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# 2005: a year OF CHALLENGES



After greeting the presence of representatives of the Alliance professionnelle des infirmières et infirmiers auxiliaires du Québec (APIAQ), the Fédération des infirmières et infirmiers auxiliaires du Québec (FIIAQ) and the Association professionnelle des inhalothérapeutes du Québec (APIQ), Jennie Skene, President of the FIIQ, opened the Federal Council by stressing the challenges the Federation will have to meet in the year ahead.

*"Our first challenge continues to be the struggle against the Charest Government's neoliberal policies. We must even step up our resistance," she declared. "Public-private partnerships are a growing threat to the health and social services network. The examples experienced elsewhere give us reason to fear the worst about the deterioration of services and the increase in costs to allow private companies to make profits.*

*"The second challenge, crucial for all nursing care and cardiorespiratory professionals, concerns the development of the FIIQ within the context of greeting new members and the second, third, fourth and even fifth waves of votes extending through 2005. It is important," she insisted, "to make every effort in order that our organization, more than ever, be an organization of militant women acting in solidarity, and a union force which cannot be ignored in the health and social services network.*

*"The third challenge the FIIQ will have to face is the negotiation of its members' working conditions, in a very special context. Firstly, we will be called upon to determine the matters that will have to be negotiated at the local or central levels. Bill 30 has prescribed the content of the matters to be discussed at each of these levels, but this breakdown is impracticable. Discussions have therefore been initiated with the employer representatives to find solutions. At the same time, an analysis of the different collective agreements (FIIQ, UQIIA, APIQ) has become necessary to harmonize the demands in our draft collective agreement, taking into account the acquired rights and specific needs of nurses, nursing assistants, respiratory therapists, perfusionists, extra-corporal circulation technicians, etc. This is a major challenge, because we have to prepare for the next round of negotiations with the aim of improving the working conditions of nursing care and cardiorespiratory professionals, almost all of whom will be represented by the FIIQ once the bargaining units are merged.*

Jennie Skene cautioned that "these three fields of intervention are not the only ones to which the FIIQ will have to devote time and energy. Just think about the pay equity issue, the follow-up to the National Forum and the preparation of the World March of Women. We also have to consider our demands for reconciling work and family life, and parental insurance, as well as labour relations, social security and occupational health and safety. A reading of the 2005 action plan and the document on priority actions attests to the Federation's dynamic spirit. It is therefore essential to be able to support our actions by providing ourselves with the financial means to do so. This is what must be kept in mind during the debates on the financial forecast for the year ahead," she reminded the delegates.

*"This Federal Council will welcome new affiliates," the President added. "We are proud to give yet another union welcome to the new unions born from the bargaining unit mergers. The delegates welcomed the representatives of the Association professionnelle des inhalothérapeutes du Québec (APIQ) and the Alliance professionnelle des infirmières et infirmiers auxiliaires du Québec (APIAQ) and accepted their affiliation to the FIIQ with great emotion. Their representatives on the Executive Committee, at the Federal Council and the Convention will henceforth play a part in the decisions we will make together. While respecting our differences and rallying to the majority in solidarity, we will work together to make the new FIIQ an organization that listens to its members, capable of building a union that reflects who we are and brings us together."*

As usual, the President's address at the end of the Federal Council was delivered in the presence of all members of the Executive. This provided an opportunity for the two new Vice-Presidents, Éline Trottier, President of the APIQ, and Monique Leroux, President of the APIAQ, to join the Federation team officially in wishing a merry Christmas and a happy New Year to all delegates.

Happy Holidays!



# PRIORITY actions for 2005

The 2005 action plan, which includes the priority actions and the basic actions carried out by each sector and service of the Federation, was adopted by the delegates. The Executive member responsible for the Labour Relations Sector, Daniel Gilbert, accompanied by Sylvie Savard, Secretary of the Executive, presented the details of this plan to the delegates. He began by pointing out that there had been little change in the context, except for the Charest Government's persistence in imposing its political and economic project, largely inspired by neoliberal values. The year 2005 therefore will not only be a very busy year on the political, economic and social fronts, but very turbulent within a Federation in transition.

