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Actualités

Special on the Bills

JOURNAL OF THE FIIQ

Informed protest

While fall 2003 was marked by an avalanche of laws, each more contentious than the other, it looks like winter and spring 2004 will be turbulent times. Indeed, the Charest government intends to move quickly with regard to the changes stipulated in Bills 25, 30 and 31, not to mention the others. In spite of the legal action taken by some union organizations before the International Labour Office or elsewhere, and in spite of the fact that certain of these bills, rammed through, may be declared unconstitutional, the transformations they contain are already being implemented. In this perspective, it is essential that FIIQ nurses, like all unionized employees for that matter, be informed of the content of these bills in order to have a better grasp of the issues they raise.

The operationalization of these bills concerns you as health-care professionals, nurses, users of the network and women. This is why we urge you to read this *special issue* on the new laws attentively. It supplements the information in the *FIIQ en Action* which you received in early January.

The government: obstinate and in a hurry

From October 21 to December 17, 2003, 24 bills were presented or passed by the National Assembly. That is a lot in such a short lapse of time, especially since several bills were, and are still, controversial.

Even before the parliamentary session began, union organizations, community and women's groups expected that the legislative agenda would be indigestible. A new concept had then appeared: reengineering. What some believed to be a mere question of vocabulary, reengineering, modernization or rationalization, turned out to be more dangerous. Indeed, the process of reengineering involves starting from scratch, making a blank slate of ideas and, consequently, of past gains. Nothing was shielded from this transformation and, on October 21, the table was set for public protest.

On November 11, Bill 25 respecting the local health and social services development agencies, Bill 30 respecting the bargaining units in the social affairs sector and amending the process of negotiation of the collective agreements, and Bill 31 which amends the Labour Code were presented to the National Assembly.

As a face-saver for democracy, there were two or three days of limited consultations. Organizations that were able to make themselves heard -- as this was upon invitation only -- had hardly a few weeks to analyze the bills and prepare their position papers. Things went so fast that some parliamentary commissions had not completed their work when the government imposed the guillotine, to silence debate and pass the bills.

This is how the Charest government succeeded, in just a few weeks, in setting itself up against the majority of progressive organizations in Quebec, by measures designed to downsize the government and open the door to the private sector by facilitating sub-contracting and redesigning a network based on public-private partnerships.

A neoliberal reengineering of health care

Under the pretext of integrating services, the Liberal government rammed through a health-care reform whose objectives have nothing to do with improving public services. As a matter of fact, in several regions, integrated health-care networks are already in operation and it was not necessary to pass these laws, merge institutions and unions, and modify the process of negotiations in order to offer these types of services to the population.

According to the FIIQ, the objective of this reform is to open up the health-care network to the trade agreements on government contracting and privatization. Thus, this reform is a political project, in line with the economic liberalism which gave rise to the trade agreements.

The health-care reform is therefore one of the major components of the Charest government's reengineering project while the integrated network model legitimizes the six strategies set forth by the World Bank: deregulation, privatization, communitization, user fees, create a deliberate shortage of resources and decentralization.

In addition to appearing in parliamentary commission, the FIIQ, demonstrated on October 21, with the *Réseau de Vigilance*, on December 10 with the APIIAQ, APIQ, APTMQ, CPS, FIIAQ and the SPDNQ, and on December 15 with the labour organizations and independent unions, to express high and loud its disapproval of the bills and of the manner in which the government flouted democracy last fall.

PUBLIC PROCUREMENT

When the President of the *Conseil du Trésor* speaks of public-private partnerships (PPP, PAPP or 3P), she is in fact speaking of "public procurement" as defined in the trade agreements.

The various trade agreements signed by Canada and Quebec all have one point in common: they contain provisions concerning government contracting. Quebec, for its part, has signed to date six agreements by which it agrees to open government activities to the process of public contracting, by the signature of business contracts in the public sector. In the health-care sector, there are only two agreements in effect currently, i.e. the Agreement on the Opening of Public Procurement for Quebec and Ontario, and the Agreement on Internal Trade.

