



Vol. 15, No. 1, July 2004

Actualités

Vote Special

JOURNAL OF THE FIQ

Getting our second
wind... to mobilize
better

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on the Charest
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On cover page
Photo: Jacques Lavallée
May 1, International
Workers' Day:
demonstration in
Montreal

Participants wanted



The objective of the research project on **HOMOSEXUALITY AND THE WORK ENVIRONMENT** is to document the forms of marginalization, discrimination and exclusion against gay and Lesbian workers and the consequences for their work; target the factors that influence the decision whether to conceal their homosexuality in the work environment; and assess the ability to exercise the rights recognized after recent legislative gains in the work environment, and the real or anticipated obstacles.

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In contact

Getting our second wind... to mobilize better

As you can see from the various articles in this issue, the FIIQ will have to deal with many challenges in the months ahead. The current Government is clearly seeking to sow discord within the labour movement. It cannot be allowed to win this battle. To counter the Government, however, our solidarity is still the only promising path. The FIIQ will emerge stronger from the coming upheavals, enriched by new members who will certainly contribute to its new identity and its future. The summer season should normally allow us to rest, enjoy ourselves with family and friends, explore new regions – in short, replenish our energy. For some nurses, this will be the case. Unfortunately, for others, the summer looks to be less restful.



Once again, they will carry the network on their shoulders and continue to make it work despite the obstacles created by the managers, who continue to close beds to balance their budget.

Of course, there is the nursing shortage. However, various studies have shown that it would be possible to lessen its effects by improving salary conditions, changing the organization of work, offering education and professional development, recognizing the value of nurses' work, etc. These are the recommendations of the report on a research effort in which the FIIQ participated, which is presented in this issue. As you can see, we are far off the mark. Even though the *Ministère de la Santé et des Services sociaux* and employer associations were associated with this research, it seems that they haven't bothered to study it! The pay equity and remuneration offers tabled by the *Conseil du trésor* and the normative clauses tabled by the CPNSS (the employer negotiating committee for the health and social services sector) do not propose concrete measures to alleviate the effects of the nursing shortage.

There is also great uncertainty in the air. Strong concerns are being expressed following the announced institutional mergers, associated with the establishment of integrated local health and social services organizations. The same goes for the mergers of bargaining units imposed by the Government. On this issue, we have initiated a twofold approach. On the one hand, the FIIQ is contesting the constitutionality of the legislation that imposes these mergers. It has filed a motion to delay

the voting process until the Court has ruled on the legality of the law. On the other hand, the FIIQ, like all the organizations involved, is preparing for the votes and, above all, working on the development of strong and more broadly based union life. Solidarity will be especially necessary because the local teams would have to begin negotiations on 26 matters transferred from the national to the local level.

A hot autumn

The fall looks to be even hotter, given that the Government seems resolved to continue making waves and creating a mockery of the social rights. For example, the tabling of Bill 57, at the very end of the parliamentary session, has the aim, according to the *Collectif pour un Québec sans pauvreté*, of making the current employment assistance legislation even more complicated and arbitrary. This bill is accompanied by a series of others, such as Bill 61, which seeks to promote public-private partnerships. Such tabling, on the eve of a long holiday and during the election period, accompanied by a stealthy consultation in midsummer, gives serious reason to doubt the quality of the consultation process adopted and the transparency of the current Government.

These attacks launched on all fronts show, as if any more proof were needed, the importance of organizations like ours. The strength of this onslaught against the labour movement is evidence of the Government's will to weaken resistance to its neoliberal reorganization/reengineering project. Fortunately, the FIIQ is ready.

If the FIIQ currently represents a major pole of attraction, this is because it has adapted to the new realities. The FIIQ has always tried to make the most of adversity. It many battles and its representations have made it a beacon for nurses' organizations in other provinces and given it credibility and the power to influence in Quebec society. Occupying the public podiums, anticipating the problems specific to women and health practitioners, the FIIQ has adopted sectors and services that today make it strong. As we announced at the last Federal Council, the Occupational Health and Safety Sector this fall will distribute an information tool on hospital-acquired infections, a problem straight out of the headlines. Retirement preparation sessions and "Pension Attention" evenings will also be offered, and interventions to counter violence in the workplace or improve the organization of work will be developed. This is obviously without forgetting the very rationale of union organizations – defending rights and negotiating the collective agreement. Thus, the FIIQ will continue on every podium to demand the right to equity, the right to collective bargaining, quality public services and, finally, a just and equitable society.

Very soon other health practitioners will join our ranks. Greater in numbers, in a Federation rich in expertise, we will be able to show that the united strength of these forces is the real force in health care!

A handwritten signature in black ink that reads "Jennie Skene".

Jennie Skene
President

Mobilization: creative tactics

On April 14, the first anniversary of the day the Charest Government came to power, *Le Réseau de Vigilance* called a national day of regional action. From Rouyn-Noranda to Rimouski, from Valleyfield to Chicoutimi, and in Montreal, Quebec City and Sherbrooke, nurses joined other union members and activists in women's organizations and community groups to say NO to the proposed reengineering. Together, they reaffirmed their commitment to preserve public services. Funeral corteges in Abitibi and Montérégie, funeral rites in Lac St-Jean, a popular education initiative called "On bloque Charest" in Quebec City, a picnic in front of the office of the MNA for St-Jean-sur-Richelieu, a symbolic vote in Rimouski – creative tactics prevailed and there was no lack of imagination in finding ways to make themselves heard.

Then, on May 1, came the mass demonstration in Montréal. Several hundred nurses, some coming from as far away as Abitibi and the Lower St. Lawrence, participated in this march along with an estimated 200,000 people. This was the biggest May Day demonstration in Quebec's history. To everyone's great delight, the sun shone on the event.



Not always easy, but ...

You will remember that, in the context of the priority action plan for resistance to the Charest Government's neoliberal project, delegates to last February's Federal Council designated mobilization respondents. They generally consider that their work had positive spinoffs. In addition to the work accomplished by the network of regional and local respondents, the appointment of department reps encouraged the members' participation in these various activities.



