



Vol. 15, No 2, December 2004

# Actualités

JOURNAL OF THE FIOQ  
**In contact**  
Renewed interest in  
the labour movement

World March of  
Women in 2005

The 2<sup>nd</sup> and 3<sup>rd</sup>  
waves of votes

## Safety in the workplace Union action on several fronts



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## In contact

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## Actualités

Vol. 15, No 2, December 2004

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Photographs : Guy Rainville  
Raymond Aubry and Josée Roy

## Car and other insurance... Agreement renewed with La Personnelle

After eight years of collaboration, and in view of continuing to offer the benefit of preferred rates for home and car insurance to members of the Federation, the agreement between the FIIQ and *La Personnelle* insurance company has been renewed. This agreement was signed last May.

Because of the size of the group represented by the Federation, substantial savings can be realized by its members on car insurance and home insurance, and these savings will be all the greater as the number of members increases. It should be noted that this agreement is totally independent of the group insurance contract, while reflecting the good relationship the FIIQ maintains with the Mouvement Desjardins.

# In contact

## Renewed interest in the labour movement

The current process of merging bargaining units by multiple waves of voting throughout the health and social services network was imposed by the Government after energetic resistance by the entire labour movement, including the FIIQ. Two types of actions were filed in opposition. On the one hand, we are seeking a ruling by the *Commission des relations de travail* that Bill 30 is inoperative. At the same time, we hope that the Superior Court will declare the legislation unconstitutional.



The outcome of these legal remedies will not be known for another few months, which explains why, like all the union organizations involved, we continue to participate in the bargaining unit merger votes.

### Allegiance to the FIIQ and the union movement

Having said this, two observations are necessary: the results of the votes held to date show, on the one hand, that the movement towards FIIQ + is a clear success.

To date, over 1300 nurses, nursing assistants, respiratory therapists, child nurses and extra-corporal circulation technicians have decided to join our ranks. At the same time, the level of participation of all network employees in these votes, regardless of the class of personnel, proves the Quebec labour movement's drawing power.

The analysis of the data provided by the *Commission des relations de travail* (CRT) shows an average participation rate of around 80%. This phenomenon, in my opinion, thumps our nose at those who denigrate labour organizations and question their representativeness when they intervene to defend the interests of the members they represent

### A crucial bulwark

This high participation rate, reflecting employees' will to choose a union which will represent their class of personnel in their institution, reveals their support for the labour movement in general. It also reflects the rise of the neoliberal menace, in response to which the workers of the network feel the need to stand shoulder to shoulder. They see the labour movement as an essential bulwark against privatization, management arbitrariness, the impacts of network transformations and the effects of budget cuts which, despite promises, persist at the local level.

Among the messages to be retained from this huge show of support for the labour movement, there is one that has major consequences for an organization like ours. Indeed, this broad recognition of the value of the labour movement is based on the conviction that the problems experienced by unionized employees in the network require collective solutions.

### Defending members on all fronts

The results of the first wave of voting are promising for the final assessment that will be drawn up at the end of the process in a little over a year. They thus give us the responsibility to continue in

a spirit of openness, as in the past, to seek out and use the best means to defend our members' interests.

Elsewhere in this edition of *FIIQ Actualités* you will find a few examples of interventions along these lines. We focus on our constant concerns regarding the occupational health and safety of the work environment.

We also discuss the FIIQ's necessary involvement in social debates. It is essential to fight on all fronts against the privatization movement driven by public-private partnership projects, the shrinking role of the State, and tax reductions that would compromise adequate funding of health care, education and poverty reduction.

Fortunately, the Government's "catastrophic" vision denounced by the labour movement, the women's movement and community groups is also being proven wrong by the renewed interest in the labour movement in general and the FIIQ in particular.