By virtue of these agreements, public administrators are obliged, in the case of goods, construction work and certain services, to bid for tenders when the cost or the purchase of construction is above a certain amount, which varies according to the level or sector of public administration (Federal government, provincial government, municipalities, ministries, health and education). The call for tenders must be done in Canada through the MERX electronic system. The *Ministère de la Santé et des Services sociaux* evaluates that the transactions carried out by way of this tendering system total around 2 billion dollars. Over 37,000 products and 480 independent institutions are currently targeted.

In the health and social services network, several services and goods have already been purchased by virtue of these agreements on public procurement: "hazardous waste", "fast-food lunches", "peeled potatoes", "cafeteria coffee". The Canadian government has gone one step further with tenders for health services: for example, "nursing services", "medical services for inmates", "medical, hospital and professional drug addiction services." These services are now markets that public sector employees cannot occupy without running the risk of having the government sued for potential loss of profit, a procedure which is very similar to the one so strongly decried in Chapter 11 of NAFTA.

Special BILL

A reform open to public procurement

Integrated networks involve agreements that will bind various partners, including private resources. What exactly are these agreements? They are business contracts between a public and a private partner. By giving an official status to the private sector within the health and social services network, the Quebec government subjects the network to the trade agreements on public procurement. As for the merger of institutions, they will make it possible to reach the set levels (amounts of money) for business contracts to fall under the jurisdiction of public procurement. This fundamental modification will push for a re-interpretation of the principle of "public administration" in the Canada Health Act, as business circles have been demanding for so long. On the other hand, since the Canada Health Act provides for the reimbursement of diagnostic, laboratory and surgical services in particular, only when they are offered in hospital centres, the de-insurance of certain services could result in the introduction of fees for these services.

On the other hand, by wanting to reduce income taxes substantially, the Charest government creates a deliberate shortage of resources that justifies his conception of the role of the State. The next Séguin budget will give us clear indications in this respect.

As for decentralization, Ministre Couillard raised the possibility that there be a second phase next fall. Everything seems to point towards a decentralization of front-line services to the municipal level, as shown by the fact that the integrated networks are defined according to the MRC territories.

In short, this neoliberal reform proposed by the Charest government is a real threat to the public health-care sector in Quebec and in Canada.

Mergers and integration of services

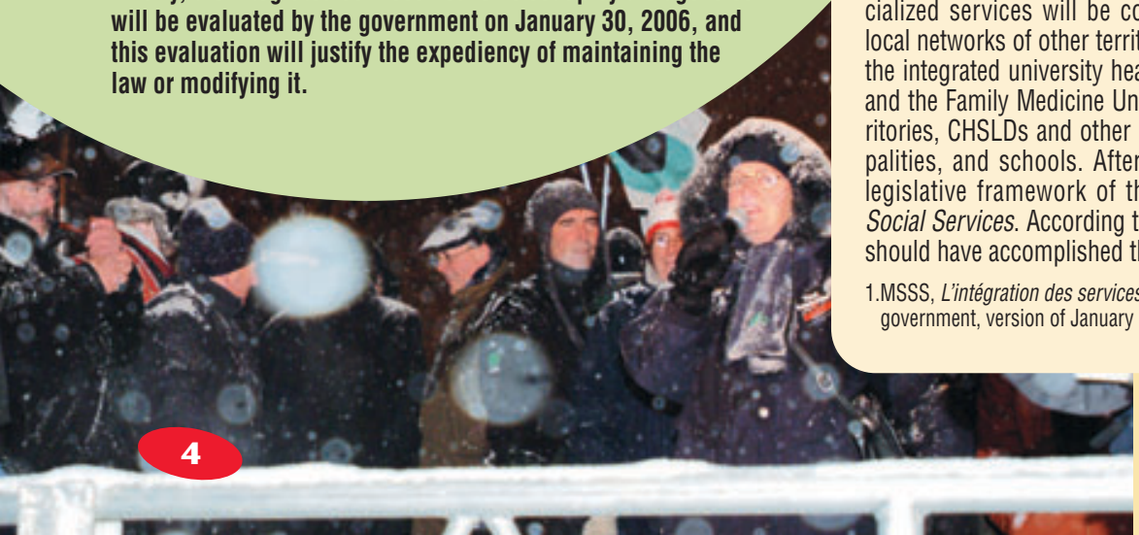
Bill 25 creates agencies that replace the health and social services regional boards. The board of directors of these agencies is composed of 16 members appointed by the Minister of which three come from the regional medical commission, the regional nursing commission and the regional multidisciplinary commission respectively.

