sign the document, the employer makes a turn-about and demands that the insurer agree to resume payment of disability benefits in the event that the nurse return on disability regardless of the motive. The insurer finds this unacceptable. Conclusion : the agreement is not signed, the insurer stops paying benefits and the nurse finds herself in a difficult situation, with neither work nor income.

SITUATION 2- A nurse who had been off work for almost two years was offered by her employer a temporary assignment which respected her physical limitations. This assignment was designed not only to help the nurse to re-integrate her workplace, but also to offer her work colleagues some support. After verification with the local team, it seems that the agreement was positive for the nurse and satisfactory for her colleagues. However, after one year of this experience and with the approach of the end of the 104-week period of salary insurance, the employer does not seem open to the possibility of confirming this assignment, possibly for fear of relapse.

You think these situations are far-fetched or pure fiction? Well, they are not! These are real everyday situations, and more and more frequent at that.

Before beginning a re-adaptation process

There are three essential conditions for a re-adaptation process:

- To have a medical recommendation : only the attending physician can decide whether it is appropriate or not to begin a re-adaptation process.
- To be motivated: given all the difficulties that will have to be faced during the re-adaptation

process, the nurse must be motivated and determined to succeed

- To begin the re-adaptation process as soon as possible because statistics show that the earlier it is undertaken, the better the chances of success.

Difficulties encountered

Unfortunately, even with a medical recommendation and good motivation, certain nurses on disability face major obstacles. As mentioned in the preceding examples, some employers do not easily assent to a re-adaptation process, especially as the 3rd year of disability approaches. We are obliged to conclude that budgetary concerns are at the source of these difficulties. Indeed, some employers have the understanding that a relapse would oblige them to pay a new period of salary insurance of 104 weeks. This erroneous understanding leads certain employers to want the guarantee that the employee will no longer avail herself of a leave for disability. Who, disabled or not, can guarantee that she will never be obliged to stop work again ?

The lack of cooperation

What happens when the physician recommends a return to work and the employer refuses ? In many cases, the link of employment terminates and, on the basis of the physician's recommendation, the insurer puts an end to the payment of benefits as soon as this person is deemed capable of working. This usually occurs after the re-adaptation period recommended by the physician. This nurse then inevitably finds herself without any disability benefits and without a job, therefore, most often, in a dramatic financial situation.

How do you explain the attitude of certain employers in the context of nursing shortage acknowledged by all parties of the network. While the ministries, regional board, employers move heaven and earth to find solutions to the shortage of nurses, there are employers who refuse to use available and qualified personnel. These nurses could undoubtedly contribute with their experience, expertise and proficiency to improve the situation in health-care institutions. This is why it is important to encourage the return to work of nurses on disability who are motivated to undertake such a process.

The motivation of the disabled nurse, the recommendation of the attending physician, and the introduction of re-adaptation tools with the agreement of the employer, the local team and, if need be, the insurer are essential conditions for the success of the re-adaptation process.

Aline Michaud, consultant, Social Security Sector

Think globally: a sharing principle

Guided by the values of solidarity and equity, the nurses of the FIIQ will share the monetary losses resulting from the summer 1999 strike.

Last summer, the nurses of the Federation launched an illegal general strike in view of breaking the deadlock in negotiations in order to win significant improvements in nurses' working conditions. We had to compose with the maintenance of essential services and of public support while taking into account the diversity of our work environments. The decision to maintain 100% of services in emergencies, intensive care and other specialized units was made by Federal Council delegates and then ratified by nurses locally. Moreover, since it was the heart of the summer, many were off on annual vacations. For these reasons and others still, nurses did not all suffer the effects of the strike equally, consequently the monetary losses that resulted from this work stoppage are very different from one nurse to the other.

Nurses want equity: same gains, same bill

With Bill 160 and 72, the government tried to divide the ranks of the Federation, to weaken the union organization and especially demobilize members. It therefore became imperative to set up a mechanism that would make it possible to share the financial losses fairly and, above all, that would enable us to remain together, strong and united. It is therefore in this spirit of solidarity that Federal Council delegates adopted the principle that financial losses be shared, by way of an additional special assessment.