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

Jennie Skene,  
President

# Safety in the workplace Union action on several fronts

LE MARDI 7 SEPTEMBRE 2004 LE SOLEIL A 3

## ACTUALITÉS

HÔTEL-DIEU DE QUÉBEC

### Une infirmière victime d'une violente agression

Jean-François Neron  
L'infirmerie de l'Hôtel-Dieu de Québec a été victime d'une violente agression de la part d'un patient en septembre 2003. Les circonstances de l'agression ont été documentées par le syndicat des infirmières et infirmiers de l'Hôtel-Dieu de Québec. Le patient, qui souffrait d'une maladie mentale, a été admis au service de soins de jour de l'Hôtel-Dieu de Québec. Il a été admis le 15 septembre 2003. Le patient a été admis au service de soins de jour de l'Hôtel-Dieu de Québec. Il a été admis le 15 septembre 2003.

### AGRESSION À L'HÔTEL-DIEU

## La police va mener une enquête

9-03-04 Jean-François Neron P.A.3 JFN@proton.com

## ACTUALITÉS

AGRESSION À L'HÔTEL-DIEU

## Les infirmières veulent une enquête conjointe

■ (LE SOLEIL) — Le syndicat des infirmières de l'Hôtel-Dieu de Québec a demandé au directeur de l'Hôtel-Dieu de Québec de mener une enquête conjointe avec la police pour déterminer les causes de l'agression d'un patient sur une infirmière le 15 septembre 2003. Le patient, qui souffrait d'une maladie mentale, a été admis au service de soins de jour de l'Hôtel-Dieu de Québec. Il a été admis le 15 septembre 2003.

Une infirmière a été agressée par un patient à l'Hôtel-Dieu de Québec le 15 septembre 2003.

Même si aucune plainte n'a encore été déposée par l'infirmière victime de l'agression d'un patient à l'Hôtel-Dieu de Québec samedi soir, la police mène actuellement une enquête pour voir s'il y a matière à porter des accusations.

Le syndicat des infirmières pourra participer à l'enquête interne

The vicious assault on a nurse at the Hôtel-Dieu de Québec last September, as you can well imagine, was very trying for the victim who had to be treated for trauma. This assault also shook up the other employees in the institution, especially the nurses in the unit where the acts of violence were committed. Without going into detail, since the investigation was still in progress as we went to press, it may be instructive to examine how this event was treated by the local union team and by the Federation.

Immediate actions  
Thus, upon learning of the event, the *Syndicat des infirmières et infirmiers de l'Hôtel-Dieu de Québec* made a serious effort to support the assaulted nurse and her colleagues. The FIIQ union consultant was contacted immediately to examine what actions to take. The communications service of the Federation was also contacted. After they were put in contact with the consultant responsible for media relations, the local team members were able, on the basis of a communications strategy developed with this consultant, to

answer journalists' questions in a way that provided transparent information while preventing them from sensationalizing this event.

In the days that followed the assault, the *Syndicat des infirmières et infirmiers de l'Hôtel-Dieu de Québec* called for participation in the inquiry which the hospital administration intended to conduct to determine the causes of this incident. A request for intervention was also filed with an inspector from the *Commission de la santé et de la sécurité du travail* (CSST) who remained in contact with the union and the employer, keeping informed of the progress of the inquiry and ready to intervene if problems arose. A union representative was appointed co-chair of the parity committee of inquiry.

### Another type of support

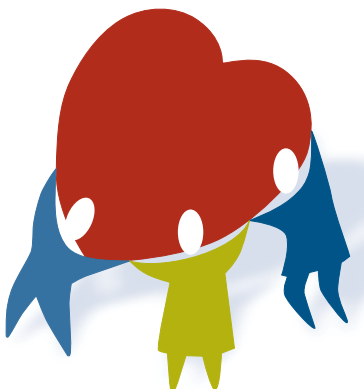
While the union considered the inquiry to be the ideal way to find out the truth, identify the causes, establish the responsibilities and determine the corrective actions to be applied, other types of intervention proved necessary. The assailant had already engaged in violent behaviour during his hospitalization, and this had been noted in his chart. Some wondered whether the assault could have been avoided. How could they have intervened? They also expressed doubts regarding the transparency of the investigation and the follow-up it would be given. They were very skeptical

about the information conveyed by the institution.

