Vol. 12, no 1, March 2001

Actualités

JOURNAL OF THE FIIQ

More than ever

March 8 2001

strong and determined

Summary

On the cover page
Photography by Jacques Lavallée, World March

Actualités

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Attention - Attention

Is your gross annual employment income higher than 50 500$ for the year 2000? When a nurse is victim of a work injury giving right to an income replacement indemnity (IRI) paid by virtue of the *Act Respecting Industrial Accidents and Occupational Diseases*, Article 23.19 c) of the collective agreement stipulates that the employer must pay 90% of her net salary until the date of the consolidation of her injury. According to the law, the calculation of the income replacement indemnity is based on the gross annual employment income, up to the maximum annual insurable earnings of 50 500$ for the year 2000. If her salary is higher than this maximum, the employer must then pay the difference between the indemnity to which she is entitled by virtue of the collective agreement and that paid according to law.

It is important to check your pay slip closely!

In contact

Critical problems… Urgent action

The FIIQ will be pro-active this year in implementing solutions to the problems of workload, nursing shortage, rise of violence in the workplace and will take all possible measures to force the government to conduct a non-sexist job evaluation. There are important issues to which the Federation will have to devote time and energy. Just think of the transformations of the network that will result from the recommendations of the *Clair Commission* and the *People's Summit* that calls on progressive forces to resist the negative effects of globalization. Think also of the exploratory process that the FIIQ has undertaken with the FTQ *(Quebec Federation of Labour)* to study the possibility of structural rapprochement between our two organizations. Moreover, important issues are currently being discussed at the *National Forum on Nursing Workforce Planning* with regard to the nursing shortage, which could result, if nothing is done, in a major crisis for the health-care network and compromise access to health-care services.

A ministerial commitment is needed

In the past years, while expectations and needs with regard to nursing care were growing, there was a considerable rollback in nursing personnel in the health-care network. On several occasions, the FIIQ denounced the glaring lack of government planning with regard to the nursing workforce and demanded that the government quickly introduce measures for true planning based on foreseen quantitative and qualitative needs for nursing personnel.

In fall 1999, the Minister of Health and Social Services set up the *Forum national sur la planification de la main-d'œuvre infirmière*, and the FIIQ joined this task force on the Minister's invitation. On January 25, 2001, the forum presented a voluminous report and a highly detailed plan of action to the minister in order to take action with regard to the alarming and disturbing diagnosis concerning nursing workforce needs. What is this diagnosis? *"If we do not train approximately 1000 additional nurses each year, in 2015 there will be a shortage of approximately 17,500 nurses to respond to the needs."* How did this situation arise while, in the middle of the nineties, the decision-makers of the network claimed that there was a surplus of nursing personnel?

If there is no important change in the organization of work and current professional practice, in the factors of attraction to the profession and retention of existing personnel, the report of the Forum states that *"instead of retreating, the current shortage of nurses will continue to grow, which will lead to a major crisis."*

For many years now, and in particular during the last negotiations, the FIIQ has constantly alerted the stakeholders in the network to the importance of taking action on these factors. What is new is that all the actors of the network now share our viewpoint. The FIIQ pushed for the plan of action to be more than a series of generalities and pious wishes, and demanded that it be detailed enough to enable all the actors concerned to be clearly informed of the objectives sought, the results expected and the actions to be initiated in order to reach these objectives.

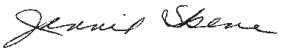
Many of the strategies and actions identified by the Forum were raised in a document prepared and presented by the FIIQ to this group; this document faithfully reflected the problems and solutions raised by nurses during the negotiation consultation.

All the members of the Forum clearly indicated to the MSSS decision-makers that, if there is no energetic plan of action based on the cooperation and involvement of all the stakeholders concerned, *"the situation of the nursing workforce, which is already difficult, will become even more so, compromising the capacity of institutions to preserve access to care and the quality of services."*

In order to ensure true, continuous planning of the nursing workforce, partnership is required at all levels: provincial, regional and local. However, the key actor for the success of this plan of action is undoubtedly the Minister of Health and Social Services. This is why, when presenting their report on nursing workforce planning and their plan of action, Forum members formally requested from the Minister *"a clear, political and financial commitment to support this plan of action and its implementation."*

From the very beginning, the FIIQ took an active part in all the work conducted by the Forum. The major contribution of the FIIQ on this issue is a testimony of our support, cooperation and expertise. Can nurses also count on the same support on the part of the Minister, on her promise to shoulder her responsibilities in this field, on a clear, political and financial commitment on her part to reach the objectives clearly identified in this report?

The Minister must understand that the situation is critical and that it is urgent that action be taken, because, need we repeat, the contribution of nurses is key to the proper functioning of the Quebec health-care system.



Jennie Skene
President

The workload ... something must be done

Since its creation, the FIIQ has always been concerned by the problem of nurses' workload. In the face of the real aggravation of this problem in the past years, this concern has become all pervasive.

In this context, it is encouraging to note that the modification of Article 40 in the new collective agreement reinforce nurses' power to intervene and obtain a settlement on this question. Indeed, local teams who availed themselves of the provisions of this article to date won the implementation of interesting measures to solve workload problems in their institution. In certain cases, they obtained the addition of nurses and sometimes of other categories of employees, or modifications in the organization of work.

It is clear that to obtain such gains, it took not only a great deal of determination on the part of local teams, but also an enormous quantity of work. These local teams could speak at length about the difficulties they encountered when gathering evidence to prove the existence of a workload problem in their institution, to propose avenues of solution to remedy this and to ensure that the solutions chosen are implemented.

Many local teams decided to take action to solve a workload problem and favourable decisions were issued by the arbitrator in several cases: *Hôtel Dieu de Sorel, Hôpital Laval, Hôtel Dieu de Québec, Hôpital de Montmagny* and the *CH régional de Rimouski*. Other workload cases were settled directly by the Committee on Nursing, namely at the *Institut de Cardiologie de Montréal,* the *Montreal General Hospital,* the *CHUM-Pavillon St-Luc* and the *CHUM-Pavillon Hôtel Dieu*, and others yet were settled by the resource person, as was the case at *St-Mary's Hospital* and *Hôpital Charles-Lemoyne*.

At *Charles-Lemoyne*

Two departments won their case before a resource person: the neurosurgery and neurology department, and the orthopaedic and general surgery department. In both cases, it took many hours of work to build the workload cases. According to Sylvie Coutu, nurse on the neurosurgery and neurology department, who worked on this case, *"it took a lot of energy, but it was worth it."* Following the agreement, positions were posted for 2 full-time nurses, 4 part-time nurses, 3 full-time and 4 full-time beneficiary attendants on the three shifts. Moreover, additional equipment was added, such as: a suction machine and an oxygen flowmetre in each room, additional thermometers, single-dose vials, night-commodes, geriatric chairs, etc. As for the general surgery and orthopaedic department, Carole Miron, a nurse who was involved in this workload case, considers that there has been considerable progress: four nurse positions and three beneficiary attendant positions were posted on the three work shifts. Moreover, in order to better respond to the needs of nurses on the evening and night shifts, the parties agreed to revise the agreement in the spring at a meeting of the Committee on Nursing.

In meetings with the employer on workload problems, several problematic elements in the organization of work were discussed and a certain number of requests were settled before meeting the resource person. In short, this is a highly worthwhile process.

Training sessions

Concerned by the difficulties encountered in gathering proof for a workload case, the FIIQ drew up a training session on this issue. All the information deemed essential in building a workload case are discussed in this training session. Indeed, in this session, participants learn what is meant by a workload problem, how to identify the elements of nurses' workload, the criteria in jurisprudence used to prove the existence of a workload problem, how to gather the pertinent information to build a workload case, how to identify avenues of solution and, finally, to ensure follow-up of the solutions chosen.

Before closing, we must stress the importance of the Council of Nurses in the settlement of workload problems. By virtue of Article 40 of the collective agreement, it is one of the responsibilities of the Council of Nurses to examine workload complaints. It is therefore important and urgent to set up a Council of Nurses in all institutions and to use such committees when possible, not only to for workload complaints but also to deal with any question directly related to nursing and work organization.

Many nurses presently have excessive workloads and, given the nursing shortage, we can expect this problem to grow if appropriate and lasting solutions are not rapidly implemented. The presence of excessive workloads certainly has an influence on the attraction and retention of nurses in the health-care network, and this is why, when a workload problem crops up, it is important to do something about it.