Since February 1st, these agencies have the mission of establishing one or several local health and social services networks. Each network will be composed of a local authority, resulting from the amalgamation of a CLSC, a CHSLD and a hospital centre. Amalgamation with a hospital centre could be suspended on account of the absence of the latter, the size of the territory, the number or capacity of the institutions, or the socio-cultural, ethno-cultural or characteristics of the population.

Each network will have to coordinate, by way of agreements, the services of the pharmacists, community organizations, social economy enterprises and private resources, as well as the specialized and super-specialized services of university hospitals. Medical services will also be coordinated by this authority. However, they will be subject to prior consultation of the regional department of general medicine and the regional medical commission.

After consultations with the institutions concerned, the regional department of general medicine and the people's forum, the model for local networks, drawn up regionally, will be presented to the Minister of Health and Social Services within the time the Minister specifies. The amalgamation of institutions will be made official with a letter patent that specifies the name of the 15 members of the board of directors of the local agency.

Finally, the integrated services networks set up by the agencies will be evaluated by the government on January 30, 2006, and this evaluation will justify the expediency of maintaining the law or modifying it.



What can we expect for 2004 and 2005?

The reengineering of health-care has begun. It is being conducted hastily by the *Ministère de la Santé et des services sociaux*. The implementation of the Act follows a two-year schedule. A document, entitled *L'intégration des services de santé et des services sociaux* [1], which is circulating in the health-care network specifies the terms of the application of the law. Having examined this law, the FIIQ identified the crucial periods of the reform and the major questions it raises.

January

- Period of consultations with the directors of the boards of directors of the institutions targeted by the amalgamations and identification of the territory of each local network
- meetings with physicians to draw out a consensus on the basic criteria of the reorganization
- creation of agencies and disappearance of the regional boards

February-March

- Meetings with the stakeholders involved in the integrated services networks in the sub-regions determined during the months of January and presentation of the various hypotheses being considered by the agency
- Public consultations on the local health and social services networks

April 30

- Presentation by the agency to the Minister of an organization model based on one or several networks with the amalgamations of institutions and the delimitation of the territory served by each network. This delimitation should be based on that of CLSCs

June to September

- Approval or modification by the government of the model proposed by the agency
- Issuance by the Inspector General of Financial Institutions of letters patent authorizing the amalgamation of public institutions into a local authority and identifying the members of the board of director appointed for a two-year period

September to December

- Setting up of the local networks and thus implementation of the amalgamations of institutions

Year 2005

During the year 2005, the negotiation of agreements regarding specialized services will be conducted with regional institutions, the local networks of other territories, the local and supra-local agencies, the integrated university health networks (IUHN), the medical clinics and the Family Medicine Units on the territory and neighbouring territories, CHSLDs and other partners from the private sector, municipalities, and schools. Afterwards, the government will review the legislative framework of the *Act respecting Health Services and Social Services*. According to the previsions of the Minister, agencies should have accomplished their mandate by January 2006.

1.MSSS, *L'intégration des services de santé et des services sociaux*, Quebec government, version of January 15, 2004, 19 p.

A reform focused on decentralization and performance

The bill aims at shifting the responsibilities from the regional level to the local level within two years and provides for the accountability of local stakeholders. In line with the policy of government disinvolvement, local authorities will then be invested with a responsibility towards the population.

Each local network will have to make accessible a "variety of services as complete as possible"[1] organized in "services programme"[2] and funded according to the method of weighted *per capita*[3], a method of funding adjusted to indicators such as access, quality, costs and the results on health. But what does the minister understand by these performance indicators? Will local authorities that do not meet its criteria or that prefer a preventive approach based on health determinants have their funds cut back because of their poor results, or unrealistic schedules? Moreover, will this type of budgeting force institutions to "reduce costs for comparable services" when expenses are higher than the forecast, or enable others to "offer a higher level of services"[4] when expenses are lower than forecasted?

Now under local jurisdiction, programmes designed for specific clienteles (elderly people in the process of losing autonomy, people with mental health problems, young people in crisis, etc.) may be quite different depending on the type of management approach adopted by the local network.