Faced with these questions formulated by some and perceptible worries that were not formally verbalized, the local team decided not to leave these nurses alone to deal with their distress. A request was made to the Federation that the consultant for the Status of Women Sector, who has 14 years of experience working on the issue of violence in the workplace, intervene with them.

### Patiently developed expertise

In collaboration with the Occupational Health and Safety Sector, the Status of Women Sector conducted a first survey of nurses in 1990'. In 1991, it again sounded the alarm by proposing a reflection on violence against women. This reflection translated into a policy against sexual and racial harassment in 1992. In 1995, another publication revealed the results of a wide-ranging statistical survey conducted by the FIIQ on violence in the



1. FIIQ. *Violence Towards Women Nurses*, Montréal, Fédération des infirmières et infirmiers du Québec, 1990, 10 pages.

work environment and resulted in the theme "Violence Hurts", which was developed for Annual OHS Week. The Federation then proposed concrete intervention tools such as, in 1997, the guide "To Work in Dignity: Zero

Tolerance"<sup>2</sup> or the addition to the collective agreement of clause 3.03, which provides for cooperation between the employer and the union to put a stop to any form of violence. In addition to these achievements, there is the publication of the Policy to Counter Violence at Work<sup>3</sup> and the delivery of education sessions on this issue.

## Getting beyond one's fears

The FIIQ thus has great expertise and the intervention by Status of Women Consultant Lucie Girard was very much appreciated by the nurses in the unit directly concerned by the assault of which their colleague was the victim. A supper meeting was held with nurses from all three shifts. This intervention began with a first report on the inquiry, in which a union representative is participating. Then, making it clear that her intervention was not a replacement for use of the Employee Assistance Program (EAP) for those who expressed the need, Lucie Girard helped the nurses present express their fears and discuss among themselves what they had experienced and the feelings the assault on their colleague had engendered. She invited them to apply all their energy and transform the powerlessness they might be feeling into confidence in their own power, by looking at how they could adopt means to counter violence at work.

The evaluation of this intervention was so positive that the consultant was invited to make another intervention, this time with all nurses at *Hôtel-Dieu de Québec* on December 6, the date commemorating the Polytechnique massacre.



## Violence present everywhere

Beyond the assault in Québec City, we find that violence is very present in the health and social services network, without always making front page headlines. The problems of the staff shortage and the resulting workload are compounded by the insecurity caused by various dangerous



2. FIIQ. *To Work in Dignity: Zero Tolerance*, Montréal, Fédération des infirmières et infirmiers du Québec, 1997, 40 pages

3. FIIQ. *To Work in Dignity: Taking Action – A Policy to Counter Violence at Work*, Montreal, Fédération des infirmières et infirmiers du Québec, 2002, 32 pages.

or potentially dangerous situations related to workplace violence in all its forms.

Nurses, like all working women, have the right to insist that their work environment be safe and free of danger. Yet, it is increasingly acknowledged that working in the health and social ser-

vices network is far from being a sinecure and that violence, always pernicious, can have different faces. As proof of this, the Quebec Labour Standards Act was amended last June, clearly prohibiting psychological harassment in the workplace.

## Annual Health and Safety Week

This year, the control of infectious diseases was the theme for the Annual health and Safety Week activities. With the prevention of nosocomial diseases in the news, the activities organized during that week were well attended. For lack of space, we are only able to present the photographs of two centres, but activities were held in a large number of institutions.