Thérèse Laforest, consultant, Task and Organization of Work Sector

A pressing call to remain strong and determined

What a feat it was to build such a vast movement to denounce poverty and violence against women! The Quebec women's movement faced this challenge in an outstanding way with the large rally on October 14. However, such mobilization does not happen by magic. It is based on intensive, relentless education work, carried out throughout the network of Quebec women's groups for more than three years.

When women stand up, angry and determined to carry an issue through to the end, and express this with such dignity, something changes for each one of them and for women as a whole. The strength of such mobilization makes the women's movement an unavoidable force. This is the most important gain that Quebec women made following the marches in all regions of Quebec that culminated in the large October 14 rally. The government may think it found an easy way out by distributing a few crumbs, especially with regard to the elimination of poverty, but women's demands are still on the table and, sooner or later, it will have to respond.

Women still have the dream of the *World March*, the dream of a world free of hunger and fear. The struggle we have undertaken is an enormous one: we have undertaken to fight globalization which promotes profits at the expense of people and the respect of their rights. Such a struggle is not won overnight. The women of the 161 countries who participated in the *World March* know this. The government's contemptuous attitude will certainly not stop women. We will continue to march, from all corners of the planet, with demands adapted to our respective cultural realities. The awareness-raising work on the issue of globalization and its impact on women will continue and intensify because, henceforth, we refuse to accept such inequalities. What can a government do in the face of such an awareness-raising venture!

As we have seen, women have stood up against the negative effects of globalization. So did the Federation at its 1998 Convention, which examined how this phenomenon had an impact on nurses' daily lives and affected them as health-care professionals, unionized workers and women. The privatization of certain services is a very real threat. As stated in the March 8 pamphlet, more and more often, economic concerns are overriding health concerns. Each gesture, each test carried out in laboratories is examined from a monetary point of view. The growing shortage of health-care workers and the persistence of casual employment have repercussions on health services.

On International Women's Day, the women's movement hopes to pursue the awareness-raising work that has begun. The theme calls on the determination of women in all walks of life to pursue the struggle and to participate in a vast movement of solidarity in other mobilization activities, such as the *People's Summit* that will be held next April. This summit will precede the *Summit of the Americas* where 34 heads of state will be present to discuss a free-trade area of the Americas. There are already a number of indications that the commercialisation of education and health-care is just around the corner; this is why it is of prime importance for nurses to mobilize.

"We can't turn back the clock. We are inflexible, unshakeable, immortal and henceforth uncontrollable. Our revolution is irreversible. Do not forget this."

Hélène Pedneault: Manifesto for the World March of Women

March 8 2001

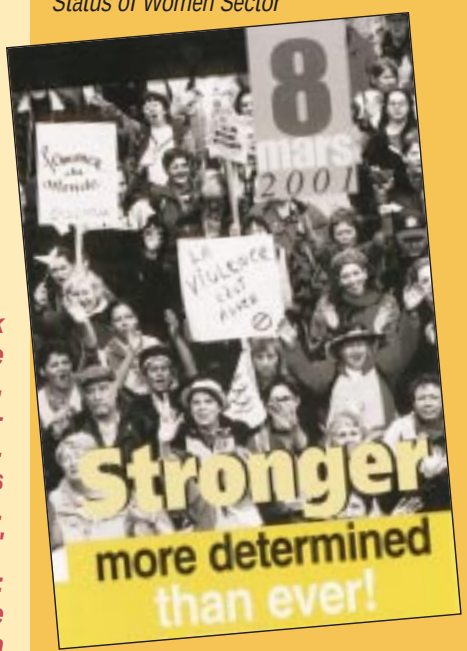
Let us take the opportunity to become better informed…

- about the effects of globalization on our living and working conditions as workers, nurses and women;
- about the measures to be taken to let our governments know that they are accountable to us for what is being done: that public services are not a commodity and that they must remain outside the market.

As a follow-up to the World March of Women,

participate in the activities of the People's Summit!

Lucie Girard, consultant
Status of Women Sector



The recognition of the value of jobs: a struggle on many fronts

Since its creation, the FIIQ has always considered the recognition of the value of Nurse and Baccalaureate Nurse jobs to be one of its priorities. Indeed, the first round of negotiations conducted by the FIIQ in 1989 led to a 9,2% repositioning at the top of the scale and the introduction of the job title of Baccalaureate Nurse with a distinct salary scale. The bargaining round that ended a year ago resulted in another salary repositioning for nurses and Baccalaureate nurses, and the payment of a 3% lump sum for the period from April 1, 1999 to March 31, 2000.

Presently, the FIIQ continues its work with the Treasury Board in view of proceeding to the evaluation of Nurse and Baccalaureate Nurse jobs and thus, being able to compare them with the other jobs in the public and para-public sectors. This study is provided for in the collective agreement.

In order to determine the value of jobs and their respective pay, the Quebec government set up at the end of the 1980s, a pay relativity programme. The objective of this programme is to establish the relative value of jobs and to compare salaries. The Treasury Board presented this programme to the *Pay Equity Commission* and asked this body to declare that its programme complies with the *Pay Equity Act*.

The FIIQ, like other labour organizations in Quebec, explained to the *Pay Equity Commission* that the government programme did not meet the obligations imposed in the *Pay Equity Act*. The Commission did not accept these arguments and ruled that the government programme complied with the law, excepting the mode of estimation of salary differences that was deemed discriminatory.

The FIIQ intends to bring this decision to court. However, this does not mean that the FIIQ will stop the work undertaken or proceed to the evaluation of Nurse and Baccalaureate Nurse jobs with the government tool. The FIIQ will continue the work undertaken with the Treasury Board and demand that the job evaluation process currently in progress be carried out on the basis of the principles laid out in the *Pay Equity Act*.

The *Pay Equity Commission's* decision does not mean that the Quebec government's pay policy is not discriminatory with regard to predominantly female jobs. Indeed, the *Commission des droits de la personne et des droits de la jeunesse (CDPDJ)* is currently examining complaints of pay discrimination.

These complaints, filed before the coming into effect of the *Pay Equity Act*, submit that the Quebec government contravenes the *Quebec Charter of Human Rights and Freedoms* since its pay policy is discriminatory with regard to jobs occupied mainly by women. These complaints concern a vast array of job titles, including the job title of Nurse and Baccalaureate Nurse.

In order to determine whether the government pay policy is discriminatory, the CDPDJ must conduct an inquiry on these various job titles. Indeed, in order to be able to conclude that the government pay policy is discriminatory, it must be shown that the discrimination is generalized and systemic, and that it affects several job titles.

The FIIQ follows the progress of this file with great interest, not only for the nurses it represents but also for all Quebec women.

Richard Beaulé, consultant
Negotiation Sector

Clair

COMMISSION

SPECIAL REPORT

A LONG-AWAITED REPORT

Since the beginning of the work of the study commission on the health services and social services, the Clair Commission, the FIIQ took part in all available forums to voice the viewpoint of nurses. In various regions, during the provincial hearings, as well as in public events, we reasserted high and loud nurses' attachment to the public health-care system.

In our statements and comments, we stressed that nurses' professional skills were underused and that the optimal use of nursing potential was essential in order for the health-care system to be able to meet not only today's needs, but also the needs of tomorrow. It was clearly shown that changes must be made in the Quebec health-care network because there are far too many problems.

The FIIQ reacted favourably to the importance granted, in terms of political orientation, to the issue of prevention and public health in the Clair Report. Moreover, we agree with the portrait drawn by the Commission on the state of discouragement of the personnel working in the network. However, we clearly expressed our concern with regard to certain proposals on human resources designed to counter this situation, but that, in our opinion, will not improve the situation. The Federation also criticized the fact that there was no mention in the report of the situation of women, in particular as workers and natural helpers.

At the time of going to press, we still do not know what will be the reactions of the Minister of Health and Social Services to the Clair Report. We hope that it will lead to recommendations that include solutions advocated by the Federation. Regardless of the changes or transformations that could take place in the health-care network, it is clear that we will continue to demand solutions to the problems experienced by nurses, uphold the maintenance of a public, accessible and comprehensive health system, and demand that the government invest the required funds.

Jennie Skene,
President

The bases of the health and social services network: constantly requestioned

Some thirty years after its creation, the Québec health and social services system continues to raise many questions and controversies. This phenomenon is not exclusive to Québec. Thus, a report by the World Health Organization (WHO) published last summer discussed a third generation of reforms in the majority of approximately 190 member countries.