*Martine Côté, rep of
her centre of activities*

A Roberval nurse, Louise Ménard, even reported on one centre of activities where the nurses had never participated in union activities and where, following the appointment of Martine Côté as union rep, participation soared to nearly 100%. Louise pointed out: "We aren't used to demonstrating, we always have something better or more important to do, so we have



*The President meets with
Roberval nurses*

to push ourselves a little to go but afterwards we are really happy we did. There is a warmth and complicity in these demonstrations that is rarely found in everyday life."

However, as Danielle Matte, respondent for the Québec City region, pointed out, the most important thing is to have the conviction that we can change things. This is why, according to Josianne Ouellette, respondent for the Laurentian region: "We have to explain to the younger members, and remind ourselves when we're tempted to stay home, that maternity and paternity leaves, the 8-hour day, pension funds, annual vacations, one weekend off out of two – all these social rights that we now take for granted and that contribute to our quality of life – are in fact gains wrested through hard struggles. We wouldn't benefit from them today if others hadn't fought before us."

*Martine Eloy,
Consultant,
Translation Service*



Choosing the future

We've already heard a lot and we'll be hearing for a long time yet about the Charest Government's cavalier adoption of a multitude of legislation, including the "reform of the process of negotiation", better known as Bill 30.

This law, which is perfectly in tune with the Government's neoliberal aims, decentralizes a large part of the negotiations to the local level and limits the number of union bargaining units in the institutions of the network.

To reduce the number of unions, Bill 30 dictates that each institution from now on will have only 4 classes of personnel from which the bargaining units will have to be constituted. Class 1, nursing care and cardiorespiratory practitioners, now includes nurses, nursing assistants, respiratory therapists, perfusionists, child nurses and extra-corporal circulation technicians.

Concretely, this means that by this fall, after the first wave of voting, all these health professionals will end up in the same union. The creation of separate unions on the basis of profession will no longer be possible.

Choosing your union

To determine which union will represent all Class 1 personnel from now on, Bill 30 establishes three methods:

A first method allows a union already present in the institution to **file a petition** for certification with the *Commission des relations du travail (CRT)*.

A second method allows several unions in the same institution to form a new **group**, that is, create a new local union.

Finally, the third method consists of **designating** the union that will become the representative union from among the unions already present in the institution.

If all the unions in an institution agree to file a petition, form a group or designate a single union, the CRT will certify this new union to represent the nursing care and cardiorespiratory practitioners.



Apart from Jennie Skene of the FIIQ, shown from left to right are Elaine Trottier of the APIQ, Monique Leroux of the APIIAQ and Gilles Jean of the FIIAQ.

However, this situation will be fairly rare. It will be encountered in institutions where there are only FIIQ unions and in institutions where the respiratory therapists are with the APIQ and the nursing assistants are with the APIIAQ and the FIIAQ, since these four organizations have decided to unite their forces and create alliances.

In all institutions where our counterparts are with the CSN, the CSQ or the FTQ, there will be a recruiting campaign similar to a raiding period, which will conclude in a vote.

As you read these lines, your union in your institution has most likely already contacted the other unions present to establish alliances. This approach should facilitate the establishment of the new bargaining unit, which will represent all nursing care and cardiorespiratory practitioners at your employer.

If these alliances are possible, the voting period from September 7 to October 8 will be serene. Such a climate will facilitate the development of the necessary cooperation to set up a strong and democratic local union. If it is impossible to establish such alliances, however, the raiding campaign will unfold in a climate of competition and you will be solicited by rival union organizations attempting to persuade you to vote in their favour.

As you make your choice, remember that the FIIQ is the way of the future for health-care workers. With its multiprofessional membership, the FIIQ will be the biggest group representing only care personnel.