After reviewing the internal and external context, the Vice-President specified that the actions are based on four main issues.

## RESISTANCE to the Charest Government's neoliberal policies

Privatization, decentralization, absence of consultation and transparency, anti-union attacks. These are all threats to the Quebec population, workers and progressive organizations, including the unions. We therefore no longer have any choice but to show collective resistance to neoliberal policies. The Federation's opposition is nothing new. However, it remains particularly important to continue along this path because the impacts of these policies are becoming increasingly clear.

### The objectives pursued:

- Create strategic and regional alliances; make ourselves heard and visible through our unions and our local teams at the regional level;
- Increase the awareness of the public and members to the wider social issues, paying special attention to youth;
- Imposing the Federation as a force for action on health care that cannot be ignored by invading the appropriate places of influences.

## CREATION of a new union force bringing together the vast majority of health professionals

2004 was rich in new developments for the labour movement. In the health-care sector, in particular, the forced mergers of institutions and bargaining units initiated a reconsideration not only of local union life but of professional practice. How can the different components of practice be preserved in a context where institutional missions are increasingly undifferentiated and even bound to disappear? In addition to these challenges, there is the forced reconfiguration of bargaining units. The Federation will have to reconcile the different cultures and propose a union force that cannot be ignored by bringing together nurses, nursing assistants, respiratory therapists, perfusionists, extra-corporal circulation technicians and child nurses. It will be necessary to make changes at every level and offer a renewed, united FIIQ, acting in solidarity, despite the identity crises it must first overcome.

### The objectives pursued:

- Bringing together the majority of nursing care and cardiorespiratory personnel by encouraging membership in FIIQ+; show the importance of voting; gain the confidence of health professionals to create a new union force;
- Prepare the Federation and its affiliated unions for the diversity they will experience in their ranks, and support local teams and unions in these changes;
- Re-energize union life at every level of the organization.

## DEFENCE AND IMPROVEMENT of the working and living conditions of health-care professionals

In the field of negotiations, this is a period of confrontation. Delegates have rejected the Government's salary offers. In addition, the Government has imposed a complete overhaul of the process of negotiation. Before the Quebec-level negotiations begin, there will have to be an agreement with the employer associations on what matters are or are not decentralized. It is only after this that the local negotiations can begin. Moreover, the Federation will encourage the unions not to enter into local negotiations as long as the agreements at the national level are not finalized, so as not to weaken our bargaining power.

### The objectives pursued:

- Negotiate the collective agreement for the health-care professionals; limit the number of clauses to be negotiated locally so as to avoid disparities as much as possible; harmonize the demands with the new reality of the members the Federation represents;
- Prepare and support the local negotiating process;
- During the negotiations, denounce government and employer actions that are contrary to the priorities of health-care professionals.

## THE CONVERGENCE of health-care professionals on common professional objectives

In the next few months, the Federation's membership will be transformed as new health-care professionals join the organization following the different waves of votes: nursing assistants, respiratory therapists, perfusionists, extra-corporal circulation technicians and child nurses. It will be necessary to ensure that each health-care professional is able to develop and make the best possible use of his or her competencies within the context of the integration of services imposed by Bill 25 and the application of Bill 90. Of course, we must ensure that this approach really improves services to the public. It will be crucial for the Federation to support its members during the changes to their practice and that it mobilize them around the opportunity offered to review their social relations. It will also be necessary to support local teams in an eventual redefinition of the organization of work, which will take into account the entire health-care team.