In response to repression : solidarity, again and always

From one end of Canada to the other, the work and struggles of nurses are similar. The measures adopted by the governments of each province are also often similar. Moreover, nurses in almost the provinces have had to wage a struggle in 1999 for improvements to their collective agreements. It is namely for these reasons that the representatives of nurses' unions in all provinces made a point of being present at the fall Convention, in order to deliver a message of solidarity to delegates, stressing essentially two points. Firstly, they wanted to let us

know that they were following our struggle closely and that they were prepared to support our struggle. Secondly, they told delegates that they were taking concrete steps to help Quebec nurses financially. They made donations and granted us loans at more than friendly conditions. In short, their visit was heartening. It is now our turn to act!

Act locally: do your share with an additional special assessment

Just like Canadian nurses translated their solidarity into action, today, FIIQ nurses are called upon to express their solidarity by way of a special assessment. Indeed, the special assessment that affiliated unions are requested to pay for each of their dues-paying members will make it possible to collect the funds needed to compensate nurses for the financial losses suffered at the time of the strike and afterwards by the application of Bill 160 (the double penalty).

United and proud

Nurses waged a harsh battle. There were no gifts. Each improvement of the work contract is the fruit of long and arduous negotiations by our representatives, supported by unprecedented mobilization. We must be proud of what we did. On a day-to-day basis, institution by institution, local teams wisely granted the services they deemed to be essential and the population offered its unflinching support. Nurses maintained picket lines for 23 days in the health-care network! This is quite something! When it was deemed timely, we returned to work and we continued to exert pressure until we obtained acceptable working conditions. This is why the final agreement in principle was ratified by nurses. They expressed themselves clearly in the March 16 referendum. We just have to complete the sharing of the penalties and then we will be able to state proudly : MISSION ACCOMPLISHED!

*Michèle Choquette,
nurse*

The FIIQ wants Bill 72 declared void

On July 2, 1999, the Quebec National Assembly passed the *Act respecting the provision of nursing services and pharmaceutical services*, referred to as Bill 72. Remember that this bill ordered nurses on strike to return to work on July 3. It also ordered the Federation to make a public announcement recommending its unions to put an end to the strike. Moreover, it ordered nurses unions to inform their members of their intention to end the strike. There are severe penalties

for contravening this law. These penalties were added to those already provided in Bill 160.

Hit by the terrible consequences of this bill, the Federation took legal action before the Superior Court of Quebec in order to have Bill 72 declared void.

The Federation argues that the provisions of Bill 72 are unconstitutional because they are an infringement on freedom of speech, freedom to organize and legal rights, and because the penalties are abusive and out of proportion with the offence.

With regard to freedom of association, the FIIQ upholds that currently, not only are nurses deprived of the right to strike, not only their right to collective bargaining is seriously limited, but in addition the penalties imposed endanger their union organizations.

Moreover, Bill 72 provides penal sanctions. The application of these sanctions is entrusted to employer institutions who have to conduct an inquiry and interpret the terms of the law themselves. The legislator therefore obliges employers to play a legal role in punishing those who contravened the law, although it is not an impartial and independent court. In addition to this, there is recourse in the case of a dispute and the sanctions provided for in Bill 72 are applied without a public and fair trial.

In a free and democratic society, the Federation therefore considers that the infringement on fundamental freedoms engendered by Bill 72 are contrary to the *Canadian Charter of Rights and Freedoms* and the *Quebec Charter of Human Rights and Freedoms*. This is why the FIIQ is asking the Superior Court that Bill 72 be declared void.