Choosing the FIIQ



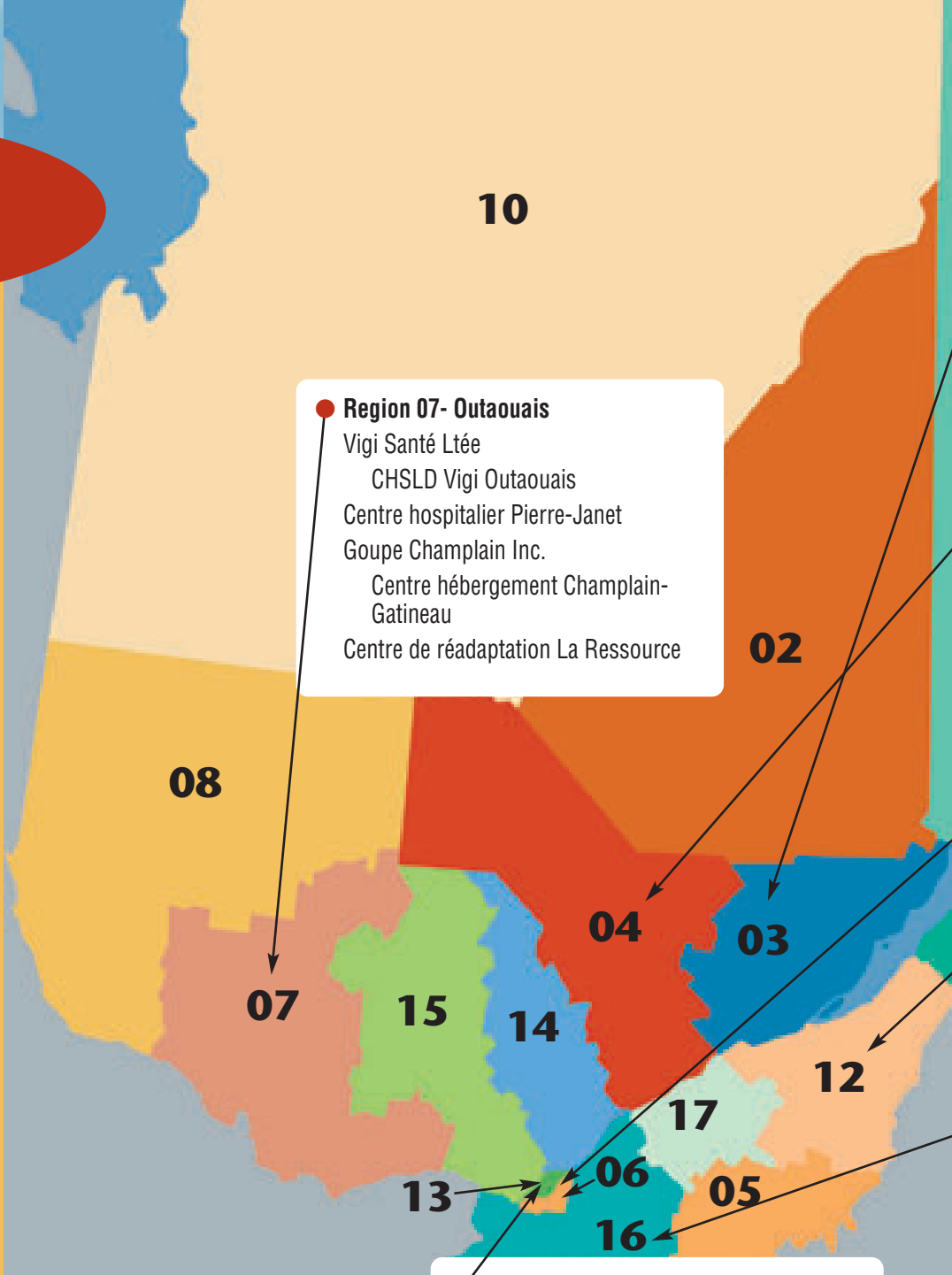
WE'LL VOTE IN SEPTEMBER

A first wave of votes

Within the context of the merger of bargaining units, all Class 1 employees (nurses, nursing assistants, respiratory therapists, perfusionists, extra-corporal circulation technicians, child nurses and baby nurses) will have to choose their union. But they won't all do it at the same time.

Minister Couillard is determining by decree which institutions will hold a vote. The Minister's first Order-in-Council is effective since March 15, identifying the institutions concerned by next September's votes. About sixty sites where the FIIQ is present will participate in this first wave of votes.

Is yours one of them?



- **Region 07- Outaouais**
 - Vigi Santé Ltée
 - CHSLD Vigi Outaouais
 - Centre hospitalier Pierre-Janet
 - Goupe Champlain Inc.
 - Centre hébergement Champlain-Gatineau
 - Centre de réadaptation La Ressource

- **Region 13 - Laval**
 - Manoir St-Patrice Inc.
 - CHSLD St-Jude Inc.
 - Centre de réadaptation Normand-Laramée
 - Résidence Louise-Vachon

Report

FIIQ position

on the Charest government's action plan

Within the context of its project for reengineering the State, the Charest Government has held regional forums that will culminate in the holding of a national forum this fall. On the occasion of a consultation in name only, in which each participant only has the right to speak for three minutes, the Government has produced a document, to which the FIIQ has reacted.

Denouncing this public relations exercise, the FIIQ rejects this Government's interpretation of the collective values of Quebec society and the alarmist postulates that seek to justify its approach. The FIIQ therefore refuses to subscribe to this process and calls for a real public debate both on the values advocated by the Government and on the findings. Health, family and education are very important issues and it is appropriate that they be debated widely

THE FIIQ DENOUNCES

the regional forums organized by Jean Charest's Liberal government. They are part of a public relations operation orchestrated by a government whose orientations have been strongly contested since April 14, 2003. By this exercise, the government wants to give the impression that it has the public's support and endorsement to implement its action plan, thus showing contempt for healthy democratic debate.

With the elitist and bombastic slogan *Shine Among the Best*, the government claims to convey the public's values and will and adopts the mission of reforming the Quebec model to reflect a neoliberal vision of society.

The FIIQ refuses to play the Liberal government's game and sign a blank cheque. We understand that merely participating in these forums will be interpreted as acquiescing to the government's orientations. We know that a real forum is the contention of ideas in a consensus building or deliberative process, involving players with different professional and social horizons, defending interests that are not necessarily convergent. The forums organized by the government do not meet these criteria.

The FIIQ refuses to be a passive onlooker to these performances, which are pretenses of democratic consultation with a predetermined outcome. All government actions will be presented in one day: sectorial activities, the reform of democratic institutions, the constitutional issue, health-care, family, education, regional economic development and sustainable development, allowing the participants about 30 seconds each to express themselves. This makes debate impossible.

1

THE FIIQ REFUSES

to adopt the values advocated by the Jean Charest government, portrayed as individual freedom, citizen empowerment and social justice, understanding that in the neoliberal philosophy, they mean individualism to the detriment of the community, that they are expressed exclusively in terms of property rights, and that they deny the redistribution of wealth and the existence of economic and social rights

The values in which we believe are equality, solidarity and democracy, guarantees of a just and equitable society and of the common good. In the public domain, Quebecers are characterized by consensus building and citizen involvement. Never up to now have they confused the Quebec identity with the spirit of enterprise included on the Charest government's list of values.

The Quebec identity cannot be reduced to a mere attachment to the Canadian federation, because Quebec is recognized as a nation in cultural and sociological terms. This recognition characterizes it as a distinct society. On the historical question of the Quebec identity, no debate is proposed regarding Ottawa's encroachment into fields of provincial jurisdiction (health, education and social policy in general). Nor is there any suggestion of debate on Quebec's involvement in the Council of the Federation, which seeks cooperation among Canada's ten provinces and three territories.