Difficulties

The unrealistic schedule set by law leads us to believe that decisions will be made quickly, and that public consultations, also held hastily, will follow the same logic as the one behind the guillotine imposed on the National Assembly last December. They show the government's determination to impose its project for the reengineering of the health sector neglecting the expertise of the stakeholders of the network and disregarding the most elementary democratic principles.

Besides the delimitation of the territory, in particular in urban areas, which is an obstacle to the partitioning of the network since municipalities, school boards and hospital centres do not cover the same zones[5], other obstacles are to be feared regarding the new dynamics that should be established between stakeholders. Moreover, these upheavals will disrupt services offered to the public who will probably have difficulty finding its way in the new service structure.

In the same way, the period for the amalgamations of institutions and union certifications may complicate the relations between employers and employees.

Finally, the question of the funding of local networks is one of the major issues of this reform since, until now, no investment has been announced regarding the two-year transition period and, afterwards, the funding of health care will be reviewed with a eye to performance.

Special

An unprecedented impact on professional and organizational practices

A major re-organization of health care and services

The reorganization of care and services provided for in this bill revolves around two words: integration and coordination. To reach the objectives of this reform, the structural integration of care and services (amalgamation) must be accompanied by the functional integration of the said care and services (hierarchization of services – 1st, 2nd and 3rd lines – complementary nature of services). Thus, each network will have to ensure that the population on its territory has access to a vast range of front-line health and social services, in particular prevention, evaluation and diagnostic services, treatments, rehabilitation and support. It will have to ensure that a complete and diversified range of services are offered, set up mechanisms for the referral and follow-up of beneficiaries as well as the setting up of clinical protocols regarding the services offered, proceed to the grouping of institutions (CLSC, CHSLD, CH). Finally, by way of agreements or otherwise, it will have to plan the coordination of the activities and services which they offer.

To orient and support such changes, indispensable conditions will have to be respected, like the involvement and mobilisation of the current managers, the mobilization of clinical personnel for the organization and management of services, measures that ensure the preservation of the mission of each institution. The network will also have to dispose of the means (resources, services, skills) needed to reach the goals and objectives: adequate funding; favourable organizational context; sufficient technological support; adequate information system; realistic schedule; adhesion and involvement of all health-care professionals in this process, permanent training of the personnel.

1. MSSS. *L'intégration des services de santé et des services sociaux*, Quebec government, version of January 15, 2004, p. 2.
2. Ibid., p.15.
3. The weighted *per capita* is calculated on the basis of the average consumption of services by the entire population weighted mainly according to age, gender and the socio-economic status of this population. MSSS, *La budgétisation et la performance financière des centres hospitaliers*, 2002, p. 21.
4. Loc.cit.
5. Régie régionale de la santé et des services sociaux de Montréal-Centre, *La santé en action. Plan montréalais d'amélioration des services de la santé et du bien-être 2003-2006, Document de consultation,* p. 75.

A major reorganization of work

Moreover, the introduction of local networks will not only disrupt the organization of health care and services: it will also affect, in an important way, the organization of work. The key words of the structural reform proposed in this bill are interdependence, cooperation, collaboration and decentralization. Indeed, each local health and social services network will have to be thought up so as to involve the different professional groups on the territory and make it possible to develop links between them; promote the cooperation and involvement of all stakeholders in the other sectors of activities on the territory that have an impact on health-care and social services; ensure the participation of the needed and available human resources.

Health-care professionals will therefore be called upon to establish or develop, depending on the case, inter-professional cooperation. The fact that practitioners from different professions, different categories of personnel, different environments do not always share the same work methods, the same practices, the same values may make it difficult and complex to achieve professional consensuses. It will also be difficult to reach consensuses on the practices which are essential to the coordination of services.

To succeed in having these caregivers work and cooperate together, it will be necessary to change our way of doing things and working on a daily basis with users, to develop mutual trust, share the same vision with regard to the values, approaches and orientations to uphold during interventions, create a culture specific to each local network, create new alliances, develop new theoretical and practical learnings, develop common tools and inter-institution protocols for care and services, agree on a common care philosophy, develop an interdisciplinary and multidisciplinary approach, share respective skills, agree on the fields of competence of the caregivers in compliance with the respective fields of practice. Lastly, It will be important to agree on the coordination of the roles, duties and functions with all the stakeholders in the network.