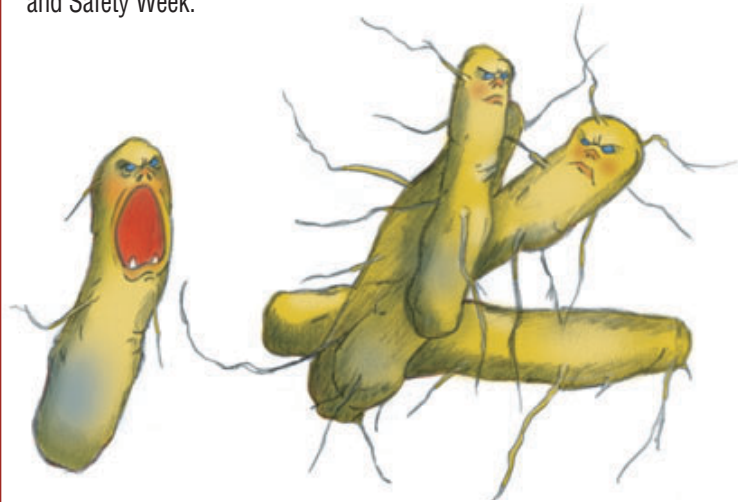
At the CHUL...

...and at Maisonneuve-Rosemont

Photo Raymond Aubry

## Another form of insecurity: infectious diseases

Among the problems generating such a sense of insecurity among the staff, we must mention infectious diseases. Targeting nosocomial diseases, which since the SARS drama in Ontario and elsewhere have continued to make headlines (*C. difficile*, avian flu, etc.), the FIIQ has initiated a wide-ranging information campaign on these issues. A pamphlet and a poster, intended to increase nurses' awareness of the dangers represented by the emergence and resurgence of infectious diseases, were distributed in the centres last spring. In some institutions, several activities were organized around this issue within the context of Annual Health and Safety Week.



A tool will finally be released in December, *The Infection Control Handbook*, which was produced by the OHS Sector in collaboration with the members of the OHS Committee. This handbook will facilitate identification of the appropriate precautionary measures for each disease or microorganism in question.



On the basis of the principle that caring for people is part of a nurse's job, the Federation's interventions are also intended to stress the fact that being assaulted, insulted, threatened, harassed, discriminated against or infected is in no way part of a nurse's job.

# Public-Private Partnerships a growing threat

Bill 61, the *Act respecting the Agence des partenariats public-privé* (PPP) tabled by Monique Jérôme-Forget, Chair of the *Conseil du trésor*, has received a lot of media coverage. The parliamentary committee met from October 26 to November 11, 2004 and the FIQ was heard at the afternoon hearing on October 26. The Federation called for the outright withdrawal of the bill, which it considers devastating, unfair and shoddy. In the bill, the very definition of PPP is extremely broad and every field of government activity is contemplated, including the major education and health and social services networks. Major deficiencies are already identifiable, such as the lack of transparency, potential conflicts of interest, imposition of user fees, the problem of evaluating the quality of services, and the cost.

## Arguments that don't withstand scrutiny

On several occasions, Ms. Jérôme-Forget attempted to minimize the importance of the scope of her bill and sell this public service delivery model. Her main arguments to push the development of PPP are, among others: "value for money"; better quality of services; savings and cost reductions; risk sharing between the public and private sectors; and the share of private financing. None of these arguments withstand scrutiny when they

are examined in the light of the experience of other countries or other Canadian provinces. The case of Great Britain stands out. This country has experimented with PPP in the health-care sector for over ten years and the conclusions are eloquent. The British Medical Association sums up the experience with public-private partnerships as follows: costs continue to increase and services have been cut to reduce expenses. This isn't only a problem in Great Britain. Other countries are faced with the same failures.