This orientation disregards the fact that Quebec, for over a quarter of a century, has sought to acquire a political identity

2

THE FIIQ REFUSES

to endorse the alarmist postulates of demographic determinism, the bankruptcy of public finances and the inefficiency of the State, which are not debated within the context of the forums and which seek to justify decisions that will subject Quebec society even more to reductionist market forces

The demographic determinism argued by the Jean Charest government, reflected in accelerated aging and population decline, is based on the abuse of statistical projections that are tied to the three components of population change – the birth rate, mortality and migration. The assumptions concerning the birth rate should be considered with caution, because beyond 25 years it is perilous to apply reproductive behaviour, deeply rooted in economic and social contexts, to generations yet unborn. It is therefore hazardous to rely blindly on projections that go beyond one generation.

The government uses another statistic, the demographic dependency rate, which should be applied prudently. This statistic includes two categories of economically dependent people: persons age 15 and under and persons age 65 and over. Yet the government has chosen, in its demographic projections, to consider only the proportion of elderly people and ignore the proportion of the younger population, thus artificially inflating the percentage rate increases.

The European data (average of 15 European Union countries) have shown that using the elderly dependency rate, rather than the combined dependency rate, produced results four times greater. Thus, the percentage increase in the elderly dependency rate between 1995 and 2000 was 48%, whereas, when calculated in relation to the combined demographic dependency rate, this percentage was no more than 12%.

Such variations in the figures are crucial, especially, when a government makes decisions based on these numbers.

Thus, the government's demographic approach assumes that Quebec society will not go through any social and economic change in the next few years and ignores the fact that demographics are only one variable among many others in a society. It also neglects the fact that social behaviour is also the product of user habits, particularly in health-care. This demographic determinism is in total contradiction with a population policy, as proposed by the government, which, on the contrary, is seeking to act on the birth rate, mortality and migration.

The demographic alibi quite simply becomes an instrument to justify political and economic decisions.

Public finances and fiscal policy must be based on public rights and reflect societal choices rather than fatalism. The Charest government claims that reducing taxes and the size of government would strengthen the economy, create jobs, free up revenue to finance public spending, increase productivity and improve economic prosperity. The fiscal policy reflects the same line of thinking, which perceives taxes as an instrument of exchange rather than as the symbol and means of social solidarity. This "miracle" formula has already been tested, but has never produced the expected effects.

According to Raymond Favreau, guest speaker at the World Social Forum in Mumbai, in Canada, in 1995, the enormous tax reductions and cuts in government spending precipitated the economy into a virtual recession. Similarly, the tax reduction policies of the current American President, George W. Bush, have not only transformed a \$230 billion surplus into a projected \$374 billion deficit but have resulted in the loss of nearly three million jobs.

Regarding the bankruptcy of Quebec's public finances, the apocalyptic vision presented by the Charest government, and by those who envision exclusively and directly financial responses in the short term, is not shared by all economists. If we consider overall enrichment rather than the gross domestic product, Quebec's economic growth is not in a bad position, because it increased by 19% in 11 years compared to 16% for Ontario. The purchasing power of Quebecers rose by 7.4%, as opposed to a 0.3% loss in Ontario.

According to Statistics Canada, Quebec is the region of North America where income inequalities are the smallest. Quebecers pay more taxes but have a good standard of living and more government services. In 2002, Quebec ranked 10th out of 31 in purchasing power among the OECD countries, compared to 17th in 1992.



3 LA FIIQ REFUSES

to subscribe to the principle of government reengineering that primarily aims at performance and profit.

This principle proposes a change in the division of labour to control costs and production times through the computerization of certain tasks. Obedient to the power of the "3 C's" of the market – consumers, competition and change – reengineering is a method that wipes out gains, calls for radical cultural change and relegates political and social dimensions to the status of economic by-products, assessed only from the perspective of profitability and productivity. On this basis, the State adopted a corporate culture to the detriment of a political and social vision.

The FIIQ refuses the project of reducing the role of government to that of a coach and player among others, responsible for creating opportunities that favour business competitiveness. This denies that the State is the political expression of the collective public interest and that it is a central player in an infinitely complex society where different political, religious, ideological, social and economic forces work together and confront each other. The role of the State becomes crucial in a context of liberalization of trade and competitiveness. It manages public funds generated by taxes and must retain control to guarantee the viability of public services and a social safety net instead of opting for deregulation. The State must ensure the public's welfare and take charge of fields such as health, education, the environment and public safety, which require regulation to ensure similar access and equity for all citizens. In addition to providing society with a legal framework, the State must consider the social costs and benefits of any activity.

● For everyone's welfare, for example, it can oblige polluting companies to change their production methods – an initiative that private sector companies will never take automatically, with rare exceptions – and fine them, if necessary.

4 LA FIIQ CALLS

for a "real" debate, particularly on the future of health-care in Quebec. This future is already compromised by the legislation adopted in December 2003. It will be compromised even further when the Quebec Act respecting health services and social services is amended, in spite of any democratic consultation.

The Liberal government has decided to give priority to **the principle of reengineering of the Quebec health-care system** and the decisions have already been made regardless of the public's will. In December 2003, the government forced the adoption of laws to subject the health-care system to market forces: deregulation (amendment of section 45 to resort to subcontracting without honouring the collective agreements); reconsideration of union freedom, freedom of representation and decentralization of collective bargaining; communitization (systematic partnership with social economy companies and community organizations, where jobs are underpaid and casualized); decentralization (abolition of regional boards and downloading of responsibilities from the regional level to the local level and empowerment of local stakeholders); privatization of certain activities by resorting to public-private partnerships, such as food and housekeeping services.

In the Charest government's action plan, **the universality of health and social services**, a fundamental principal of the *Canada Health Act*, is transformed into the offering of "basic public services with universal access", geared to performance and accountability. "Basic" necessarily implies selectiveness and restriction in relation to the entire range of services provided by the State. The creation of a Health and Welfare Commissioner will support these productivity objectives, since this person is responsible for assessing the overall performance of the health and social services system in terms of the major issues that jeopardize the health-care system's viability. Public-private partnerships are supposed to mitigate the deficiencies of the public system because the State, according to the line adopted by the Charest government, is inefficient.