This permanent debate is explained by the complexity of the questions to be dealt with and by the social, and especially economic, interests that are at stake. How can access be guaranteed to quality services, without distinction of income or place of residence? How can it be assured that all citizens contribute equitably to the collective funding of these services? What can be done so that the services provided really contribute to improving the health of the entire population, without distinction of income, place of residence, gender, ethnic origin or social status? These are all challenges for which the solutions must always be reinvented in a changing social, economic, political and technological context.

Here is a brief review of the various phases of the public debate in Québec that started in the 1960s and is reflected today in the *Study Commission on Health Services and Social Services.*

1967-1973 : Commission of Inquiry on Health and Social Welfare, which led to the ***Report of the Castonguay-Nepveu Commission***.	**Establishment of the health-care system we know today** on the basis of the five Canadian principles: accessibility, universality, public administration, comprehensiveness and portability. Elimination of health units, creation of 71 *CLSCs*, 31 *Community Health Departments (CHD)*, 11 *Regional Councils of Health and Social Services (CRSSS)*, the *Office des professions*, the *RAMQ*, the *Department of Social Affairs and professional corporations*.
1985-1987 : Commission of inquiry on health and social services, which led to the ***Rochon Report***.	The Rochon Report was not applied immediately. It instead gave rise to another vast consultation process organized by the Minister of Health at the time, Madam Lavoie-Roux. However, the main recommendations of the Rochon Report were taken up by the Minister of Health who succeeded her, Marc-Yvan Côté, who drafted the new *Act respecting health services and social services* on the basis of Bill 120: elimination of the 11 CRSSS and creation of 18 regional boards, integration of the 30 CHDs into the regional boards, redefinition of institutional missions, etc. The drafting of the health and well-being policy can also be seen as one of the major spin-offs of the Rochon Report.
1987 : ■ Committee on mental health policy, which led to the ***Harnois Report***.	**Deinstitutionaliztion, non-institutionalization and parental empowerment** were the main spin-offs from this report.
■ Committee on reflection and analysis of the services provided by CLSCs, which led to the ***Brunet Report***.	**Partial completion of the CLSC network** by the merger of new CLSCs with other types of institutions (total of 170 CLSCs out of the 200 initially planned) and reorientation of CLSC services based on national priorities that focus actions on the groups at risk: children and families, troubled youth and adults living with mental health problems. According to this report's recommendations, all CLSCs must deliver general medical services and psychosocial services in the evenings and offer a telephone service at all times.
1994 : Committee on revision of the outpatient circular that led to the ***Demers Report*** entitled *De l'assistance à l'assurance* (From assistance to insurance). **1996 :** Committee of experts on prescription drug insurance which led to the ***Castonguay Report*** entitled *Des voies de solutions* (Possible solutions)	**Bill 33 on prescription drug insurance**. The refusal to institute universal insurance and the decision to institute a co-payment plan funded by premiums had the effect of privatizing prescription drugs for seniors and people on social aid while providing coverage for other people who do not contribute to a private insurance plan.
1998-1999 : Working group on the complementarity of the private sector in the pursuit of the basic objectives of the public health-care system in Québec, which led to the ***Arpin Report***.	Received by the Minister of Health and Social Services, this report did not result in official changes. It was used instead by the government as a reference for the ongoing debates. The assertions that the network was not being privatized despite the increase in the private share of funding for services and the claims concerning the system's non-viability were repeated without change in government's documents and in those produced by the Clair Commission.
2000-2001 : Study Commission on Health and Social Services, which led to the ***Clair Report in 2001***.	As we go to press, the Minister has not yet commented on the report.

Needless to say, the government does not always rely on the reports resulting from consultations to introduce change in the network. In some cases, it proceeds by parliamentary commission, such as the Commission on the funding of the network which, in 1992, resulted in the privatization of optometry services for adults and dental services for children under 12 years of age, or the recent parliamentary commission on the evaluation report on the general prescription drug insurance plan, which led to substantial increases in the financial contribution of insured persons.

At other times, without any form of consultation, the government has imposed major changes, such as performance-based management standards, the shift to ambulatory care, closures, mergers and changes of mission, not to mention the budget cuts in pursuit of the zero deficit. But it nonetheless remains that the commissions and study groups are a privileged opportunity to debate the future of the health-care system publicly.

Sustained FIIQ presence at the Clair Commission

Last June, the Minister of Health and Social Services announced the formation of the *Study Commission on Health Services and Social Services* by introducing its Chairman, Michel Clair, who had previously served as PQ Minister of Revenue, Transport, Energy and Resources, Chairman of the *Conseil du trésor*, Executive Director of the *Association des centres d'accueil et des centres de réadaptation du Québec*, and Vice President and President of Hydro-Québec subsidiaries. Along with eight other colleagues, he was mandated *"to propose to the government, after a public debate, means for meeting the challenges that currently face our health and social services system"*. This Commission therefore was to *"receive the points of view of the public, the network's partners, representative organizations and specialists on the two themes related to its mandate: funding of the system and the organization of services"*.

The Clair Commission therefore received the points of view of experts, partners and organizations of the health and social services network on the funding and organization of services. The regional boards were then mandated to implement means allowing the public and organizations of a region to express their views on these questions. Moreover, at the end of the exercise, they were to deposit a summary report with the commissioners. The FIIQ therefore participated actively in the various available forums: meeting of experts, small group discussion with the Commission's members, presence at the Commission…

The form this consultation took in each region of Québec varied widely: forums and discussion workshops, oral and written opinions with the possibility of a hearing, surveys, etc. In some regions, people could complete questionnaires, while others could use a toll-free line. The print and electronic media were involved and it was even possible to transmit opinions directly to the Clair Commission via the Internet.

To help the affiliated unions prepare properly and favour their participation in the Clair Commission's activities, the Federation organized a two-day training session in mid-September. The union presidents were able to study the reference documents issued by the Clair Commission and analyze the issues together.

Jean Denis, Professor with the Health Administration Department at the *Université de Montréal*, was the guest speaker for this occasion. He shared his analysis of the situation prevailing in the network and the possible alternative. In the light of the information received at this meeting, several unions participated actively in the Clair Commission. *FIIQ Actualités* has obtained the essential points of the message conveyed by some unions.

Affiliated unions voice their opinions

If the Minister of Health and Social Services, Mrs. Marois, was hoping for support from the public or organizations for a continued moved towards privatization, the exercise instead served to denounce the private sector's already excessive presence in the network. While the *Syndicat professionnel des infirmières et infirmiers de l'Estrie (SPIIE)* declared its opposition to any form of privatization, the *Syndicat des infirmières du nord est québécois (SINEQ)* denounced its underhanded effects and called instead for investments to improve the public network. The *Syndicat des infirmières et infirmiers du Centre hospitalier régional de l'Outaouais (SIICHRO)* warned the Commission against the dangers related to deinsurance of services. This union does not believe in a uniform solution for the organization of services. Each region has its own characteristics that must be taken into account. The *Alliance des infirmières de Montréal (AIM)* emphasized the importance of completing the reform. The *Syndicat professionnel des infirmières et infirmiers de Québec (SPIIQ)* called for regionalized budget envelopes that consider the regions' real needs.

The unions that participated in this consultation took the opportunity to reaffirm the values that must continue to be the basis of our health-care system: EQUITABLE, FREE, ACCESSIBLE AND UNIVERSAL.

If there is one point of consensus among the unions that issued the opinions, it is to allow nurses to occupy their field of competency fully. Making better use of nurses' education and experience would make it possible for them to teach, inform and accompany patients. The fact that too little time is spent with the patients increases the level of anxiety and contributes to their hasty return to the system. Where is the saving? When a person needs care, he or she needs to be informed, reassured and cared for: to know what is happening and what will happen. This is one example of the kind of work that nurses are capable of performing and that would bring about significant changes in the network.

To improve the quality of services, it is important that nurses be able to intervene more directly with individuals. This means doing everything possible so that delegated acts and intervention protocols better correspond to the realities of different communities. This implies that nurses be freed from related tasks that take up too much of their time so that they can dedicate themselves fully to the tasks for which they were trained.

The reform of the network that began in 1995 achieved the objective of reducing the number and length of hospital stays but stopped there. Both the SPIIQ and the SINEQ emphasize the importance of investing sufficient financial resources to make better use of the CLSCs. The AIM points out that the necessary investment has never been made in the community and in the CLSCs to assure the continuum of care. The SINEQ calls for a greater number of Liaison Nurse positions, while the SPIIE sees nurses as the hub of a multidisciplinary network. The SIICHRO believes it is essential to have better concerted action on primary services between the emergency rooms, the CLSCs and doctors' offices. The introduction of neighbourhood clinics ought to be explored.