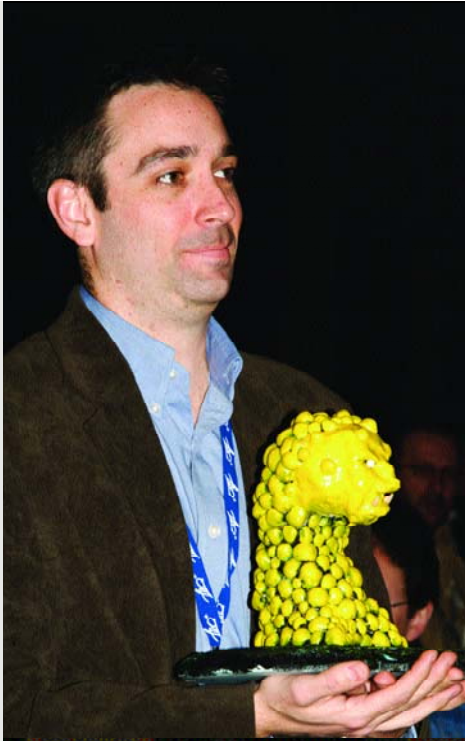


### The objectives pursued:

- Intervene on the organization of work and the organization of care to ensure an integration of services that improves the organization of work and services to the public;
- Convey the attitudes and mentalities regarding the differences in each person's professional practice.

By adopting this action plan, the Federation, as a union organization with a majority membership of women health-care professionals, will see to mobilize, support and rally its members around common objectives. It will use every podium to make its voice heard and contest the neoliberal policies advanced by the Charest Government.





## An invaluable handbook

**A somewhat theatrical backdrop was used for the launch of the *The Infection Control Handbook – Basic Measures – Additional Precautions*. The leading characters were the bacteria *Staphylococcus aureus*, *Clostridium difficile* and *Mycobacterium tuberculosis*, co-starring the avian flu virus H5N1 and the coronavirus (SARS). These bacteria and viruses inspired the artist who produced the mockups<sup>1</sup>.**

While humour was used as an attention-grabber, the propagation of infectious diseases has long been taken seriously by the FIIQ. Remember the poster and the pamphlet distributed last June. Under the same theme: *Danger! Barbarian invasions! Take full precautions*, a handbook of precautionary measures was produced.

The infections are grouped by type of precautions: basic measures, which must be integrated into regular care at all time, and additional precautions (airborne, droplets, contact), which are

added to the basic measures in certain specific situations, depending on the causal microorganism, the mode of transmission or the infectious material.

Aware that the application of precautions depends on facilitating conditions specific to each work environment, the FIIQ intends to continue the work begun with this Handbook and require that these conditions be implemented everywhere. Regardless of whether health practitioners work in hospitals, residential and long-term care centres, CLSCs, the home-care programme or elsewhere, the appropriate precautionary measures must be taken and it is up to the employers to provide the means to do this.

*The Infection Control Handbook – Basic Measures – Additional Precautions*, was initially launched at the Federal Council and then publicly launched in eight Quebec regions. It will be distributed to members next January. For other health practitioners, students and other people interested in obtaining a copy, it will be offered for sale at that time and order forms will be available at the union offices.

**GOOD READING AND DON'T FORGET: DANGER! BARBARIAN INVASIONS! TAKE FULL PRECAUTIONS.**

<sup>1</sup> *The mockups were designed by Vincent Matte, computer graphic designer, son of a FIIQ union rep.*

# OHS

## Financial Forecast 2005

### FIIQ Treasurer

Lise Martel presented the financial forecast for 2005, announcing that a surplus was projected.

She also pointed out that during preparation of the financial forecast, key data was still unknown, including the number of members the Federation will have on December 31, 2005.

At least four waves of votes are already scheduled for 2005. Will there be any others? What will the results be? This is another unknown factor. The Federation also does not know the effects that the APIQ and APIIAQ affiliations will have on expenditures. However, this will be spelled out after a year of cohabitation. Once again this year, the effects of Bill 30 will oblige the Federation to invest time and money to take on the challenges imposed by this legislation and build a strong and united FIIQ+. As for the development of the FIIQ TOMORROW project, it will be implemented gradually, since in 2005, efforts will primarily be deployed to organize and support unions during this vast period of votes and union certification mergers. Additional resources will be allocated to carry out the Federation's mandates for the negotiations, given the changes in the process of negotiation imposed by the Government.