Based on a fatalistic demographic determinism and the increase in health-care costs, without any debate on medicine and its modes of intervention, or on the role of prevention and public health, the Charest government is setting the table to justify reengineering of health-care, and especially to question the funding of health care. Questioning the funding of health care means introducing the question of pricing through user fees or a health fund financed by new taxes on corporations and individuals. This would be the only factor needed for the Quebec health-care system to be totally subjected to the World Bank's six strategies, deliberate underfunding of resources, deregulation, user fees, decentralization/regionalization, privatization and communitization.

In fact, the government's action plan has many deficiencies and does not specify that **the increase in health-care spending** is not solely related to the aging population but rather to changes in health-care consumption habits, the cost of medical supplies, the exorbitant cost of high technology and the prescription drug price explosion.

● The net earnings of US\$31 billion reported in 2000 by the pharmaceutical industry, represented by a few multinationals, compared to \$11 billion in 1991, largely attests to this.

Yet we know that the drugs are part of the category of products the most subject to regulation of international trade. Concerning the cost of technology, no government orientation indicates how the purchasing and maintenance of this equipment will be negotiated. All that is known is that the government prefers to review the health-care network's funding rather than reconsider regulation of a very lucrative market. Thus, while our health-care expenditures are increasing, especially for prescription drugs, research and development profits are soaring outside of Canada. In other words, the exploding cost of the prescription drugs we consume, paid in part by public funds, is enriching the multinationals, the pharmaceutical companies and their shareholders.

As for the argument that ascribes **superiority to private services**, it has not been proven to date. In fact, as several studies show, health-care expenditures are higher and increase faster in communities served by for-profit hospitals. Yet it is generally recognized that the quality of care is better in the non-profit system.

According to these studies, the conclusion that can be drawn is that a parallel private system seems to provide more services to the affluent

Report

5

LA FIIQ REJECTS

the way the government is approaching the theme of family and denounces the government's action plan which sets out its family policy in only three lines: reducing the tax burden on families, development of childcare services, and solutions to reconcile work and family.

Reducing the tax burden can be summed up for now in terms of measures (support for children, employment premium and merging the general system with the simplified system) that will improve the income of families and individuals whose incomes are still too low to pay tax. This does not mean tax cuts but rather a negative income tax or refundable tax credits while, at the same time, the corporate fiscal obligations continue to be reduced for companies with a payroll of less than \$1 million: elimination of the capital gains tax and exemption from the obligation to allocate 1% of payroll to training.

- From 1964 to 1969, the contribution of individuals grew from 62% to 87%, while the corporate contribution fell from 38% to 13%.

The government's action plan does not question this aspect of Quebec taxation.

Development of childcare services is in line with the previous government policy, with the difference that rates have increased from \$5 to \$7 (indexed each year) and that Bill 8 (2003) has given home childcare providers the status of self-employed providers of services who are not employees of the establishments to which they are attached. It is easier to understand why the development of childcare services has been oriented exclusively to home childcare supervised by childcare centres, private childcare and drop-off daycare, work environments where workers will no longer be able to unionize.

Bridging work and family is reduced to the presence of drop-off daycare in the work environment and the presumed collaboration of companies without a "single formula" to meet everyone's needs. We should not forget that this reconciliation is supposed to be part of a context of increasing productivity. There is no mention in the government's action plan of the special status of women who are the most affected by atypical work and casualization of employment, and thus by unstable income.

- In Quebec, it is estimated that one third of jobs are atypical jobs and that involuntary part-time employment has jumped 524% in the past thirty years.

Nor is there any mention of the normal vacation period, which is currently ten paid days after one year of work (*Act respecting labour standards*), and which ought to be lengthened to ensure a better quality of life for families. Studies have shown that these realities – instability, casualization and lack of respite – affect parents' physical and mental health and weaken conjugal bonds.

The FIIQ calls for a real family policy that considers the needs of families instead of the realities of the market.

The FIIQ specifically demands that the values advocated by the government and the basic postulates be debated in public. It also insists that issues as important as health-care, the family and education can be debated more widely by all of the stakeholders.



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Hôpital Rivière-des-Prairies

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Villa Médica

L'Institut de réadaptation de Montréal

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Vigi Santé Ltée

CHSLD Mont-Royal

CHSLD Dollard-des-Ormeaux

CHSLD Pierrefonds

CHSLD Vigi Reine-Élizabeth

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Foyer Mayfair

Groupe Roy Santé Inc.

Centre hébergement Royer

Centre hébergement St-Georges

Hôpital Ste-Justine

Centre de réadaptation Marie-Enfant

Corporation du Centre de réadaptation Lucie-Bruneau

Groupe Champlain Inc.

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Centre hébergement Champlain-Villeray

Montreal Heart Institute (MHI)

Douglas Hospital

Centre hospitalier de l'Université de Montréal (CHUM)

Hôpital Notre-Dame

Hôpital St-Luc

Hôtel-Dieu de Montréal

McGill University Health Centre (MUHC)

Montreal Children's Hospital

Royal Victoria Hospital

Montreal Chest Hospital

Montreal General Hospital

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Pt S St-Georges

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Solidarity

Solidarity with Cuba

As is the tradition for the past several years, the *Centre international de solidarité ouvrière* (CISO) organized an internship in Cuba last spring. After participating in this internship, Michèle Boisclair, 3rd Vice-President of the FIQ, presented her report to the delegates at the last Federal Council.

"On the political level, the Cuban Communist Party, headed by Fidel Castro, represents the only political force in the country. It sets the orientations and organizes political, economic and social life. Over 300 unions are affiliated to it at the national, provincial and municipal levels. The health and education unions account for 700,000 members.

(...) Cuba is a country of 12,000,000 inhabitants, one third of them under age thirty. About 70% of them live in urban areas and their life expectancy is 77 years. Surprisingly, the rate of schooling is 97%. This is enormous for a developing country! What impressed me the most is that the economic criticism is often made that people only earn an average of US\$30 per month in Cuba. However, the cost of food has stayed at the 1959 level. This ensures that people can feed themselves adequately at least three weeks out of four and have free access to health and education services.