In general, the remuneration of physicians has raised questions both on the part of the public and of some union representatives. The status quo is unacceptable and some call on the government to show the political courage necessary to put an end to fees for service and the granting of all kinds of privileges. Physicians must integrate into the public health and social services network and the multidisciplinary teams, says the SINEQ.

Michelle Choquette, nurse

WILL THIS EXERCISE HAVE HELPED TO GUIDE THE DECISIONS?

The union presidents who intervened in this public debate are unanimous in saying that they had the impression they were heard by the regional boards and the commissioners when they were present in the regions. They also heard other people express their views on the urgency of doing things differently, without referring to privatization as does the facilitation guide that served as the basis for discussion for these consultations. If the government turns a deaf ear to nurses' comments and demands, this would be a very awkward political move, but above all, it would be very disturbing for the future of the health and social services network.

A network that reflects our expectations and collective values

In its brief, the FIIQ first identifies what it considers to be the issues at stake for the health and social services system in the coming years. The first of these issues concerns the improvement of health and the importance of trying to predict the possible impacts of the reforms on the health of the population concerned.

The second issue, the question of responding adequately to citizens' expectations, is critical given that there is strong pressure from the health industry to open the door even wider to privatization. In this respect, it is true that the phenomenon of the aging of the population, with related pathologies and impairments, constitutes a considerable challenge; however, it must not be seen as a dreaded catastrophe. Other possibilities must also be considered for the improvement of health by promotion and prevention, and other phenomena, like poverty, must be checked. This is not to mention the influence of technological developments on the health-care system and the effect, in terms of demands, that better public information may engender.

The third issue, the fair distribution of the responsibility for the funding of the health services, is the most crucial because the debate on this is based on unavowed ideological premises that can considerably change the future of the network.

Finally, the last issue, that of financial viability, rests on the population's capacity to finance collectively a health-care system that meets the expectations and needs of the population as a whole. This is where the aging of the population is presented as *"a worst-case scenario"* and the debate becomes highly ideological.

These issues must be considered in a context of neo-liberal globalization where large companies endeavour to reduce regulations in sectors traditionally under State control, to bring them into the sphere of the free market and thus transform into a commodity the right to health entrenched in the *Declaration of Human Rights* and taken up, in many places, in Quebec law.

It is this type of abusive practice, which would be most damaging for human and economic development in Quebec, that the *Fédération des infirmières et des infirmiers du Québec* is working to counter. This is why the Federation reasserts that it supports the fundamental principles of the health-care system and opts for equitable funding by all citizens, regardless of their health status, by way of income tax, which is a progressive tax and, consequently, the fairest form of contribution despite its shortcomings. It is on the basis of these arguments that we reject the options of special funds, a user fee or deterrent fee, and tax credits for investments that serve to fund private clinics. However, in certain particular circumstances, there is a slight opening to the principle of a health income tax. However, in the difficult context that currently prevails, we cannot go along with the sale of services to non-residents.

As opposed to what is generally believed, Quebec does not spend a lot for its health system. However, the fact that these amounts are distributed in three distinct budgetary items is an obstacle to the productivity of the initiatives taken in specific networks. Thus, we support the idea of merging the budgets of the *Ministère de la Santé et des Services Sociaux,* the *Régie de l'assurance-maladie* and the *Régie de l'assurance-médicaments* and of granting budgets on a regional basis, while respecting freedom of choice regarding the place of care and caregivers. According to the FIIQ, MRCs cannot be considered as worthwhile actors in the health and social services sector. On the other hand, CLSCs must receive funds in accord with the role entrusted to them and they must play a major role in the delivery of services.

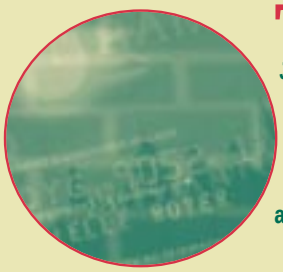
On the issue of the organization of services, it is erroneous to claim that the private sector is better than the public sector. This assertion proves true for various forms of privatization: hospitals, private insurers, private clinics and the deterrent fee. Various research studies, mainly American, concluded that costs rise when private services are introduced; administrative costs double when privatization settles in; waiting periods grow longer when surgeons operate both in the private sector (private clinics) and in the public sector, and excessive services are provided when equipment is available on site; finally, the introduction of a deterrent fee limits the use of services and leads to negative results and expenses in other areas where services remain free. This is why we argue that services must remain public. We must not forget that impartation or contracting out, experimented in certain Quebec institutions, resulted in failure. In a sector of activity where the labour force is the main component, what else can we expect but a deterioration of working conditions and a rise of unemployment? Furthermore, the FIIQ supports community groups in their demands for autonomy and funding.

In the past 20 years, the range of insured services has constantly been reduced. How can the study commission propose additional sacrifices, when experience shows that the privatization of services will lead to a rise in costs. The FIIQ demands that home-care services that have been sacrificed with the shift to ambulatory care, despite political commitments, be once again included in the list of insured services. The same applies for relief-respite services and support services in the home that help to keep health-impaired people in the community.

As for doctors, the problem is not one of shortage but rather of poor geographic distribution. The new mode of remuneration for physicians should be closely linked to the role they are expected to play. In the roles with which they are entrusted, these responsibilities should not contribute to medicalize health problems.

It is increasingly acknowledged that a better use of nurses' proficiency would lead to a more efficient and productive organization of health and social services. Whether with regard to the identification of health-care needs, prevention, teaching or the follow-up of clienteles, nurses can achieve positive results with regard to the quality of care, the reduction of the length of stays and satisfaction at work, regardless of the type of institution. In particular in first-line care, nurses can assure the follow-up of persons with various pathologies, besides working in the fields of health promotion, prevention and education, and helping beneficiaries to take charge of their own health. Thus, the FIIQ is favourable to the development of new roles with an extended field of practice, including that of nurse practitioner.

Clair Commission Report:
outstanding points… our reactions



The Clair Commission Report, entitled *Solutions émergentes* (emerging solutions), was made public on January 17, 2001. In all, it includes 36 recommendations and 59 proposals. The Clair Commission adopts the new model put forward by the World Health Organization (WHO): to make choices and to perform. This model is the foundation of its report. The commission considers that these two obligations result from the limited availability of resources. Prevention and public health are seen as unavoidable elements; however, the mode of funding is not discussed. As we will see later on, the Commission chose the worst-case scenario. The Commission went a little beyond its mandate on the organization of services and funding, by taking a position on the question of human resources and governance.

OUTSTANDING POINTS

ORGANIZATION OF SERVICES

- Creation of Family Medicine Groups (FMG)
- First-line social services in CLSCs
- Integrated services network
- Affiliation of specialized clinics to hospital centres
- Enrichment of the nurse's role and recognition of nurse practitioners

THE HEALTH-CARE NETWORK ACCORDING TO THE CLAIR REPORT

Family medicine groups (FMG) would be composed of groups of general practitioners, together with clinical nurses or nurse practitioners. Nurses, dispatched by their CLSC employer to work in FMG, would participate in taking charge and coordinating services to a determined group of citizens, between 1000 and 1800 men and women.

The FIIQ has been demanding for quite some time that nursing practice be expanded. It insistently demanded, among other things, that nurse practitioners be granted true professional autonomy, within collaborative practice, and that their field of practice be clearly delimited in order that they be able to perform professional acts, at the diagnostic and therapeutic levels, as well as in regard to patient follow up, while respecting a professional field that remains to be defined since the role of nurse practitioner is not yet recognized. The setting up of a training programme for nurse practitioners will undoubtedly require some time and the arrival of a first cohort could take several years.

However, there are already experienced nurses who work in family medicine clinics and in CLSCs. When the Clair report proposes that the FMGs be composed of clinicians known for their expertise, the FIIQ believes that it also recognizes the pertinence of having recourse to nurses who are already working in first-line care.

Integrated services networks would be set up by regional boards for specific clienteles: elderly people in the process of losing autonomy, mental health, persons suffering from complex, and often chronic, diseases (e.g. COLD, heart failure, Alzheimer, asthma, diabetes).

The objectives of the introduction of integrated networks consist in better access and better continuity of services. However, there would not be any single model. The networks proposed differ on aspects of clinical and financial responsibility; local, regional and even provincial coordination, and professional coordination – physicians, nurses or other professionals. This is something to follow closely.