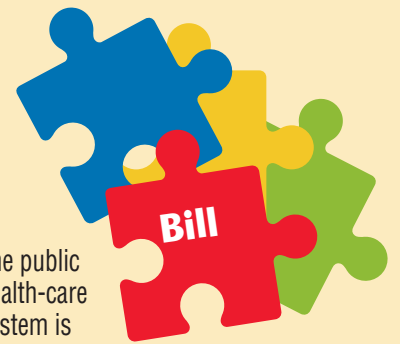
The Chair of the *Conseil du trésor* denies the obvious: the primary purpose of private enterprise is to make a profit; a private company is accountable not to the public but to its own shareholders. She never discusses the issue of the legal fees, staggeringly high in some cases, related to the contracts to be negotiated. She never speaks of the litigation and difficulties associated with committing the Government to long-term contracts for 25 to 35, and sometimes even 99 years! She never evaluates the bill's impacts on the workers who could be transferred to the private sector, losing their bargaining unit and their collective agreement. Let's not forget the Bill 31 (the amendment of Section 45 of the Labour Code) adopted in December 2003 now allows this. This is worrying not only for workers who already have jobs, but also for young people.

## The next steps...

The Committee on Public Finances has ended its work. It will now have to prepare a report. The Official Opposition, through the MNA for Richelieu and spokesman regarding *Conseil du trésor* matters, Sylvain Simard, has also called for the withdrawal of the bill due to the multiple problems raised by the many groups heard. The Chair of the *Conseil du trésor* acknowledged that some sections of the bill would have to be amended, but did not make a commitment to redraft the bill completely. We can therefore believe that there will be amendments. Will they be cosmetic or substantial? Will this Government dare to do what it did last year and impose closure to get its unacceptable bill adopted? This remains to be seen.

If it is adopted, this bill will have disastrous consequences in the years ahead.

The public health-care system is based, in particular, on the principle of "public management". Yet a reinterpretation of this principle is proposed by the Charest Government's Bill 61. Thus, the Liberal Government would change the health-care network for a non-profit service management model to a for-profit model. Associated with Bill 61, the reform of the health-care network initiated by the Charest Government in fall 2003 sets the Quebec health-care network on a slippery slope. After the reengineering of health-care initiated last fall, the Government is now taking on the reengineering of the State itself. The Federation continues to monitor this issue very closely.





## In a similar vein

The results of the first wave of votes for the merger of certifications show that the Federation has really found a winning formula. Over 1500 new members have joined its ranks to date. Get ready, because a second wave will be held from January 24 to February 24, 2005 and a third wave from February 28 to April 1, 2005. A fourth wave is scheduled for April 4 to May 6, 2005. Other waves will follow and we will announce the dates in due course.