Micheline Poulin,
consultant,
Communication-Information Service



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Année d'imposition 1999 REVENU IMPOSABLE SE SITUANT ENTRE	CONTRIBUTION PAR PÉRIODE DE PAIE		ÉCONOMIE D'IMPÔT (approximative) REER + CRÉDIT		PAIE NETTE RÉDUITE (approximativement)		TOTAL INVESTI PAR ANNÉE
	26 sem.	52 sem.	26 sem.	52 sem.	26 sem.	52 sem.	
25 000 \$ - 29 589 \$	140,00 \$	20,00 \$	14,92 \$	12,00 \$	17,46 \$	16,00 \$	1 040 \$
100,00 \$	50,00 \$	37,30 \$	30,00 \$	18,65 \$	15,00 \$	32,70 \$	2 600 \$
192,31 \$	96,16 \$	71,73 \$	57,70 \$	35,86 \$	28,84 \$	62,86 \$	5 000 \$
29 590 \$ - 46 735 \$	140,00 \$	20,00 \$	17,92 \$	12,00 \$	18,96 \$	16,00 \$	1 040 \$
100,00 \$	50,00 \$	44,80 \$	30,00 \$	22,40 \$	15,00 \$	25,20 \$	2 600 \$
192,31 \$	96,16 \$	86,15 \$	57,70 \$	43,08 \$	28,84 \$	48,46 \$	5 000 \$

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NEW MEMBERS

Since January 26, the 42 nurses of *CLSC-CHSLD D'Autrey-Brandon* joined the ranks of the Federation. As members of the *Syndicat des infirmières et infirmiers du CLSC Brandon*, these nurses intend to take an active part in FIIQ union life. In our ranks, they will not only defend their viewpoints, but also enrich the debates with their expertise and their experience.

Welcome to all!

Workloads : many satisfactory settlements

For many years now, the FIIQ has upheld that it is important to take action on the organization of work and to settle workload problems. This demand, strongly supported by Quebec nurses, led to the inclusion in the new collective agreement of the accelerated procedure for the settlement of workload problems ordered by the Essential Services Council in June 1998. To date, this procedure produced excellent results within less than one year.



As an example, on one the units of the *Hôpital Laval*, the *Syndicat professionnel des infirmières et infirmiers de Québec*, the SPIIQ had filed a complaint before the Committee on Nursing and demanded additional resources for a workload problem. A resource-person was mandated to meet the parties and help them to find

grounds for an agreement. The employer admitted that there was a workload problem and the two parties agreed on the staff and the number of hours that will be added, and the job categories which will henceforth be on duty : 2 full-time nurses, 3 part-time nurses, 1 full-time and 1 part-time nursing attendant, and the addition of one part-time intermediary clerk. However, the employer agreed to post the positions only if he received the required funds to hire the additional personnel. Given this deadlock, we called on an arbitrator to hear the parties. The arbitrator ruled in favour of the union and ordered the employer to post the positions within 60 days . He argued that the employer has the same obligations with regard to the workload as with regard to the other provisions of the collective agreement such as salary, statutory holidays, premiums, etc. Employers cannot use the budget as a pretext to escape their responsibilities in this matter.

Workload complaints that were brought before an arbitrator were all won by the union party. This was the case at *Hôtel-Dieu de Montmagny*, *Résidence Sorel-Tracy* and another case at *Hôpital Laval*. The results of this procedure are therefore excellent.

Not all workload complaints need to be brought before an arbitrator. In many institutions represented by the FIIQ, complaints were set-

tled without a resource person and without an arbitrator. An example of this is the *Centre hospitalier régional du Suroît* in Valleyfield where, following the rigorous intervention of the Committee on Nursing, 3 full-time nurse positions and 3 part-time nurse positions were created on the intensive care unit.

At *Hôpital Charles-Lemoyne*, the *Alliance des Infirmières et Infirmiers de Montréal* called on a resource person and then reached an agreement for a problem on one care unit. They are still working with the resource person to settle the workload problems on other units.

More than forty workload complaints have been settled. While the solution often takes the form of additional staff, some settlements concern the the organization of the premises, the additional of appropriate equipment, etc. The results obtained indicate that the tools drawn up by the FIIQ are credible and settle workload problems. However, the mobilization of the nurses concerned by the problems of work organization are the only pledge to the improvement of the quality of life at work.