The affiliation of clinics of specialists to hospital centres would offer, on an outpatient basis, diagnostic and therapeutic interventions. These clinics would become an operational extension of the hospital centre. Physicians would be attached to a clinical service, would be under the authority of the head of service, would be subject to the same standards and would participate in the *Council of Physicians, Dentists and Pharmacists*. Affiliated offices would offer medical consultation services, outpatient clinics, certain diagnostic tests (e.g. medical imaging) or certain minor surgeries or day surgeries. The funding would be public and physicians would be paid by the RAMQ. As for other resources, their *"administration [… would be] under the sole responsibility of the physicians."*

What does this mean? That human resources, especially nurses, would no longer be part of the public health network? Thus, services financed with public funds would operate with a private workforce. The FIIQ can only fear for the working conditions and salaries of these persons, especially since these clinics have an enormous potential for expansion, when we know that 80% of surgeries are now performed as day surgeries.

In support of this orientation, the Commission stresses better access to services, shorter waiting lists and reduced demands on operating rooms. However, American studies demonstrate without the shadow of a doubt that public administration constitutes the best investment. The arguments outlined in the brief submitted by the FIIQ and taken up in this publication explain this at length. Though very pertinent, it seems that these arguments were discarded by the Commission.

HUMAN RESOURCES

OUTSTANDING POINTS

- Introduction of a continuous workforce planning process
- Preponderance of the competence criteria for the granting of positions
- Slimming down of regulations and reform of the Professional Code
- Local negotiations: schedules, replacements, presence at work, management of positions
- New definition of mobility

THE STRATEGIC ROLE OF HUMAN RESOURCES

We must aim at *"developing proficiency, reviving pride."* Negotiations should be decentralized on certain subjects to promote the appropriation at the local level of questions related to the organization of work.

The Commission draws a very realistic portrait of the feeling of discouragement among the personnel working in the health and social services network. It is unfortunate that the Commission took up the litany of the *"rigidity of collective agreements"*, so dear to employer associations, without considering the innovative approaches developed by the FIIQ in the field of the organization of work. The same applies to the decentralization of negotiations on these subjects. Yet, all those who, at one time or another, participated in a local project on the organization of work, know full well that action on the organization of work cannot be restricted solely to the aspects provided for in the collective agreement.

We need to *"redefine mobility"* according to contemporary realities and allow mobility of personnel offering services to a given population. Mobility within the same institution, between affiliated certification units and between different institutions would be desirable.

The Commission proposes a solution before having even identified the problem. As a matter of fact, the Commission deplores the lack of strategy in the area of human resources development and the instability of regular work teams: how can we hope to correct this situation by promoting mobility?

In order to value proficiency, the process for granting positions will be modified to acknowledge the preponderance of the competence criteria.

Before finalizing its report and asserting that it is necessary to change the process for the granting of positions to promote competence, the Clair Commission should have consulted the collective agreements in effect in the network. Indeed, the texts of the collective agreements stipulate that, to obtain a position, the first criterion is to meet the normal requirements of the job. It is only after, that seniority comes to play.

The delivery of care should be organized in a more flexible manner and the role of nurses should be expanded.

In the brief it presented to the Clair Commission, the FIIQ stressed the under-utilization of the competence and skills of nurses, and the capacity of the latter to do more and better, providing adequate conditions of practice are provided. To this effect, the Federation insisted on the importance of in-service training and the introduction of measures to relieve nurses of certain duties that can be performed by others, for example beneficiary attendants. As a matter of fact, several workload problems have been improved by adding support staff. This is to say that the improvement of nursing care often depends on the possibility of making time for the delivery of care itself. Thus, the substitution of other resources to give nursing care, such as is implicit throughout the report, is not the solution. The Federation hopes that when the Commission states that a *"considerable part of the duties [of the nurse] could be performed by other categories of personnel, with less training, at a lower cost, and would be of comparable quality"*, it refers to those duties that are not directly related to care and that could advantageously be entrusted to beneficiary attendants, for example.

FUNDING

OUTSTANDING POINTS

- Vulnerability of tax funding and maximum limit on public funding
- Wider coverage of services by group insurance plans
- Review of the services, new technology and drugs offered
- Adoption of a framework policy for partnership with the private sector and the tertiary sector
- Provincial investment campaign
- Creation of an insurance plan against the loss of autonomy

HOW SHOULD THE NETWORK BE FUNDED?

An "old-age fund" would be set up. It would be funded by a pre-determined compulsory contribution, in addition to income tax. Companies would not contribute. The plan would ensure all those people who have a long-term loss of autonomy – 6 months and more – or only the elderly. Home services would be offered in kind or paid for.

The Clair Commission chose the "worst-case scenario", that is the hypothesis according to which the growth of the population 65 years and over, and technological development would literally lead to the bankruptcy of the health and social services system, if no measures are taken. Therefore the Commission, that shares the "economic" ministers' viewpoint in the Quebec government, proposes the setting up of an "old-age fund," a kind of cigar-box in which funds can accumulate (capitalized fund) to face the ageing of the population. The maintenance of the general income tax rate would probably have made it possible to constitute this kind of fund with government surpluses. Instead, the government prefers to lower the rate of income tax, and then has recourse to a measure that will cost proportionally more for the poor *(a regressive tax).* Especially since low-income people generally have a lower life expectancy and are therefore less liable to profit from their investment. The proposed mode of funding thus appears to be inequitable. The FIIQ would have preferred that the Commission propose a mode of funding that increases proportionally to income (*progressive tax).*

The role of "natural helpers", whose contribution is priceless especially since the beginning of the shift to ambulatory care, is almost ignored in the report. The only mention of "natural helpers" was to say that it would be one of the roles of the new fund to recognize and support them. The demand that they be granted social and financial recognition by way of the *Act on Labour Standards* was not accepted. Although we count on "natural helpers" tremendously, it is as though they did not exist.

The government and citizens should recognize the vulnerability of tax funding in two ways: by establishing *"limits on the maximum acceptable level of public expenditures"* and by giving the network a three-year budgetary framework.

The Federation, like other organizations, had requested that the three budgets from the MSSS, the RAMQ and the drug insurance be merged in order that clinical choices be more coherent and that there be a better distribution of medical personnel. Instead, the Commission creates a fourth budget and proposes a strict ceiling on public expenditures. Where is the logic?

GOVERNANCE

OUTSTANDING POINTS

- Creation of a Quebec agency or health insurance corporation
- Appointment of the members of the board of directors of regional boards
- Creation of a citizens' forum in each region
- Creation of a regional nursing commission in each region
- Unified board of directors for first-line institutions
- Recognition of community groups, social economy corporations and cooperatives

SHOULD WE FEAR FOR DEMOCRACY?

Almost all the members of boards of directors of institutions, regional boards, citizens' forums and the Quebec agency or health insurance corporation would be appointed.

The Clair Commission report proposes substantial changes in the governance of the health-care system. Thus, positions on the boards of directors at all decision-making levels would be filled by appointment. It is clear that, from the beginning, the electoral process in the health-care network had several shortcomings. Nevertheless, does this mean that all administrators, with but a few exceptions, should be appointed by a higher administrative level? Should we fear, as the Auditor General of Canada recently denounced in the case of Federal agencies, that partisan influences take precedence over the managerial skills of these administrators? This is undoubtedly a legitimate concern.

A citizens' forum would advise the board of directors of the regional board on issues related to health and well-being. It would be composed of 15 to 20 people. The members would be appointed by the board of directors of the regional board, on the basis of various criteria. The Forum would be chaired by the president of the council of the regional board and would organize public meetings.

The citizen's forum would in a certain way replace the regional assembly that was abolished by Bill 116. It would serve as a sort of screen for the board of directors of the regional board.

The FIIQ expressed a wish, before the members of the Clair commission, that other experiences, and other participation and consultation mechanisms be experimented to enable decision-makers to adjust the supply of services to the demand and to citizens' expectations. The Citizens' Forum responds to the FIIQ's demand only in part. The mode of nomination and the limited number of people who could participate are highly questionable. We must not forget that regional assemblies were elected and represented around 150 people per region.

A Quebec agency or insurance corporation would be created in order to renew the role of the MSSS. The ministry would keep the political role and the agency would assume the managerial role.

Among the benefits of the creation of this society, the Commission states that *"such an approach would facilitate the emergence of a new paradigm that would allow elected representatives to focus their action on the major issues and their follow-up."* In reality, is the Clair Commission trying to depoliticize the issue of health?