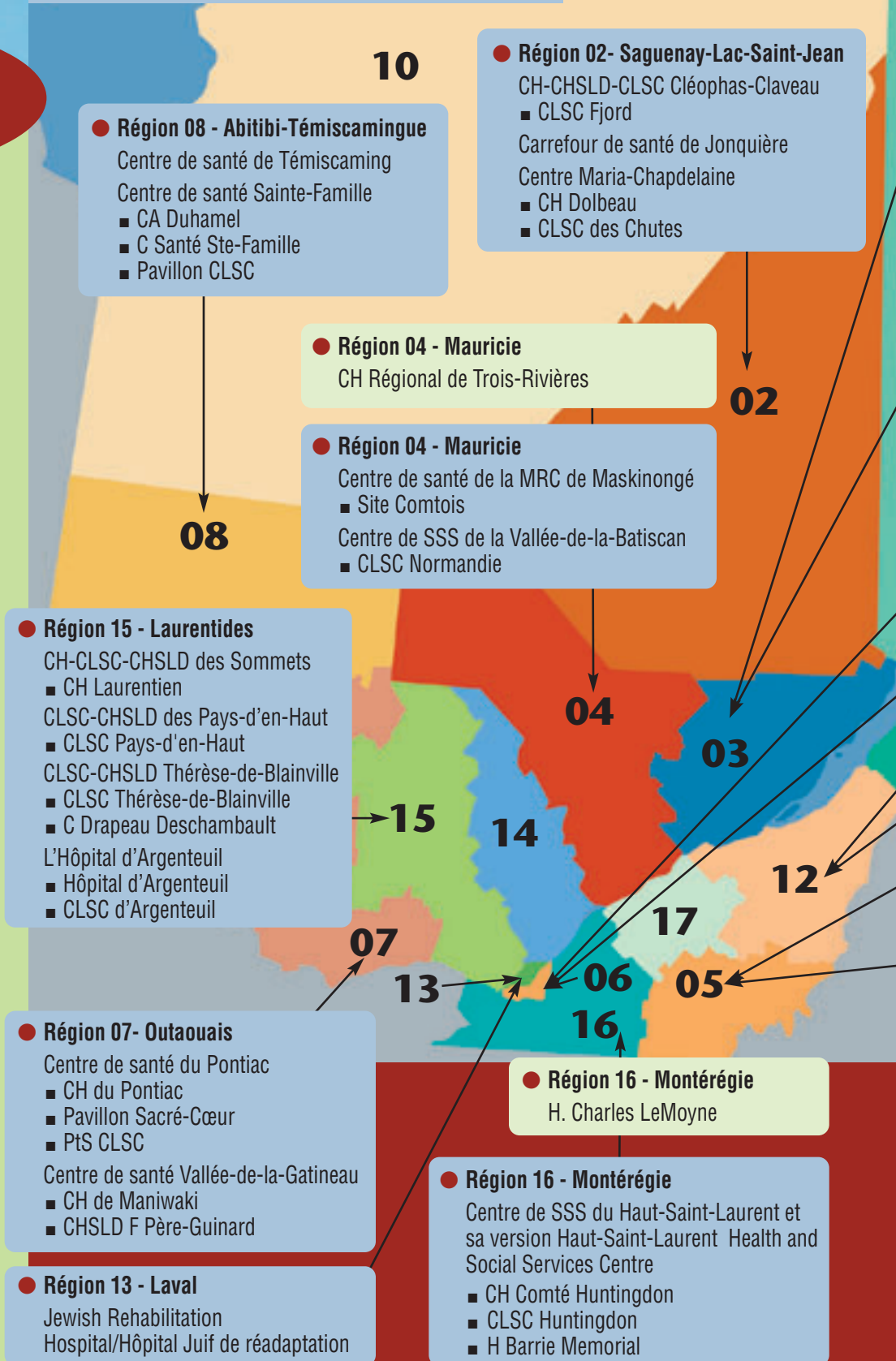
FIIQ members are invited to remain vigilant, be informed, attend union meetings, read the documentation distributed by their union and by the FIIQ and, if necessary, contact their local team who will make it their duty to answer members' questions.

FIIQ members are also invited to become ambassadors to respiratory therapist and nursing assistant colleagues. It would also be interesting for them to contact their former colleagues who are nurses in other union organizations to encourage them to vote to join them. The FIIQ is the only union force of nursing care and cardiorespiratory practitioners.

### WE'LL VOTE ...

2<sup>nd</sup> wave of votes from January 24 to February 24, 2005

3<sup>rd</sup> wave of votes from February 28 to April 1, 2005





**Région 03 - Capital city**

- CH affilié universitaire de Québec
  - Centre Maizerets
  - Hôpital de l'Enfant Jésus
  - H St-Augustin
  - H du St-Sacrement du CHA
- CH universitaire de Québec
  - Pavillon CHUL
  - Pédopsychiatrie (Hôtel Dieu du Sacré-Cœur de Jésus)
  - Pavillon St-François d'Assise
  - Pavillon Hôtel-Dieu de Québec
- CH Laval

**Région 03 - Capital city**

- Le Centre de santé de Portneuf
  - CH Portneuf
  - CLSC Portneuf
  - C Héb Donnacona
  - C Héb St-Raymond