The delegates therefore adopted the financial forecast as presented. The Treasurer also presented the financial statement as at October 31, 2004. The audited 2004 financial statement will be presented at the next Federal Council.





# PAY EQUITY back on track

On November 11, a bill was tabled in the National Assembly to amend the Pay Equity Act. The adoption of this bill will allow the Federation to resume and complete the work on pay equity. As stipulated in the Act, the Pay Equity Committee, on which the CSN, the CSQ, the FIIQ and the FTQ will be present, will soon proceed with a first posting (identification of job classes, description of the evaluation method and tools, and evaluation approach). This will be sent to and posted in all institutions and will mean that a major step has been completed in the work with the *Conseil du trésor*.

## Preparing for the local negotiations

The Federation, still convinced that Bill 30 represents an unprecedented attack on freedom of association, is continuing its court proceedings to have it invalidated. Together with several other union organizations active in the health and social services sector, the Federation is currently arguing its point of view before the *Commission des relations du travail* (CRT). On the basis of these contestations, the CRT has decided to postpone the certification of the bargaining units resulting from the first wave of voting until the end of February. This decision also postpones all the deadlines for the local negotiations.

Given the new deadlines, the Federation hopes that the discussions with the *Comité patronal de négociation du secteur de la santé et des services sociaux* (CPNSSS) on the division of matters between the Quebec and local levels will have progressed sufficiently to inform the local parties of what matters will be covered by the negotiations at their level. Even though Bill 30 lists a whole series of matters which should come under the jurisdiction of the local parties, the Federation opposes the broad interpretation given by the CPNSSS. The position defended by the Federation on this issue is very simple: Quebec-level negotiations are the rule; local negotiations are the exception.

While these discussions continue, the Federation will equip its labour relations consultants and develop local operating models favouring participation by a large number of members throughout the local negotiations. A training session will also be offered to the union reps responsible for these negotiations.

The various collective agreements governing the working conditions of nursing care and cardiorespiratory personnel will be compared and the draft collective agreements deposited by the organizations representing respiratory therapists (APIQ) and nursing assistants (APIIAQ) will be analyzed. This comparison of the agreements will allow the development of tools for the labour relations consultants and the union reps and thus assure a better defence of the members until a new collective agreement comes into force.

In addition, the analysis of each of the three draft collective agreements deposited will allow the development of a harmonized national draft collective agreement. This will be discussed with the members of the Negotiating Committee, on which nurses, nursing assistants and respiratory therapists now sit, for subsequent adoption by the Federal Council. For the Federation, it is imperative that by the end of the negotiations, the collective agreement is a comprehensible, logical and coherent whole, which will assure all members of better working conditions.

## Conseil du statut de la femme : a still uncertain future

The Executive member with interim responsibility for the Status of Women Sector, Lina Bonamie, reported to the delegates on the developments concerning the future of government bodies dealing with the status of women. You will remember that the Federation had joined forces with the women's movement as a whole to express the strong fears raised by the potential disappearance of these organizations. The persistent rumors that the Charest Government wanted to abolish the Conseil du statut de la femme (CSF) and the Secrétariat à la condition féminine (SCF) generated an unprecedented outcry, particularly on March 8. What is the situation now? Minister Courchesne, who is responsible for the status of women, mandated the CSF to define a concept of equality that is as broad as possible, and to propose orientations to guide the Government's interventions. Within the context of this mandate, the CSF recently published an Opinion<sup>1</sup>, which will be the object of a consultation in parliamentary committee, beginning at the end of January 2005.

Despite all the progress achieved, we have to recognize that many inequalities persist and that equal rights do not yet correspond to de facto equality. Just think of the thorny issue of pay equity: in 2001, women earned on the average 69.1% of the salary of men.

To reach equality, the Conseil therefore proposes a government strategy based on seven orientations which it summarizes as follows: give priority to fighting sexist stereotypes, promote the greatest possible economic independence for individuals, support the role of parents and close care-givers, promote and improve public health and well-being, while taking into account the specific needs of women and men, eliminate all gender-based violence, and aim at equal participation by women and men in the various places of influence and decision-making.