All the conditions required for the implementation and success of the integration of services indicate that while the administrative amalgamations of institutions may be a condition, among others, for the integration of care and services, they alone are no guarantee of this integration. Thus, there are in fact several factors that influence the success of an integration process.

A few pertinent and impertinent questions …

- Will this hospitalocentric approach conceal the chronic lack of resources in the network, the shortage of personnel, the shortcomings of the information systems, the need to develop front-line services, the under-funding of home-care services?
- Will the creation of integrated services networks promote better cooperation between the various stakeholders in the network? Will this encourage interdisciplinary work? Will this promote optimal use of skills?
- Will the integration of care and services facilitate the process of workforce planning, the appropriation of the organization of work by caregivers? Will it guarantee that public services are better adapted to the needs of the various communities?

…and cumulative risks

- Risk of an even greater cleavage between the medical and social spheres – the risk of diluting the social mission of local networks, and the social and preventive dimensions of CLSCs – the risk of ousting the social approach from the field of health;
- The risk of aggravating the imbalance in workforce supply between one institution and the other – the risk of losing front-line expertise;
- The risk of negative impact on the morale of the nursing personnel, motivation, faithfulness and attachment to an institution, the feeling of belonging and retention – risk of taking up a lot of energy and creating great tensions.

Amalgamations of certifications

30

Special

In the brief presented before the parliamentary commission, the FIIQ upheld that the mergers of union certifications imposed by Bill 30 was a direct attack on freedom of association and freedom of representation. By partitioning unions on the basis of management concerns, the government disregards the will of employees of the health-care network to organize on the basis of community of interests.

In a context were industrial peace is threatened by an Act that forces health-care sector employees to choose only one union organization to represent them in an institution, nurses, nursing assistants, respiratory therapists, perfusionists and baby nurses should develop new union alliances in order to cope with the new management organization. Our union action will therefore be oriented towards developing stronger inter-professional and inter-union solidarity.

Bill 30 modifies the system of union representation in health-care institutions by stipulating that only one union will henceforth represent all the personnel of a category and by establishing mechanisms to determine which union will obtain the certification. The later will then have the responsibility of enforcing defending the collective agreements that were concluded by the former union or unions.

Thus, since December 18, 2003, the only bargaining units that can be set up in health-care institutions must cover one of the four categories of personnel. The category that applies to nurses is that of *nursing and cardiopulmonary personnel*. Besides nurses, it includes nursing assistants, respiratory therapists or technicians in respiratory function, perfusionists ou extracorporeal technicians and baby nurses. In the end, all the employees in these job categories who work in an institution will be in the same union. The bill also determines the job titles to be found in each category. As a general rule, they are the job titles found in the collective agreements. Any job titles not listed in the law will have to be recognized by way of an agreement between the parties at the Quebec level, and then submitted to the *Quebec Labour Relations Board* before it can be included in a personnel category.

Together in the same union

Nurses, Nursing assistants, Respiratory therapists, pulmonary function technicians, perfusionists, extracorporeal circulation technicians and baby nurses

What can we expect? A complex process to keep an eye on

You work in a university hospital centre, an affiliated hospital centre, a youth centre or a health network?

The Minister of Health and Social Services will set the date at which the institutions excluded from the new local networks, in particular the university hospital centres, the affiliated hospital centres, the youth centres and the already existing health networks, that he will have identified, should begin regrouping bargaining units according to categories of personnel. The list of employees belonging to the category *nursing and cardiopulmonary personnel* will then be posted during 20 days. This list will include all the employees of the institution including those who are on leave without pay and those on the availability list who have worked in the course of the last 12 months. Only an employee whose name appears on this list can take part in the vote. Nurses, nursing assistants and the other employees in the nursing and cardiopulmonary category will join together to set up a single union for all of the employer's facilities and missions.

You work in an institution that will be integrated in a local network?

The government will set the date or dates of coming into effect of the provisions regarding the determination of a new bargaining unit in institutions that will be integrated into local networks. Within 30 days following the integration or merger, the local network will post, for a period of 20 days, the list of employees that will be part of the *nursing and cardiopulmonary personnel* category. This list will include all the employees of the institution including those who are on leave without pay and those who are on the availability list and who have worked in the last 12 months. Only an employee whose name appears on this list can take part in the vote. Nurses, nursing assistants and other employees in the category *nursing and cardiopulmonary personnel* will join together to set up a single union for all of the employer's facilities and missions.