(...) Cuba is a surprising country. After 45 years of the U.S. embargo, it has nonetheless succeeded in reforming its health-care system and thus reduced the infant mortality rate dramatically. This rate has dropped from 40 per 1000 in 1959 to 10 per 1000 today. This is only slightly higher than the rate of the United States, which is 8.3 per 1000. In Cuba, the medical clinic is the point of entry to the health-care system. In every neighbourhood, family medicine, prevention and education services are offered and the public can have access to soft and alternative medicines. A doctor is available 24 hours a day. Each clinic is affiliated to a polyclinic equipped with laboratories and X-ray equipment. The polyclinic offers the services of medical specialists. The top level of this structure is a regional hospital."

She ended her presentation by quoting Montero: "Don't compare us to you but to the other countries of South America. You will find that Cuba is a country where the people have the right to health and education and are

assured of food, even though we know the quantity isn't sufficient. But we're working on it!"

The FIQ's participation in such internships is important because they are part of our solidarity movement with union organizations here and abroad. The impact of the

U.S. blockade on Cuba is undeniable. Beyond the beaches and the sea, the Cuban population lives under difficult conditions and is suffering from the economic blockade. Solidarity with Cuba means denouncing the embargo and putting pressure on the United States to end this dictatorial trade policy.



To promote good nutrition, children had prepared baskets of fruits and vegetables picked in small gardens.

Mumbai: Words of denunciation, actions to change the world

At last May's Federal Council, Lina Bonamie, 4th Vice-President of the FIQ, delivered captivating testimony to the delegates after attending the World Social Forum held last January in Mumbai, India.

"The World Social Forum is an annual event intended to counter the neoliberal agenda, a place where another world is possible. The first Forum was held in Porto Alegre, Brazil in 2001. Its objective is to serve as a counterweight to the Davos Economic Summit, which brings together the leaders of neoliberalism every year. For the first time this year, the Social Forum was held on the Indian subcontinent to encourage the participation of African and Asian peoples who find it difficult to travel to South America, due to the costs.



People from all over came to discuss issues with others and be heard.

(...) India is the world's biggest democracy: 23 political parties compete but a government of the Far Right heads the country. English is spoken, but 15 official languages coexist. Life expectancy is 63 years. Among the population, 0.7 % are Buddhists, 2% are Sikhs, 2.4% are Christians, 14% are Moslems and 80% are Hindus. The country's big cities are hyperpolluted and their inhabitants are severely affected by HIV



Every day, this street is closed to allow children to have a period of physical exercise.

and juvenile prostitution. In Mumbai, the country's richest city, the slums – ghettos of extreme poverty – extend endlessly, accommodating almost half the population. Cars, rickshaws (small man-drawn two-wheeled vehicles), monkeys, horses, cows and begging children circulate in a constant flow.

(...) The world's biggest producer of basmati rice, India has seen the number of varieties of rice produced in its territory shrink dramatically over the years, due to monoculture and the monopoly of the big seed companies. This country must also buy seeds from the multinational Monsanto. Like most of the seeds offered on the global market, they are sterile and thus cannot be used from year to year.

(...) For 80% of the population, the average wage is less than \$2 per day. About 250 million lives on less than \$1 per day. Paradoxically, this country produces the greatest number of computer technicians in the world.

(...) India is also the caste system. This is what touched me the most about this country. There is no possibility of moving from one caste to another. People who are born dalit – the lowest caste, or untouchables – will keep that status their entire lives. Some of them, who are luckier, have been able to benefit from higher education outside the country. I met a dalit doctor who studied in England and returned to practice in India. This doctor is not considered the same as a doctor from a higher caste. Only dalits will go to see him, and even though he has worked in a hospital for several years, he has just barely begun to gain respect as a physician.

(...) In India, the status of women is unspeakable. Imagine if a big city like Montreal had 16 million inhabitants – the sewer system would quickly become clogged. In Mumbai, the waterworks system is minimal. This is why people have to meet their sanitary needs on the beach. Women do not have the right to defecate before nightfall. For these women, who are denied the most elementary rights, the notion of a fundamental right does not have the same connotation it does here. The status of widows is even more tragic. When their husband dies, they are often reduced to prostitution. This stay left an indelible mark on me and, as I left, I promised to speak about these people, these women and men and the conditions in which they live."

"(..) The 5-day Forum presented 12,000 events, in which 100,000 people from all over the world participated. We tried to understand, during these 5 days, where humanity is heading both environmentally and from the standpoint of human rights."

The FTQ's participation in such events is essential, Lena insists, because it allows the

deepening of our collective thinking about globalization and internationalization. Attending such a gathering allows us to contrast our perspective with that of people from every continent and envision solutions other than those put forward in Western countries. We have developed ties with groups who are also suffering from the throes of globalization. Our common challenge is to find out how to take advantage of the opening of economic barriers, instead of only suffering the consequences.

The Fund's RRSP: a handy tool for women



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EXAMPLES OF PAYROLL DEDUCTIONS WITH IMMEDIATE TAX SAVINGS					
2004 TAXATION YEAR (26 PAY PERIODS)					
TAXABLE INCOME BETWEEN	CONTRIBUTION PER PAY	TAX SAVINGS (APPROX.) CREDITS + RRSP		NET PAY REDUCTION (APPROX.)	TOTAL INVESTED PER YEAR
\$27,636 to \$35,000	\$40.00	\$12.00	\$13.36	\$14.64	\$1,040
	\$100.00	\$30.00	\$33.40	\$36.60	\$2,600
	\$192.31	\$57.70	\$64.23	\$70.39	\$5,000
\$35,001 to \$55,280	\$40.00	\$12.00	\$15.36	\$12.64	\$1,040
	\$100.00	\$30.00	\$38.40	\$31.60	\$2,600
	\$192.31	\$57.70	\$73.85	\$60.77	\$5,000
\$55,281 to \$70,000	\$40.00	\$12.00	\$16.96	\$11.04	\$1,040
	\$100.00	\$30.00	\$42.40	\$27.60	\$2,600
	\$192.31	\$57.70	\$81.54	\$53.07	\$5,000

Your local representative (LR) can help you enrol in the Fund's RRSP. Ask your union or Alain Desrochers, FTQ coordinator at the Subscription Development department, for the name of the LR in your workplace.