However, the problem of the future of the two bodies, the CSF and SCF, remains a cause of concern. The document alludes to the creation of a central body, about which nothing is known, which would replace the two existing structures. This gives reason to believe that the Government is still thinking of abolishing them. But should we be surprised at this with a Government committed to disengagement and reducing the size of the State? The Federation, in collaboration with the members of the Intersyndicale des femmes, will therefore deposit a collective memorandum to remind the Government of its responsibility to promote equality between women and men. This is a major challenge for democracy.

<sup>1</sup> CSF, *For a New Social Contract of Equality Between Women and Men*, November 2004. (see site: [www.csf.gouv.qc.ca](http://www.csf.gouv.qc.ca))



# STOPPING violence against women

At the October Federal Council, the Federation issued an appeal to union reps to circulate a petition, on the initiative of Amnesty International and the Fédération des femmes du Québec, requiring a government awareness and education campaign to stop violence against women. The FIIQ collected 7,928 signatures. Over 125,000 signatures were deposited with the Government of Québec on December 6, the anniversary of the Polytechnique massacre.

At this Federal Council, delegates commemorated December 6 with a vigil organized by the Federation's Status of Women Committee, during which, five testimonies were given:

*"On March 11, 2002, 15 schoolgirls were burned alive and dozens of others injured in a fire at their school in Mecca, Saudi Arabia. Members of the religious police prevented the girls from leaving the building because they were not wearing a hejab and no men in their family were present to take charge of them. They even prevented rescuers from entering the buildings because they were men."*

Testimony read by Michèle Poirier, member of the Status of Women Committee

*"In September 2002, a 20-year-old Jordanian man was sentenced only 12 months in prison for murdering his sister. He had strangled her with a telephone cord when he learned that she was pregnant at the time of her wedding. In its judgment, the court decided to reduce the charge of premeditated murder to a mere offence because this woman had tarnished the family's honour and reputation."*

Testimony read by Isabelle Pouliot, member of the Status of Women Committee

*"Helen Betty Osborne was 19 years old. A Cree student from northern Manitoba, she dreamed of becoming a teacher. On November 12, 1971, she was kidnapped in the town of The Pas by 4 white men who inflicted sexual violence on her before killing her savagely. A provincial commission of inquiry subsequently concluded that the Canadian authorities had failed in their duty to Helen Betty Osborne. Her*

*family criticized the negligence and racial prejudice that characterized the police investigation, which took over 15 years to bring one of the 4 men to justice. Most disturbingly, the commission of inquiry concluded that the police had long been aware that white men were committing sexual assaults against aboriginal women and girls in this town but had not considered that this practice required any particular vigilance. Three decades later, in March 2003 in Manitoba, a cousin of Helen Betty Osborne, Felicia, was killed and body parts were discovered and identified as "belonging" to her. Her murderer has not been found. These disappearances and murders of aboriginal women and girls have occurred in 3 Canadian provinces over a 30-year period."*

Testimony read by Ro Licata, member of the Status of Women Committee

*"On September 4, 2004 at the Hôtel-Dieu de Québec, one of our nurses was violently assaulted by a patient. This nurse is still on OHS disability leave."*

Testimony read by Jeannine Mercier, President of the Syndicat des infirmières et infirmiers de l'Hôtel-Dieu de Québec.

*"Every year, a list is published, containing the names of women killed by a spouse, someone close to them or a man they knew. This list is published by the Collectif masculin contre le sexisme. To date, 594 women have been killed since the Polytechnique tragedy. The list includes the name of Martine Auger, my friend, who died under atrocious circumstances, stabbed over 200 times."*

Testimony read by Annie Aspireault, member of the Status of Women Committee

The delegates then observed a minute of silence in memory of all these victims of violence.