PRIVATIZATION

OUTSTANDING POINTS

- "Commodities", "consumer goods among others"
- "new universalism", "essential services"
- Framework policy for partnership with the private sector and the tertiary sector
- Quebec-wide investment campaign

THE FIVE FOUNDING PRINCIPLES OF THE CANADIAN HEALTH-CARE SYSTEM

Public administration: The health-care system must be operated and administered on a non-profit basis by a public body that is accountable to the provincial government.

Comprehensiveness: The health insurance plan must cover all medically required services provided by hospitals and physicians and, where allowed, services offered by other health-care practitioners.

Universality: Health-care services must be available to all admissible residents of Canada, according to uniform terms and conditions.

Portability: Residents are entitled to health insurance when they move to another province, and when they travel in Canada or abroad (subject to certain conditions).

Accessibility: Residents must have reasonable access to all insured medical and hospital services, according to uniform terms and conditions. Additional charges cannot be billed to insured patients for insured services. There can be no discrimination against a person on account of her income, age, health status, etc.

This special report was produced with the help of the Health-Care, Task and Organization of Work and Negociation sectors, and the Communication-Information Service:

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It is difficult to assert that the Clair Report takes a clear stand in favour of privatization. Nevertheless, there are a series of signs that indicate that there is indeed an opening to the private sector. The use of new terms conceals a new reality that is not yet clearly perceptible. For example, the terms "commodities" and "consumer goods among others" are used to refer to health services. The Clair Commission thus formally rejects the fundamental right to health, upheld by the *World Health Organization (WHO)*, organisation to which it refers freely in its orientations.

The "new universalism", borrowed from the WHO, involves making choices and performing. To do this, the Commission suggests the setting up of a highly credible mechanism to constantly evaluate and revise the list of insured services, new technologies and new drugs. It proposes to update the interpretation of the *Canada Health Act*. If all these interventions lead to the deinsurance of services, including lodging services, the private sector would be free to supply more services and some people may no longer be able to have access to these services at all. On the other hand, the Commission does not encourage professionals to question aggressive therapy, for example.

Finally, as additional indication of openness to privatization, there is the adoption of a framework policy on partnership between the private sector and the tertiary sector. With this policy and the Quebec-wide investment campaign, the Commission believes that it will have the power to obtain the investments required for the adaptation of services, *"to develop bio-medical research, promote and evaluate the best forms of organization, taking charge, use of medication and support to 'helpers'."* Recently, a partnership fund to support the helpers of people suffering from Alzheimer's disease was set up. With a total value of one million dollars, it is the result of the joint effort of the MSSS (100 000$) and three pharmaceutical companies (3 X 300 000$). Pfizer Canada Inc., that produces ARICEPT, one of the two drugs on the market in Canada that *the Conseil consultatif de pharmacologie* recently refused to include on the list of drugs, is one of the partners. A plan of action with regard to Alzheimer's disease, designed for people suffering from the disease and their helpers, will soon be revealed. This is the sign of a highly significant shift in policy.

These few lines is not everything there is to say either on the content of the Clair Report or on the question of the reform itself which seems to be under way, in spite of a difficult context. We will no doubt have the opportunity to talk about this again.

IN THE END, LESS MONEY FROM THE FEDERAL GOVERNMENT

By setting up its health and social services system in 1971, Québec joined the Canada Health Insurance Plan. At that time, the federal and provincial governments shared the costs of the system 50/50.

Today, despite the injections of funds by the federal government in the past two years, Canada's contribution is much lower than the initial rate of 50%. Fortunately, however, the federal government still makes the payment of its share conditional on the provinces' compliance with the five principles of the *Canada Health Act*. The FIIQ has repeatedly told the Québec government, on the occasion of federal-provincial negotiations in which Québec argues the importance of respect for Québec's jurisdiction over health, that it would be more comfortable if the principles of public administration, comprehensiveness, universality, portability and accessibility were integrated into the *Act respecting health services and social services.*

By making cuts in the aggregate envelope of Canadian transfer payments for health and social programs, which cover funding of postsecondary education, health insurance, hospitalization insurance and public assistance, it shifts the blame for health-care cuts to the provincial governments. Thus, in 1998, the level of federal funding received by the provinces was the same as it had been 15 years earlier. Taking into account population growth and the rising cost of living, the 1998 social transfers for Canada as a whole were 45% below their 1985 level and 43% less than their 1994 level. According to the available information, Québec was hit by nearly 30% of these cuts, or $1.8 billion.

Despite the positive results obtained following last September's federal-provincial agreement, in 2005-06, even though the Canadian transfer payment for Québec will be $5.15 billion, it will still be lower than its 1993-94 level, when it peaked at $5.57 billion.

All things considered, the financial situation is rosier but the federal government has still betrayed its initial commitments to the funding of the health insurance program.

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A process involving everyone

In hardly three months, a lot of work has been accomplished, stated the Executive officer in charge of the exploratory process with the FTQ, Sylvie Boulanger, 1st Vice-President of the FIIQ. Indeed, on December 18, just a few days after the FIIQ work team was set up, the President of the Federation, Jennie Skene, accompanied by members of this team, met representatives of the FTQ ***(Quebec Federation of Labour)*** , including the President, Mr. Henri Massé. To date, five meetings were held in order to become acquainted, to exchange on our structures and activities, and to gather as much information as possible on this labour organization, its services and its committees.

Reminder of the mandate

June 2000

First Federal Council debate following the offer presented by the FTQ *(Quebec Federation of Labour)* on the possibility that the FIIQ affiliate to this labour organization. At this time, delegates reasserted their attachment to the Federation and refused to accept the exploratory process proposed, while stating that they wished to remain open to temporary alliances.

December 2000

The Executive Committee placed the question on the agenda a second time. On the one hand, several delegates had said that they wanted the debate to be taken up again; on the other, the CSN had presented an offer similar to that of the FTQ to the FIIQ. Delegates rejected the CSN's offer and mandated the Executive Committee to begin an exploratory process with the FTQ in view of a possible structural rapprochement (affiliation).

March 2001

At the Federal Council, a report on the progress of the work will be presented to delegates. Delegates will be asked to vote on whether or not to pursue the exploratory process with the FTQ.

June 2001

If the March Federal Council votes to pursue the process, the June Convention will then have to make a decision. As stipulated in the FIIQ Constitution and Bylaws, if the recommendation is in favour of an affiliation, a referendum will be held among all the nurses of the Federation.

As you will recall, there were various conditions attached to the decision to accept the exploratory process. The main one was the importance of preserving the identity and autonomy of the FIIQ as a Federation of nurses. This fundamental principle, so dear to nurses, guided the team throughout its work and will serve as a basis for the analysis that will be presented at the March Federal Council.

In order to be sure to take into consideration all the concerns of the union representatives and leaders of the organization, the team presented regular reports to the Executive Committee and, with the help of the Education-Animation Service, organized meetings with all the employees of the FIIQ and with the presidents of affiliated unions. These meetings were an opportunity to exchange on the reactions of members concerning this process and to gather information on the reaction of the other labour organizations. They were also an opportunity for members of the team to transmit some information on the FTQ, and to exchange with union representatives on the advantages of such a process, for the FIIQ as well as for the FTQ.

Discussions during these meetings brought the FIIQ team to delve more deeply into certain questions with the FTQ and to reflect more broadly on the future of the organization in an ever-changing world.

At the time of going to press, the team seemed to have everything in hand to draw up an analysis that will be delivered to delegates next March. You will, of course, receive information by way of your delegates at the Federal Council; moreover, the next issue of *FIIQ en Action* will report on the discussions and decisions made regarding the issue of affiliation.

ONE TEAM, VARIED EXPERTISE

The FIIQ team is composed of Sylvie Boulanger, 1st Vice-President, Executive officer in charge of the issue, Paul Chaput coordinator, Marie-Andrée Comtois, from the Health-Care Sector, Pierre Desnoyers from the Union Organizing Service and Richard Laforest, from the Labour Relations Sector. It goes without saying that the President, Jennie Skene, ex officio member of the work group, takes part in the meetings with the FTQ representatives.

For the FTQ, the team is composed of René Roy, Secretary General of the FTQ, Nicole Bluteau, Vice-President, Émile Vallée and André Tremblay, consultants at FTQ headquarters, and Dominique Savoie, research coordinator.