Micheline Poulin, consultant, Communication-Information Service

CONVERSION OF HOURS

1500 new positions

Good news. Since fall 199, with the mechanism for the conversion of hours, more than 1500 equivalent full-time positions have been created to date and the operation is not yet quite completed.

Remember that last June, during negotiations, we won the obligation for employers to engage in the process of converting hours worked for replacements, temporary work overloads, overtime hours and hours worked by agency personnel into permanent positions. Moreover, employers have the obligation to post the positions within 30 days following the end of the operation.

The operation for the conversion of hours began in fall 1999, since Bill 72 contained the text negotiated at the bargaining table and stipulated that this measure was effective immediately. The process produced good results in the majority of centres where it was completed.

Moreover, in contrary to the letters of understanding on the same subject which appeared in the 1989 and 1996 collective agreements, the letter of understanding in the next collective agreement stipulates that employers will be obliged to repeat the process for the conversion of hours every two years.

This is just a partial result, but nevertheless a very positive one ; we must therefore devote the required energy to begin or complete the conversion process everywhere possible. These 1500 positions are on top of the vacant positions posted as a result of the Essential Services order in 1998.

Danielle Couture, consultant, Communication-Information Service

Money, money, money...

Like during the last decade, money continues to be at the heart of the political scene. Not long ago, rulers spoke of the zero deficit to justify cutbacks in the health and social services sector. Today, these same rulers hide behind their promise to reduce income taxes in order to hide surpluses or to limit expenses below the level of public needs.

In Ottawa

On the one hand, at the Federal level, it is always the same old debate. The Liberal government refuses to pay back, to transfers for the funding of health-care services, the money it had taken at the time of its struggle to reduce the deficit; this represents, in all, over 4 billion dollars. Despite the fact that health is of provincial jurisdiction, the Chrétien government imposes as a condition for new financial contributions that provinces accept a national plan of action in the field of health. This would imply new cost-sharing programmes, namely for home care. However, the provinces are very wary of cost-sharing programmes. They are afraid of seeing their share of the bill increase over the years, as was the case for health expenses.

In Quebec

On the other hand, in Quebec, subjects of contention are piling up. Thus, the media revealed that Minister Landry had not used the 841 million dollars which the Federal government had granted for the funding of health-care services. Moreover, the Auditor General of Quebec denounced a method used by Minister Landry who, by an accounting sleight of hand involving expenses in the health-care sector, disguised a surplus in last year's budget. Trying to excuse himself following this incident, Minister Landry aroused sharp criticism when he declared that the problems of the health-care network were the result of poor management more than of under-funding. In his opinion, the government should determine, once and for all, the part of the GDP that should be devoted to the funding of health-care services.

Besides making these dubious remarks, on March 14, the Finance Minister finally presented a deceitful budget. While highlighting reinvestments in the field of health of approximately 2,5 billion dollars over three years, the Minister in fact only injected 200 million dollars for the development of services. This sum is clearly insufficient to respond to existing needs.

Finally, in addition to announcing the continuation of his project for regional debates on the funding of the network, the Minister of Health presented a bill to the National Assembly designed to prohibit deficits in health-care institutions. Both the regional debates and the bill may open the way even more for the privatization of the network or force institutions to reduce the number of services offered. Whatever the case, the FIIQ is preparing to voice its viewpoint.

*Marie-Andrée Comtois, consultant,
Health-Care Sector*

Solidarity

25 years of solidarity

Next June, at the Annual General Assembly, CISO will celebrate its 25th Anniversary. CISO was created following the *Conférence internationale de solidarité ouvrière* which was held from June 12 to June 15, 1975 in Montreal. Since, CISO evolved to adapt not only to the changing international context, but also to the educational needs of its member organizations, Quebec labour organizations.

To mark this event, there will be guests from Guatemala, Mexico, Haiti and Burkina Faso with whom CISO has developed partnerships. We will share with these guests our thoughts on globalization and its impacts on the labour market, both in the North and in the South. All CISO members and sympathisers are invited to attend the Annual General assembly on June 10.