## Towards a policy

## for bridging work and FAMILY LIFE

Last fall, the Charest Government launched a wide-ranging consultation on a proposed policy for bridging work and family. Minister Béchar, who is responsible for this issue, first met with several national organizations to receive their recommendations. The Federation, which participated in these meetings, reminded the Minister that it is high time for the job market to adapt to the new realities of families and consider women's needs. Lina Bonamie, Executive member with interim responsibility for the Status of Women Sector, took the opportunity to call for the adoption of a law that would require all social partners to establish the necessary measures. She also reminded the Minister that nurses' demands were already tabled and that their priorities included the restructuring of work time and adapted child-care services. The FIIQ will therefore present a memorandum at the time of the parliamentary committee and will also sign the one deposited by the *Intersyndicale des femmes*. Stay tuned.



# The electoral system :

## STAKES AND PERSPECTIVES of an announced reform

In February 2002, the FIIQ participated in the Estates General on the Reform of Democratic Institutions. Lise Martel, Executive member responsible for this issue, introduced the guest speaker, Louise Paquet, project manager at the Collectif Féminisme et Démocratie. Louise Paquet explained to the delegates the basic principles for understanding the stakes and perspectives of an eventual reform of the electoral system.

It must first be understood that the electoral system is only a tool for calculating the popular vote and translating it into a number of seats in the National Assembly. The choice of such a calculation method thus is not neutral and is only one aspect of a reform of democratic institutions.

The **uninominal majority electoral system**, currently in force in Quebec, allows the candidate who wins the most votes in a riding to be elected. The party that wins the most ridings thus takes power. As Quebec's realities have clearly shown, this majority system favours the major parties, encourages a two-party system (historical alternation of the Liberals and the PQ) and favours majority governments based on the number of seats rather than the popular vote. While it favours political stability, this system does not express the will of citizens who have voted for candidates who are not elected, sometimes by a margin of only a few votes. Consequently, the representation of different political opinions (Option citoyenne, Green Party, Union des forces progressistes, etc.) is impossible and the representation of social, demographic and economic characteristics (gender, multiculturalism, regions, etc.) is absent or inadequately expressed in most cases.

What can be done to assure representation that better reflects the popular will, representation that would reflect Quebec's diversity and provide equal representation of women?

**Proportional representation** seems to respond to these democratic issues because it primarily seeks to match the number of votes with the number of seats in the National Assembly. For example, in the case of a "compensatory mixed model", the electorate votes twice: for a candidate chosen from a national party list and for a candidate attached to a riding ("mixed"). The National Assembly seats are filled 50% by riding members, while the other half of the seats is calculated according to the national popular vote of each party, which must obtain at least 5% of the vote to be entitled to compensation ("compensatory"). This electoral system is a more accurate reflection of political pluralism and thus assures representation of third parties. It also favours better representation of women and cultural diversity because it should force the parties to open their lists to women and representatives of cultural communities. In addition to giving citizens a chance to make their voices heard through their elected representatives, the diversity of representation obliges the Government to make decisions based on consensus.

### The proposal by Minister Jacques Dupuis: "more of the same"

If the debate on electoral reform, launched by René Lévesque in the 80s, still persists thirty years later without any government having had the courage to propose a reform, this is because major issues are at stake. The present Government cannot be given credit for such courage because the reform it proposes is proportional only in name. In fact, the Charest Government's proposal maintains the status quo by still obliging the electorate to "vote strategically" by region instead of "voting politically". Instead of improving representativeness, the victory of the strong parties will be reinforced, because 60% of the seats would have to be won by majority vote by riding. The compensation would be applied region by region for only 40% of the seats, which would require the riding boundaries to be redefined. The party in power will still be the one that wins the most ridings rather than the most votes. To avoid risking "their victory", the major parties will propose popular candidates instead of encouraging women and cultural minorities to participate in political life.

This is a reform that bears close watching!

### SIMULATION OF THE ELECTION RESULTS IN QUEBEC IN APRIL 2003

NUMBER OF VOTES	UNINOMINAL BY MAJORITY	PROPORTIONAL
Liberal Party of Quebec 46%	76 seats	58 seats
Parti québécois 33,2%	45 seats	42 seats
Action démocratique du Québec 18,8%	4 seats	24 seats
Union des forces progressistes 1,1%	No seat	1 seat



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# Renewal of the group insurance plans

Just as every year at the December Federal Council, delegates voted on the proposal for the renewal of the group insurance contract. The Executive member responsible, Lina Bonamie, the consultant to the Social Security Sector, H el ene Gauvin and the special resource person for the insurance contract, Francine Tisseur, presented the conditions for the renewal of this contract to the delegation.