To choose a union: three possible options

Three methods can be used to determine which union, among those already present, will henceforth represent all the *nursing and cardiopulmonary personnel.*

Filing a petition for certification

Each union who has a certification to represent either nurses, or nursing assistants, or respiratory therapists, or perfusionists or baby nurses can petition for a certification to represent all employees in the new category *nursing an cardiopulmonary personnel*. The latter will then be able by secret ballot to choose, among all the unions, the one that will henceforth represent them. The union that obtains the greatest number of votes will then be certified.

Creation of a grouping

If all the unions who have a certification to represent either nurses, or nursing assistants, or respiratory therapists, or perfusionists, or baby nurses, agree, they can form a union grouping. This grouping will then be certified to represent all the employees of the new category. If only some of the unions agree to form a grouping, employees in the category *nursing and cardio-pulmonary personnel* will decide by way of a secret ballot whether the "grouping" or the other union applicants will henceforth represent them. The one that obtains the greatest number of votes will then be certified.

Agreement on a designation

Unions who have a certification to represent either nurses, or nursing assistants, or respiratory therapists or perfusionists, or baby nurses can agree on the designation of one of the unions to represent the *nursing or cardiopulmonary personnel*. If there is agreement between all the unions concerned, the union thus appointed will then be certified to represent all the employees of the new category. If only some of the unions agree on the designation of one of their unions, a vote by secret ballot will be held among all employees of the category *nursing and cardiopulmonary personnel* and the union that obtains the greatest number of votes will then be certified.

Decentralization of negotiations

The second aspect of Bill 30 consists in the decentralization of the negotiation of collective agreements. Abolishing the process of negotiations by which the parties at the Quebec level, that is the FIIQ and the *Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS)*, negotiate together the content of the collective agreements for each of the categories of institutions (CHP, CHSLD, CLSC, EPC, CR, CPEJ and regional boards), this bill divides the content of the collective agreement into two sections. The first section, the Quebec section, will be negotiated between the FIIQ and the CPNSSS for all the institutions regardless of the category of institution. The second section, the local section, will be negotiated locally between the union affiliated to the FIIQ and the employer. However, many questions will have to be discussed at both levels.

This new process of negotiations, imposed by the government, will entail many changes in negotiation practices. More than ever before, union solidarity will have to be expressed at the local level, in the context of local negotiations with the new employers, as well as at the Quebec level, during the upcoming bargaining round.

Two-level negotiations

At the Quebec level

The parties at the Quebec level will negotiate all money-related questions. Indeed, salaries, quantum of annual leave, premiums and plans such as the insurance plans, parental rights, union leaves and job security will continue to be negotiated at the central bargaining table.

At the local level

The local parties will negotiate all issues which, in the opinion of the government, concern the organization of work. Among the 26 matters to be negotiated locally, let us mention the notion of position and transfer, and their conditions, the rules for voluntary transfers, statutory holidays, floating holidays and annual leaves, with the exception of the quantum and pay, the development of human resources with the exception of the amounts allocated, travel expenses with the exception of the quantum.

This new plan for decentralized negotiations, demanded for years by employer associations, will modify in an important way established practices in the field of labour relations. For example, the FIIQ will discuss, at the Quebec level, demands concerning the number of days of vacation leave. Then, it will be up to the parties at the local level to establish the conditions for taking these vacation leaves (the period, per centre of activities, per work shift, etc.)

When are local negotiations to begin?

Concerning when negotiations at the local level will begin, the Negotiation Sector will use the period necessary for holding the votes regarding the certification of the new unions (see previous article) and to prepare the necessary material to support local teams and consultants in the local bargaining process. The government has planned that the transition between the centralized system of negotiations and the decentralized negotiation plan will be implemented institution by institution, once the new local union is certified. Thus, the employer and the newly certified union will have a maximum of two years to negotiate and agree on the content of the local section of the collective agreement. Failing a negotiated agreement, the legislator stipulates that a mediator-arbitrator will be called upon to rule on the content of the local section of the collective agreement. However, the decision of the latter cannot engender additional costs for the employer, which leads us to believe that there will be long debates at the time of the presentation of the final offers by each of the parties.