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Hard at work

Share value fluctuates. For detailed information on the Fund's shares, please consult the prospectus available at our offices.

Should I stay or should I go? a long-awaited report¹

In its February 2001 report, the National Nursing Workforce Planning Forum proposed to investigate certain question related to retention and attraction of nursing personnel. For this purpose, the *Ministère de la Santé et des Services sociaux* created a Research Subcommittee in August 2001. It was composed of representatives of the Department, the *Association des CLSC et des CHSLD du Québec*, the *Association des établissements privés conventionnés du Québec*, the *Association des hôpitaux du Québec*, the *Fédération des infirmières et infirmiers du Québec* and the *Ordre des infirmières et infirmiers du Québec*. Research was therefore initiated to determine the factors influencing the choice of nurses to opt for a full-time or part-time position or register on the availability list, identify the factors and strategies to increase nurses' availability, specify what constitutes advancement or promotion, and find out more about their expectations. Recommendations were to be formulated to guide interventions at the local, regional and national levels. The results of this research are contained in a report tabled on December 11, 2003. This was presented to the delegates at the Federal Council in February 2004.

Sustained involvement by the FIIQ and its members

Concerned about the nursing shortage, the FIIQ, through a consultant from the Task and Organization of Work Sector, was very actively involved in this research. The participation of its members was also a crucial factor. The FIIQ represents 84.0% of the unionized nurses in the health-care network, and this research could not have been accomplished without access to the file² of members, from which a representative sample of all these Quebec nurses was constituted. In all, 143 FIIQ nurses participated in the focus groups (qualitative component) and 1201 nurses responded to the telephone survey (quantitative component). The high response rate (69%) attests to the nurses'

concerns about the shortage. It also contributed to reliable, accurate and valid results that could be generalized to the entire nursing population.

Even though this research was conducted among nurses with different characteristics (age, region, job title, type of institution), the comments and opinions they expressed in the focus groups turned out to be relatively homogeneous. The results from the focus groups were validated and confirmed by a telephone survey.

Disturbing findings

Nurses have the feeling that they are accomplishing important work. Contact with the patient, the work team and patient recognition are essential to them. However, nearly half the nurses say



they are very dissatisfied with their working conditions. Here are some dissatisfaction factors:

- **Overwork and rhythm**

The nurses say they are fatigued from overwork. Burned out and sometimes cynical about the nursing shortage, they feel that extra tasks are being dumped on them day after day. "We've become sponges"³, "We've become a factory". "What's hardest is the constant pressure". They object to being obliged to perform tasks that they believe ought to be delegated to other classes of practitioners.

- **The obligation to work overtime**

Some nurses deplore that they are sometimes obliged to work overtime, while others object that this overtime is not always paid. Some feel harassed by supervisors to come in to work on their days off or to stay at work longer than their shift.

- **The difficulty of doing "real nursing"**

The nurses find that their work deviates from nursing.

They deplore that they are increasingly distant from the patient. They want to get closer to the patient, do "bedside" work and patient education instead of house-keeping, secretarial or other tasks.

- **Inadequate salary conditions**

The nurses want their salary to correspond to their competencies, knowledge and responsibilities. "We want to be paid at our fair value". They consider that their remuneration does not reflect their level of responsibility or the inconveniences related to the uninterrupted operation of the institutions: "The salary is inadequate for the responsibilities".

- **Lack of recognition and value**

The nurses want to be valued by their supervisors and hope for recognition of their professional status and the importance of their role in the institution. "We aren't respected for our knowledge". They consider that the maximum use of their professional competencies is an important factor in enhancing

1. Sous-comité de la recherche, *Recherche sur les facteurs d'attraction et de rétention des infirmières du Québec, portant sur le choix du statut d'emploi, sur le potentiel de disponibilité et sur les perspectives de cheminement de carrière, Rapport final*, Québec, Ministère de la Santé et des Services sociaux, December 11, 2003, 122 p.
 2. This access to these data was the object of a written confidentiality agreement.
 3. The participants' comments have been corrected grammatically to ensure the transition from spoken to written language.

their value. "It's the clients who value us, not the managers".

- **The difficulty of transmitting their knowledge**

Some nurses over age 50 would like to train new nurses and transmit their knowledge to the new generation. However, some complain of the lack of time and the fact that new nurses are only transitional. "We could be resource people", "But it's not obvious... we don't have the time ...". "The girl won't stay".

- **Lack of continuing education**

The nurses want to receive more education to refresh certain techniques and learn about the operation of new equipment. "There is little regular and accessible education". However, they insist on being paid accordingly and replaced.

- **The lack of listening and support from their supervisors**

They want to be consulted, listened to and have their opinions considered: "We don't have a say", "We're talking to thin air". They want to feel supported by the head nurse and by the management. "We don't feel supported in some situations", "The bosses are like phantoms".

- **Managers and debatable management practices**

Nurses are unequivocally suspicious of managers and their practices. "They're disconnected from reality". "They all give the same answers all the time", "They must be taking classes on how to give us ready-made answers", "There seem to be fashionable trends. Everything is always changing. We get used to it and it changes all over again".

- **Deterioration of physical conditions and the work environment**

Nurses complain of cluttered and cramped rooms and corridors, obsolete premises and equipment, a lack of material, the noise level and the lack of cleanliness in the workplace. "I'm now ashamed to work at my hospital".