Interview

An ever-changing network

In past years, the health-care network underwent great upheaval. Changes introduced by the Côté et Rochon reforms among others, combined with budget cutbacks, greatly increased the workload not only of nurses, but also of women in general. *FIIQ Actualités* met Sylvie Boulanger, executive officer in charge of the Health-Care and Status of Women sectors, to speak about the transformations that the network underwent and their consequences.

Marielle Ruel, nurse

You have been Vice-President for a little over ten years. Can you remind us of the main changes in the health-care network since you were elected?

When I was first elected to the Executive Committee, decisions were all centralized by the ministry of Health and Social Services. At the regional level, there were the CRSSSs, whose mandate was to apply the decisions of the ministry, while taking into account the specificity of their region.

The Côté reform, with the adoption of Bill 120, entailed major transformations. The CRSSSs were abolished and replaced by new decision-making bodies: the regional boards. In institutions, a body called the Council of Nurses was set up, and for the first time, a nurse representative was given a seat on the board of directors of hospitals. Unfortunately, this reform coincided with the beginning of budget cutbacks.

However, the greatest upheaval came with the Rochon reform and the objective of reaching zero deficit at all costs. We saw the closing of institutions, mergers, changes of vocation, the shift to ambulatory care, and all of this, of course, along with considerable – not to say enormous – budget cuts. The obsession of the Bouchard government with reaching the zero deficit had a major impact. It meant, for example, that CLSCs did not receive the funds that had been promised by the government to set up adequate services to respond to the needs of patients who were now sent home earlier.

Did the transformation of the health-care network have an impact on how the FIIQ intervened at the government level?

Yes. At the time of the CRSSSs, the Federation spoke to the Minister of Health or presented position papers in legislative hearings on specific bills. With the creation of regional boards, the number of forums increased. Thus, each member of the Executive Committee is responsible for representing the FIIQ at two or three regional boards. This is done, of course, in cooperation with the affiliated unions of the region. The boards are regional bodies where nurses are increasingly present and where their voice must be heard.

What is your analysis of the role that nurses occupy in relation to the role they should occupy?

Currently, the workload is so heavy that little time is devoted to teaching and support. Nurses are so pressed that they can only tend to what is most urgent. And yet, nurses are trained not only for "curing" but also for "caring". In the present context, the expertise and knowledge of nurses are far from being used to their maximum. Nurses are trained with a holistic approach to care for the health of beneficiaries. It is high time that nurses be allowed to play a greater role in the delivery of health-care in Quebec. The Federation has been demanding this for a long time and at many levels. In its report, the Clair Commission seems to promote such an approach. It is very interesting.

Sylvie Boulanger

- 1st Vice-President since 1990
- political officer in charge of the Health-Care and Status of Women sectors
- graduate from Cégep de Rimouski in 1979
- nurse at the Centre hospitalier universitaire de Québec, pavillon St-François d'Assise
- union activist since 1988, active locally on various issues, the first of which was the status of women

Did the health-care reform have a specific impact on women?

It is undeniable; the health-care reform was implemented at the expense of women. Since adequate measures were not set up to support the shift to ambulatory care and to respond to the new needs for home care, women were called upon for support. They were de facto designated as natural helpers. And if, in addition, you are a nurse, the pressure is greater on you to take care of those around you. Although, with the new budgets announced last fall, measures will be implemented to respond to certain needs engendered by the shift to ambulatory care, there is unfortunately still nothing to relieve natural helpers.

As Executive officer, you have had to uphold and defend somewhat controversial issues, such as abortion, violence and midwifery. Can you speak to us about these?

Since a free-choice position was adopted at the Founding Convention, out of respect for personal values, there were not many tensions around the question of abortion. The Federation demanded that the government make abortion services available in all regions of Quebec. Our position on abortion is far from having created turmoil in our ranks; on the contrary, it received the support of the vast majority of nurses.

On the issue of midwifery, we applied the same principle: women have the right to choose with whom and where they want to deliver. We toured all regions of Quebec to answer nurses' questions regarding the coexistence of the two professions. Afterwards, the Federation presented a brief to the parliamentary commission on this question. Following this consultation, pilot projects were set up. Although midwives are now allowed to practice, the battle is not over! To date, there have been few experiences in hospital centres to enable us to explore the various forms of cooperation that are possible between midwives and nurses.

On the subject of violence, we reached a consensus quite rapidly. Nurses wanted to have a policy and tools to counter violence in the workplace. At the beginning, we focused on sexual and racial harassment. Following an inquiry conducted in all institutions, the Federation noted that another form of violence was more widespread, namely psychological and professional harassment. So, we extended our work to all forms of violence. Remember that since the last negotiations, employers now have the obligation to offer nurses a sound work environment, free of violence and all forms of harassment.

Around 92% of the members of the FIIQ are women. What links of solidarity did they develop with other women?

Through their struggles, nurses have proven that their concerns go far beyond strictly union questions. This is why the FIIQ is greeted well by other women's groups. A representative of the FIIQ, Lucie Girard, consultant for the Status of Women Sector, sits on the board of directors of the *Fédération des Femmes du Québec*. The FIIQ is also a member of the coalition that coordinated the women's march for *Bread and Roses*, and of the *Réseau québécois d'action sur la santé des femmes*. Each group brings its experience, shares its analyses of various problems experienced by women, and puts forward solutions that truly respond to their needs. These discussions helped, among other things, to establish the demands of the *World March of Women*. Exchanging, sharing and developing alliances with women's groups can only be beneficial for all women.

In past years, all nurses have had to face, to various degrees, many changes in their daily lives, as professionals, workers and women. We must continue to move forward together, side by side, to face the challenges of the future.

Internship in Mexico

An important eye-opener

A group of fourteen Quebec union activists, two of whom were from the FIIQ, flew off to Mexico on July 2 last, to take part in a two-week solidarity programme on the effects of globalization. This internship programme was organized by the ***Centre international de solidarité ouvrière (CISO)*** with its Mexican partners, the ***Frente Autentico del Trabajo (FAT***) and a foundation devoted to the education of urban and rural workers (RORAC).

The diversity of activities proposed during this internship: conferences, lectures, meetings with union activists and strikers, as well as visits of plants gave the participants a better understanding of the political, economic and union context of the country. The reality is quite different from the image conveyed by the Canadian and American media. The latter speak only of the economic boom of the past years of which only the more wealthy feel the effects. They rarely speak of unemployment, corruption, violence, illiteracy and health problems that are the daily lot of the Mexican people. It is impossible not to see this during an internship in this beautiful country.

Our arrival coincided with an historical date. It was indeed on July 2 that 100 million Mexicans chose to put an end to the rule of the Institutional Revolutionary Party (PRI), which had been in power for 71 years. They elected Vincente Fox and his party, the National Action Party (PAN) to rule the country. All the labour organizations we met (FAT, SNTSS, SME) rejoiced about the election results. They were delighted not so much by the victory of the PAN, as by the perspective of change. We perceived true pride at having carried out such major political change without violence, in a democratic way, like other big nations. Nevertheless, our Mexican friends said they were sceptical that there would be much improvement socially with the coming to power of the PAN. Indeed, the PAN, like the PRI, is a right-wing party, driven by the same values, and with the same leanings towards the economy and foreign investments.

Work, but what work!

One of the most intense moments during the programme, was during the interns' stay in the frontier town of Juarez. In this town located in the middle of the Mexican desert, under a blazing sun and a temperature of 42°, we went to a zone of maquiladoras. In the city of Juarez, there are over 370 that employ around 220 000 workers. A maquiladora can be defined as an industrial area, with clear boundaries where foreign or national companies produce goods mainly for exportation, and to do so they benefit from tax breaks and other financial incentives. In other words, maquiladoras are a paradise for employers, but quite the contrary for workers.

A few young boys, waiting for their work team, agreed to speak to members of our group. Salvatore, 18 years old, has been working for two years in a factory that manufactures car belts. He earns the equivalent of 50 CAN$ per week, for 45 hours of work. Another boy came from Veracruz, with all his family. All the members of the family work in maquiladoras and all dream of going North.

The working conditions in maquiladoras are dreadful: high pace of work, repetitive gestures, few or no breaks, women laid off when pregnant, no health and safety measures, reprisals when workers hold meetings and dismissal of all workers who attempt to organize.

To help workers in maquiladoras to organize, the FAT set up the CETLAC designed to offer, among other things, community education on subjects related to work and human rights.