The legislator also stipulates that the merger of seniority lists will only take place once local negotiations are completed. It is therefore not before this time that the effects of the merger of certification units will be felt on a daily basis. Until then, the working conditions of nurses, nursing assistants, respiratory therapists, pulmonary function technicians, perfusionists or extracorporeal circulation technicians and baby nurses will continue to be governed by their current collective agreements.

Special

And what about our draft collective agreement?

This modification in the process of negotiations, which comes about after the FIIQ has presented its draft collective agreement, forces us to re-examine our draft agreement in the light of the how the government has divided up matters. Moreover, it is probable that this project will have to be modified for greater protection against sub-contracting and to deal with the multiplication of local networks (union life, multiplication of facilities and missions with the same employer, etc). In the coming months, the Negotiation Sector will present to delegates at a Federal Council meeting the amendments needed to resist the wind of privatization of services and the government's anti-union policies.

Ambiguities to clear up

Moreover, before beginning negotiations proper on the content of the draft collective agreement, the FIIQ and the CPNSSS will have to agree on the scope of the matters that are decentralized. Indeed, since the government passed this bill at full speed, without any in-depth discussion, the list of the 26 matters that are decentralized are subject to interpretation. The FIIQ, which stands against the imposed decentralization of negotiations, will argue that this list should be interpreted in a restrictive way, and chances are the CPNSSS will oppose this viewpoint.

Maintaining the current collective agreements

As you remember, in the context of the process of negotiations, in effect since 1985, the FIIQ was responsible for the negotiation of all matters included in the collective agreement. Once the collective agreement was signed, the local parties (union and employer) could modify the Quebec-wide agreement by way of local agreements. A list of subjects that could be the object of local agreements was included in the *Act respecting the process of negotiation in the public and parapublic sectors* (Bill 37). This system of local arrangements is not abolished. However, the current provisions of the collective agreements and their respective amendments will remain in effect for each of the groups concerned as long as new Quebec-wide or local collective agreements have not been concluded.

Making our voice heard with the Réseau de vigilance

RÉSEAU DE VIGILANCE
Entre deux votes, je compte!

Concerned by the first measures adopted by the Charest government, the major union organizations, including the FIIQ, community groups and women's groups decided to work together, as a network, to counter the expected social and union setbacks.

At a rally on October 21, the first day of the new session of the National Assembly, these organizations announced the creation of the *Réseau de vigilance*. Close to 1500 people were gathered in Place D'Youville, in Quebec City, to sound the alarm with bells, whistles and pots and pans. They wanted to alert the public to the danger of the projects presented by the Charest government for public interest, fundamental rights, democratic life and solidarity. Despite short notice, people from the region of Montreal, Laval, Montérégie, Saguenay-Lac-Saint-Jean and the Laurentians came to Quebec City to take part in the protest. Other similar rallies were held in Sherbrooke, Trois-Rivières, Gatineau and Rouyn.

After having participated in the various demonstrations held in December against the presentation of Bills 25, 30, 31 and many others, the *Réseau de vigilance* decided to mobilize in January-February around the consultations held by Minister Séguin prior to the presentation of the budget. The FIIQ has already sent an position paper to the Minister. In line with this, the *Réseau de vigilance* evaluated that it would be strategic to organize protests at the time of the public hearings held before the presentation of the budget. Thus, it invited all groups to speak out high and loud for quality public services, accessible to all, and for social programmes adequately and collectively funded, the redistribution of wealth, sustainable development in a viable future, a tax system that serves the public interest and rests on the principle of the fair taxation of citizens, corporations and companies.

Other actions will be organized by the *Réseau de vigilance* and the FIIQ urges its members to take part in these actions, both at the local and regional level, because it is important to let the Charest government know that we reject his reengineering plan.

Photographe Clément Allard

On the picture, Lorraine Guay and Serge Roy, both spokepersons for the *Réseau de vigilance*.

Fight back

Besides Bills 25 and 30 which seriously affects women workers, unionized employees and users of the health and social services network, the vast undertaking of deconstruction of the Quebec State is hitting women head on. Other bills, adopted in December, or about to be, other regulations or policies announced affect women directly, and often the most deprived women.