The resource people reminded delegates of the usual factors influencing group insurance plan rates, with which we always have to contend: aging, overwork, disengagement of the State and members' claims experience. Unfortunately, some of these factors this year had impacts on the plan and caused premium increases for the Basic plan (Basic Drug Insurance and Extended Plan III). There will be no increase for dental, life and long-term disability insurance.

Prescription drug costs continue to rise. Pharmacotherapy treatments are costing more and pharmaceutical companies are developing new "biological" drugs which are proving to be expensive. For Basic

Extended Plan III (professionals, hospitalization, travel insurance, etc.) the increase is justified by a greater number of travel insurance claims, more use of the services of health professionals and higher hospitalization costs.

As for future prospects, new pressure on disability insurance plans is hanging on the horizon because periods of great change (reconfiguration of the health-care network) are often accompanied by major changes in the work environment of the different classes of personnel involved. It thus would not be surprising to see a certain increase in absenteeism due to disability.

Moreover, sooner or later the Federation will welcome new members, belonging to other groups of care professionals, and member nurses of other union organizations. The impact of these changes is still unknown. However, the insurance plans that apply to these members sometimes involve coverage different from ours. Since the Federation has acquired the habit of periodically reviewing all of its coverage (the last exercise was conducted in 1998), it would be expedient, after the results of the last wave of voting, to conduct a survey so that the members can take a position on the content of the plans.

After debating various points related to the plan, the delegates adopted the terms of renewal of the group insurance contract, which will result in a 3.2% weighted increase in the premium. Here is a table presenting the rates that will be in force effective January 1, 2005.



## Rates in effect as of January 1<sup>1</sup>, 2005

PROTECTION	RATES	RATES AS OF 01/01/2005 <sup>1</sup>	VARIATION
<b>Basic Plan</b>			
<b>BASIC DRUG INSURANCE PLAN <sup>2</sup></b>			
Individual	19,51	21,17	
Single-parent	31,75	34,45	8,5 %
Family	47,62	51,67	
<b>BASIC EXTENDED PLAN III</b>			
Individual	3,89	4,48	
Single-parent	6,25	7,17	14,8 %
Family	9,18	10,51	
<b>Extended Plan I</b>			
Individual	10,17	10,17	
Single-parent	16,79	16,79	0 %
Family	24,91	24,91	
<b>Extended Plan II</b>			
Life insurance and Basic ADD	0,35 \$ / 5 000 \$	0,35 \$ / 5 000 \$	0 %
Additional life insurance and ADD	0,083 \$ / 1 000 \$	0,083 \$ / 1 000 \$	0 %
Life insurance for dependent children	0,08 \$	0,08 \$	0 %
Long-term disability	1,577 %	1,577 %	0 %
	of the gross salary	of the gross salary	

**AVERAGE WEIGHTED INCREASE OF 3,2 %**

<sup>1</sup> Rate excluding the 9% tax.

<sup>2</sup> Rate including the employer's contribution (\$0.92 for an individual plan and \$2.30 for a single-parent or family plan).



# Happy Holidays!

## A historic moment at the FIIQ



The delegates unanimously accepted the motion for affiliation of two new unions. This was a historic moment since it was the first time the Federation welcomed unions whose members are not nurses. The *Association professionnelle des inhalothérapeutes du Québec* (APIQ) and the *Alliance professionnelles des infirmières et infirmiers auxiliaires du Québec* are now affiliated to the Federation, thus representing an additional 3,600 members.

Welcome to all new members!



From left to right: Lise Martel, Michèle Boisclair, Sylvie Savard, Monique Leroux, Daniel Gilbert, Jennie Skene, Éline Trottier and Lina Bonamie. Absent: Sylvie Boulanger and Chantal Boivin.