To close our visit in Juarez, we met Madam Esther Chaves, founding patron of the Casa Amiga. This centre was created to put an end to the problem of violence in Ciudad. No less than 215 young women were murdered in the past years and, this is all the more alarming since police authorities have done very little to try to find the perpetrators of these odious murders. Juarez is a violent city where drugs, alcohol, unemployment, promiscuity and police inertia cohabitate: these are all elements on which violence thrives. In this context, the Casa Amiga does extraordinary work with women and families that are victims of this violence.

A 15-day internship is very short to understand all the aspects of Mexican reality, but it is enough to ensure that we will never again think of Mexico only as a country of endless ocean beaches, where the sun shines for all.

Lucille Auger, consultant
Education-Animation Service
Françoise Gloutnay, nurse

The Haitian people carry on the struggle

The CISO-Haiti 2000 internship programme took place last May. Three of the nine participants were from the FIIQ: two nurses, one from Rimouski, the other from Montreal, and a consultant form the Education-Animation Service. The other members of the group came from other groups belonging to CISO.

In order to give an accurate and global picture of the situation of the country and its population, visits were scheduled with labour organizations and associations mainly in Port-au-Prince, the capital, but also in Cap-Haïtien and Jacmel. Once there, in addition to representatives of these groups, the interns met peasants, nurses, doctors, teachers, school principals and directors of health institutions.

Overall, our contacts with people were warm. However, it took a lot of insistence before certain health-care workers and peasants agreed to meet us. Like a good number of Haitians, they fear reprisals. And reprisals are indeed taken against them. When nurses try to unionize, those who are suspected of being the instigators are questioned and kept under close watch and their right to work is easily questioned. When peasants decide to take possession, for farming purposes, of the unexploited land of rich landowners: crops are burnt, tools and equipment broken, peasants are attacked during the night. Together, they resist and hold tight, not only against the landowners but also against government officials.

Due to the general disorganization of the country, hospitals are short of everything: short of medicine, short of blood, short of qualified personnel, short of basic equipment, short of money… The shortage of teaching material for the training of nursing is a question of great concern for the Director of Nursing at Cap-Haïtien. In this respect, it is not clear that the nursing textbooks, sent by the SINEQ in spring 1999 for the training of nursing students, were ever distributed.

The situation in all fields and in all regions of the country remains extremely precarious. Considering the political context, nothing indicates that the situation will improve in the short term, even though Haitian groups show courage and determination in their struggle to set up a true democracy, an essential premise for the improvement of living conditions.

To help Haïti to move out of its situation of misery, everyone agrees that international aid should give priority to education, since only education can enable the people to truly take the situation in hand. The SOFA clinic *(Solidarité fam aitiennes)* put this into practice. Thus, while women wait to see the doctor, a nurse takes the opportunity to give information on various subjects: food, breast-feeding, birth control, family violence, STDs…in short, all information that can improve the living conditions of women and their families. This is exemplary community education and the organizers are rightfully very proud of their work.

We say that the Haitian people are peaceful, patient and courageous, that they continue to hope and fight despite all difficulties. This struggle, which the Haitian people have to take up again each day, is a testimony of the fragility of democracy.

Hélène Tanguay, consultant
Education-Animation Service
Lucienne Simard, nurse

CISO internship: Haïti - Guatemala

Like each year, CISO is organizing internships with partners in the South. Here is some information concerning these.

Objectives:

- to learn about the social organizations that play an important role in the struggles waged in these countries
- to build active links of solidarity in order to face the effects of globalization
- to continue exchanging and building solidarity after returning to Quebec

Number of internships: 10

Length and dates: Two weeks
Haiti: early May 2001 (date to be confirmed)
Guatemala: early July 2001 (date to be confirmed)

Cost: 800$ per person, including travel expenses, accommodation and living expenses.

To participate, you must:

- obtain the application form at the CISO secretariat CISO, 9405, Sherbrooke East, Montreal (Quebec) H1L 6P3 and return it duly completed no later than: March 16, 2001 for Haiti
  April 9, 2001 for Guatemala
- be chosen by the selection committee
- participate in the training sessions before leaving and in the evaluation session afterwards

Do not hesitate to apply.
It is a highly enriching experience!

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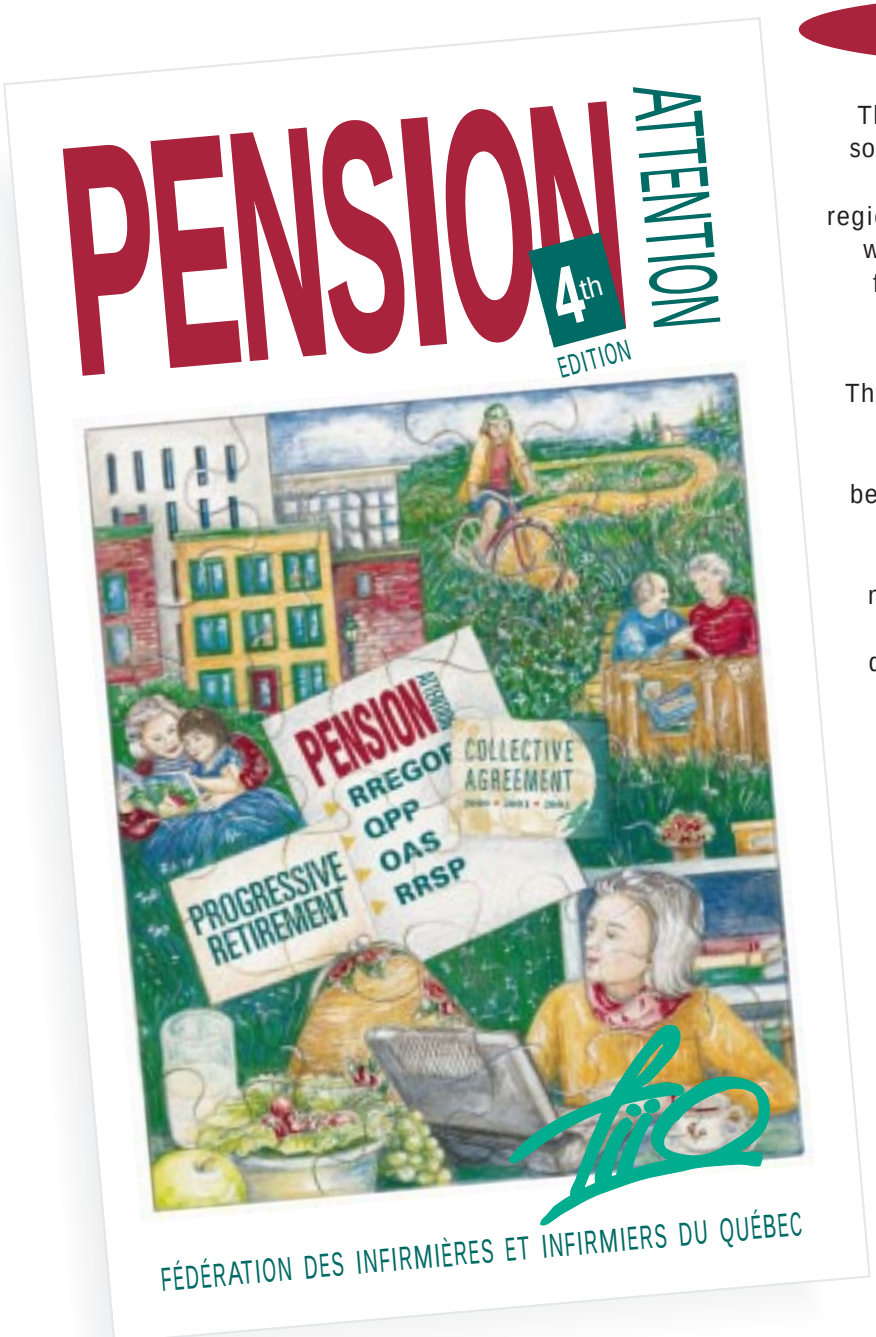

Pension Attention

They have been awaited for quite some time now... Many nurses are anxious to attend one in their region... Many nurses want to know when they will be able to benefit from them... Indeed, the ***Pension Attention*** information evenings are back!

These information evenings began at the end of February and will continue until all regions have been visited. There will be at least one per region and sometimes more. These evenings will focus mainly on the financial aspect of retirement. We will therefore discuss, among other things, the RREGOP plan, the QPP, RRSPs, progressive retirement ... everything you must know in order to retire in good financial health.

In the coming weeks, and coming months, keep an eye on the bulletin board... The date, time and place of the ***Pension Attention*** evening will be announced. Don't miss this important meeting!

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