Three training modules

The main objective of this new training is to consolidate our collective power in order to be able to have more influence on the current social and economic transformations. The three training modules are:

- Globalization of markets versus the globalization of solidarity;
- Globalization, transformation of work and union organizing;
- Globalization, democracy, civil society and citizenship.

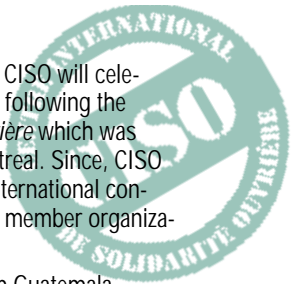
To respond to the specific needs of participants, these training sessions can vary in length, from a few hours to one day. For the unions that belong to CISO, these activities are free of charge and offered in outlying regions.

Régine Laurent, FIIQ Executive Committee, Secretary

Congratulations

Since last January, Régine Laurent, Secretary of the Federation, is once again president of CISO (*Centre international de solidarité ouvrière*). CISO is an organization that focuses on education and solidarity work in the union movement. Thus, among other things, the Centre offers training on the issue of globalization and citizenship to member organizations. As a matter of fact, in this regard, a special effort will be made by each organization to ensure that this material will be conveyed to their activists. There are also internships in Latin America, Africa and Haiti. Since the Federation has joined CISO, many nurses have participated in internships in Mexico, Guatemala, Haiti and Burkina Faso. They thus had the opportunity to meet and talk with other health-care workers and union organizations who are also confronted with the problems of globalization and free trade. CISO -- an organisation which is increasingly present in the union movement.

*Danielle Couture, consultant,
Communication-Information Service*



ODDS AND ENDS

Did you know that...

The FIIQ has a web site: www.fiiq.qc.ca

That there is information on the structures, services, policies, and FIIQ regional offices on the website?

That you can consult the briefs and the opinions that the Federation presents at legislative hearings, or to various organizations and bodies?

That you can find the *FIIQ en Action*, the *FIIQ Actualités*, and press releases on the website?

That the latest news can be found on the home page?

That the President writes a column on the website regularly?

That you can send your comments, suggestions, questions to : info@fiiq.qc.ca?

You like to surf the net? Then, don't hesitate to visit our website!

YOUR HELP IS NEEDED

We are calling on all those who would be interested in being volunteer care-givers for the regional activities which will be held on June 4, and from October 9 to 13, 2000. This could take various forms, depending on the needs. For more information, please communicate with the steering committee for the women's march (CROM) in your region.

INQUIRE !

In each of the 17 regions of Quebec, there is a steering committee for the World March of Women which coordinates local and regional activities. They can be reached at the following numbers:

Abitibi-Témiscamingue : (819) 764-9171

Bas St-Laurent : (418) 562-7996

Centre du Québec : (819) 758-8282

Chaudière-Appalaches : (418) 834-0133

Côte-Nord : (418) 589-6171

Estrie : (819) 822-3178

Gaspésie/Iles de la Madeleine : (418) 892-6096

Lanaudière : (450) 752-0049

Laurentides : (450) 431-1896

Laval : (450) 682-8739

Mauricie : (819) 372-1636

Montréal : (514) 252-3049

Montérégie : (450) 465-1991

Northern Quebec : (819) 755-3557

Outaouais : (819) 770-6247

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The agreement in principle

90% in favour!



A referendum on the tentative agreement was held, on March 16, in all institutions affiliated to the Federation. Almost half of all members participated in the vote and 90% of voting members came out in favour of the agreement in principle.

As the President of the Federation stated in the last issue of *FIIQ en Action*, ***"It is important to remember that, at the end of this long bargaining round which lasted two years, we now have in hand an agreement in principle, won through a difficult struggle, which has enabled us to obtain significant gains with regard to working conditions as well as salaries."***

Thus, there were important gains with regard to workload problems, access to positions, the instability of employment, the vacation period. We have reason to be proud of our struggle and the gains we made. The nursing profession as a whole will be enhanced.



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