- **Employment status and incentives to be more available**

Nearly two thirds of nurses hold a part-time position and nearly one third of casual part-time (CPT) nurses have chosen this status, particularly to facilitate reconciliation of work and education, work and family, or work and personal life, or to preserve their physical and psychological health. The other third hold this type of position because they can't obtain better, particularly a full-time position.

The elimination of different irritants, particularly by improving salaries and premiums for weekend, evening, night and holiday work, increasing nursing personnel, reducing the number of compulsory weekends, giving the possibility of obtaining leave, offering the option of reorganizing full-time jobs into four days, and reducing the patient-nurse ratio, would give part-time nurses an incentive to accept a full-time position. In this case, about one fifth of nurses holding part-time positions and half the CPTs would be willing to offer more availability, for an average of two additional days every two weeks.

- **Career extension**

Nearly two thirds of nurses over age 50 would consider extending their career if their working conditions were improved.

- **Career path**

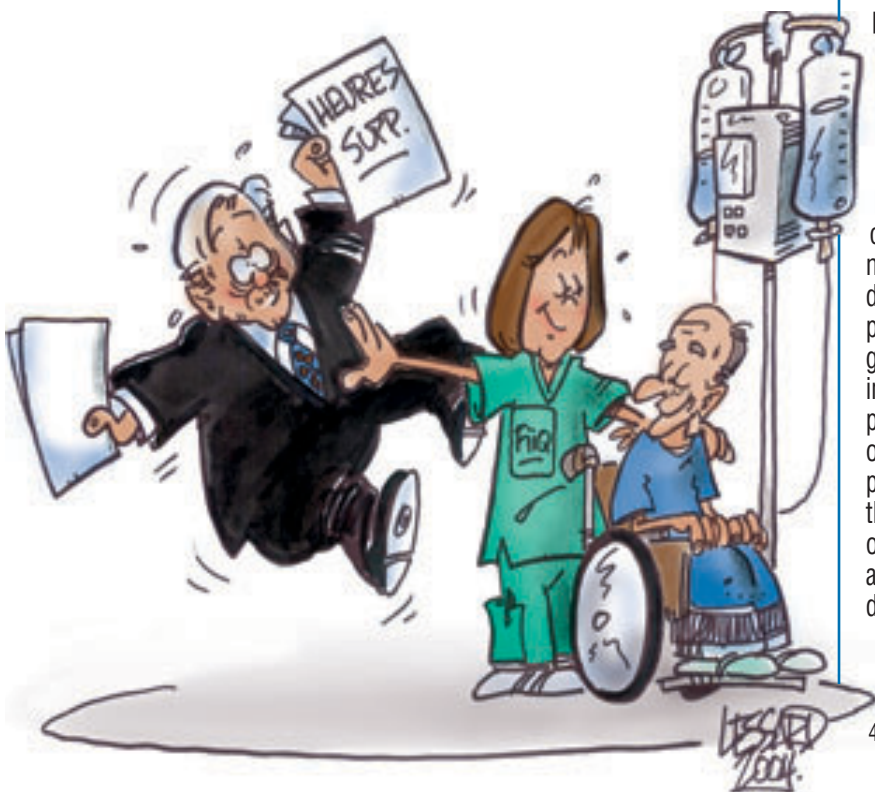
The nurses' career path is often guided by opportunities that arise in the work environment. For some, the career path is more related to their working conditions, professional practice, professional development, and the recognition and valuing of their work. For many, the ideal career is still practicing with patients.

The urgency of action

Several recommendations in this report are in line with the FIIQ's positions. To put a stop to the nursing shortage, it is essential to improve financial conditions, the organization of work, the organization of care, education and professional development, recognition and valuing of nurses and their work, professional and organizational support, and the work environment. All these factors interact. None can be neglected.

The product of a multipartite consensus (MSSS, employer associations, FIIQ, OIIQ), these recommendations must quickly become reality. Despite the means put forward since this report was tabled, the situation remains worrying. A new nursing workforce projection done in 2003 indicates that the apprehended shortage over the next fifteen years will be greater than initially forecast in 2001⁴. This is why it is necessary to take action.

*Thérèse Laforest, Consultant,
Task and Organization of
Work Sector*



4. Ministère de la Santé et des Services sociaux (MSSS). *Planification de la main-d'œuvre infirmière, Bilan des travaux réalisés et mise à jour du plan d'action*, September 2003, p. 9.



FÉDÉRATION DES INFIRMIÈRES
ET INFIRMIERS DU QUÉBEC

POSTE-PUBLICATION
CONVENTION 40007983



Everything you need to know about the vote

When?

September 7 to October 8, 2004.

How?

By mail

Who has the right to vote?

- Employees employed by an institution of the network;

Also:

- Employees on leave without pay, on maternity leave, on sick leave or on disability leave due to an occupational injury;
- Employees registered on the availability list who have worked at least one shift or part of a shift during the year.

Voting procedures

Each employee will receive at home the relevant documents and information to exercise her right to vote.

Watch your mail: the ballots will start to arrive on September 7.

If you do not receive your ballot, call the CRT at (514) 864-3646 or toll-free at 1 (866) 864-3646 to notify it.

It is very important to inform your employer and your union of any change of address.

Each employee will receive 1 vote per employer per occupational class. If you work in two institutions affected by the vote, you will receive two envelopes

Be careful not to mix up the envelopes and votes. There is a code corresponding to each institution.

Anglophone nurses will receive bilingual documents

The ballots must be received at the CRT no later than October 8.

After exercising your right to vote upon receipt of the ballot, notify your union.

Counting the votes

The union will participate in the count and will announce the results of the vote promptly.

You will be contacted by your department rep

Certification

The union will become your official representative when it receives the CRT certification.

You will then be called to a first local General Assembly at which you will elect the Executive and establish the operating budget.

From now on, it is important that you attend all General Assemblies called by your local team. It is also essential that you stay in contact with your union to find out any new development and counter any disinformation concerning the voting process and the real issues of the vote.

**Keep informed
to make the best choice**

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