The Federation is very happy to see that it continues to benefit from the trust of its current members and to welcome over 1500 new members within its ranks. It was under the theme "FIIQ+, the real force of health professionals," that the Federation presented the advantages of joining the FIIQ to the personnel targeted in the first wave. Here is the list of institutions where health professionals in Class 1 chose the FIIQ+.

## The first wave of votes : AN ALMOST PERFECT SCORE FOR THE FIIQ+

### Region 03 Capital City

CA Nazareth  
14 nurses  
15 nursing assistants

C.R. Ubald Villeneuve  
10 nurses  
5 nursing assistants

Centre hospitalier Robert-Giffard  
484 nurses  
153 nursing assistants  
6 respiratory therapists

Centre Jeunesse de Québec  
7 nurses  
2 nursing assistants

CRDI Québec  
5 nurses  
3 nursing assistants

Groupe Champlain (C. héb. Limoilou)  
7 nurses  
9 nursing assistants

Institut de réadaptation en déficience physique de Québec  
102 nurses  
38 nursing assistants

Vigi Santé Ltée (CHSLD St-Augustin)  
20 nurses  
10 nursing assistants

### Region 06 Montréal

CHSLD Bourget  
16 nurses  
14 nursing assistants

CR Constance-Lethbridge  
5 nurses

Centre hospitalier de l'Université de Montréal (CHUM)  
2124 nurses  
261 nursing assistants  
171 respiratory therapists  
7 perfusionists

Centre hospitalier Douglas  
275 nurses  
72 nursing assistants

Centre d'accueil Miriam  
2 nurses  
1 nursing assistant

McGill University Health Centre  
2733 nurses  
39 nursing assistants  
187 respiratory therapists  
15 perfusionists

Groupe Champlain Inc. (Montréal)  
34 nurses  
24 nursing assistants

Groupe Roy Santé Inc.  
65 nurses  
69 nursing assistants

Hôpital Louis-H. Lafontaine  
463 nurses  
47 nursing assistants  
7 respiratory therapists

Hôpital Rivière-des-Prairies  
170 nurses

Institut de cardiologie de Montréal  
388 nurses  
43 respiratory therapists

La Corporation du Centre de réadaptation Lucie-Bruneau  
14 nurses  
12 nursing assistants

L'Institut de réadaptation de Montréal  
38 nurses  
31 nursing assistants

Résidence Angelica inc.  
2 nurses  
62 nursing assistants

Vigi Santé Ltée (Montréal)  
82 nurses  
55 nursing assistants

Villa Médica inc.  
58 nurses  
24 nursing assistants

### Region 07 Outaouais

CR La Ressource  
20 nurses

Groupe Champlain inc. (Gatineau)  
18 nurses  
9 nursing assistants

La Corporation du centre hospitalier Pierre-Janet  
96 nurses  
6 nursing assistants

Vigi Santé Ltée (Outaouais)  
19 nurses  
10 nursing assistants

### Région 12 Chaudière-Appalaches

CA St-Joseph -de Lévis  
19 nurses  
44 nursing assistants

Vigi Santé Ltée (CHSLD N-D de Lourdes)  
16 nurses  
2 nursing assistants

### Region 13 Laval

CHSLD St-Jude  
22 nurses  
43 nursing assistants

Manoir St-Patrice inc.  
17 nurses  
14 nursing assistants

### Region 16 Montérégie

CA Marcelle-Ferron inc.  
50 nurses  
14 nursing assistants

CRDI Montérégie-Est  
5 nurses

Groupe Champlain Inc. (Montérégie)  
30 nurses  
12 nursing assistants

Vigi Santé Ltée (Montérégie)  
29 nurses  
18 nursing assistants

As for the 8 institutions where FIIQ+ did not obtain the majority of the votes expressed, the Federation wishes to thank the health professionals who voted for it and says to the 71 members leaving: GOODBYE FOR NOW AND WE HOPE TO SEE YOU AGAIN SOON.