This is the case with the refusal of the Minister of Labour's decision not to apply the minimum wage to seasonal agricultural workers who harvest berries, the $209 million cut in the welfare budget decreed by the Minister of Finances last June, the 25% cut in the maintenance budget of low-income housing decreed by the Minister of Municipal Affairs, Sport and Leisure. This is also the case with *Hydro-Québec's* increase in electricity rates, or the revision of the *Régie du logement's* rules for the calculation of rent.

This is also the case with the abolishing by the Minister of Education of the $15 million grant to reduce the back-to-school expenses, the increase in the cost of child-care by the Minister of the Family or the reform of administrative justice drawn up by Minister Bellemare which will make justice less accessible to people in a situation of poverty.

And what about sub-contracting which is facilitated by the recent amendments to Article 45 of the Labour Code. This simple modification is heavy with consequences. It imperils the working conditions of thousands of men and women workers in Quebec. By transferring jobs towards the private sector or the community sector, the government decided to maintain a predominantly-female workforce in under-paid jobs.

And what about the Charest government's delay in presenting its plan of action to counter poverty, despite the fact it is compelled to do so by Bill 112. As a matter of fact, persistent rumours lead us to believe that this plan of action may be attacking the poor instead of attacking poverty. Indeed, there is talk of abolishing the $111 monthly allowance for people who receive welfare and have a dependent child who is five years or less, and recipients who are between the ages of 55 to 64.

And this is not all. Far from it. We must keep an eye on the project to reform of the Quebec Pension Plan which plans to replace the survivor's pension, a lifetime pension, with a higher pension that will last only three years. The reengineering announced by the government will inevitably mean huge setbacks for women, since its prime objective is State disinvolvement.

Unfortunately, we are short of space to continue the list of calamities which are the work of the Charest government, but it is clear that we must absolutely organize to resist. *"International Women's Day is a perfect opportunity to fight back against the government's campaign to steal our hard won gains. Everywhere in Quebec, in our workplaces, in our families, in our day-to-day lives, let's work together to develop strategies that we all can use."* This is the essence of the message for International Women's Day.

With women in women's groups, community groups, other union organizations and with men supportive of their struggles, nurses are invited to stand shoulder to shoulder in order to take action. We must force the government to maintain the accessibility and universality of public services by ensuring that they have adequate and collective funding. We must bring the government to respect the democratic process when it wants to introduce changes.

The *Intersyndicale des femmes* reminds us that we must react together to the consequences of sub-contracting and the incursion of private enterprise, resist the lure of lower taxes, which will mean a reduction in public services and a hike in fees. Together, we must force the government to take into consideration the status of women.

The content of this article is drawn in part from the pamphlet entitled *Women Fight Back - Together everything is possible*, produced by the *Intersyndicale des femmes*, of which the FIIQ is a member, and which will be distributed on March 8, 2004.

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Uniting for action

The Charest government has passed laws that do not correspond for the time being to our expectations and our choices. Despite our objections and those of several organizations regarding these bills, they were rammed through at the end of the past year, after the Charest government imposed the guillotine to stop the debate on all the bills being examined. The government muzzled parliamentarians, but it will not be able to silence all movements of resistance. If the government passed these laws in a hope to weaken union organizations, it will not be able to quell the movements of solidarity.

More than ever before, it is essential to develop and maintain alliances with other union organizations, social groups and women's groups, here and elsewhere, in order to be able to face up to the government's anti-social and anti-labour attacks, We must stand shoulder to shoulder.

We are about to experience major changes as nurses, unionized employees and citizens. We did not want these changes, however, we must now choose how we will react and take the means to have a union life that counts on the contribution of all the Federation's members, union activists and services. We must unite our own forces and feel stronger with the new members who will join our ranks, that is nursing assistants, respiratory therapists, perfusionists, extra-corporeal circulation technicians and baby nurses.

Challenges are great since, on the one hand, the FIIQ is about to experience the largest union allegiance campaign ever undertaken in almost all health-care institutions and, on the other, we will have to wage a struggle to force the Charest government to take its social responsibilities and ensure that the public has access to quality health services.

Throughout the year, we will share information and analyses of the changes that modify our work organization and our union life. We will work together to create a new union force in the image of its members, a rallyng force to which we can identify.

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