09

**Région 09 - Côte-Nord**

- Centre de santé des Nord-Côtièrs
- Centre de santé de la Minganie

01

**Région 12 - Chaudière-Appalaches**

- Hôtel-Dieu de Lévis

**Région 12 - Chaudière-Appalaches**

- Hôtel-Dieu de Lévis

**Région 05 - Estrie**

- CH universitaire de Sherbrooke
  - Hôtel-Dieu
  - Hôpital Fleurimont

**Région 05 - Estrie**

- Centre de santé de la MRC d'Asbestos
  - CH Asbestos
- Centre de santé de la MRC de Coaticook
- Centre de santé du Granit
  - CH Lac Mégantic
  - CLSC Maria-Thibault
  - Maison Paternelle
- CLSC-CHSLD du Haut-St-François
  - CLSC Fleur-de-Lys
- Centre de santé Memphrémagog
  - CLSC Alfred-Desrochers
- Carrefour de la SSS du Val Saint-François
  - Pavillon Windsor

11

**Région 11- Gaspésie-Île-de-la-Madeleine**

- Centre de SSS des Îles
  - CH Archipel
- Centre de SSS de la Haute-Gaspésie
  - CLSC-CHSLD-CH MRC Denis Riverin

**Région 06 - Montréal-Centre**

- H du Sacré-Cœur de Montréal
  - Pavillon Sacré-Cœur
  - Pavillon Albert-Prévost
- Sir Mortimer B. Davis Jewish General Hospital /Hôpital Général Juif Sir Mortimer B. Davis
- CHSLD Providence Notre-Dame de Lourdes Inc.

**Région 06 - Montréal-Centre**

- CHSLD Bayview Inc.
- Hôpital Santa Cabrini
- St-Mary's Hospital/Centre hospitalier de St-Mary
- Montreal Chinese Hospital/L'Hôpital Chinois de Montréal (1963)

**Région 01 - Bas St-Laurent**

- CRDI du Bas St-Laurent
  - PtS MRC Kamouraska Ouest
  - Pavillon St-Cyprien

**Région 01 - Bas St-Laurent**

- Réseau de SSS de Matane
  - CLSC Matane
- Réseau de santé de la Matapédia
  - CLSC de la Vallée
- Centre Mitissien de santé et de services communautaires
  - CLSC Mitis
- Réseau de SSS des Basques
  - Villa Dubé
  - CLSC des Basques
  - CH Trois-Pistoles
- Centre de SSS de la région de Rivière-du-Loup
  - H. St-Joseph Rivière-du-Loup
  - CHR Grand Portage
  - Foyer St-Antonin
  - CLSC Rivières et Marées
- Réseau santé Kamouraska
  - Anjou, St-Pascal, T-Martin, CJ LaPocatière
  - C Notre-Dame de Fatima
  - CLSC Les Aboiteaux
  - C Villa Maria
- Réseau de santé du Témiscouata
  - F Beauséjour
  - CLSC des Frontières
  - Domaine du Sommet
  - CLSC Témiscouata
  - Villa de la Rivière

# Status of women

## The World March of Women: an international movement



At first, an event in which women all over the world marched to express their demands, the World March of Women has become a feminist action network, giving birth to an international movement. Of course, this movement is rooted in the 2000 World March of Women which, through a series of national actions and global mobilizations, culminated on October 17, 2000 in a march in New York City in front of the United Nations. Five million signatures supporting 17 demands regarding violence against women and poverty were then deposited. But the movement born from these demonstrations wants to go even farther in promoting equality between women and men, among human beings and among peoples.

Based on an international committee, national collectives and international working groups that engage in reflection, propose actions, organize mobilization and circulate information, the World March of Women movement seeks to propose economic, political, social and cultural alternatives

within the perspective that another world, based on universal feminist values, is possible.

For this purpose, and based on a broad process of popular education involving local groups, national coordinating bodies and the international level, the World March of Women is currently working on the drafting of a *Women's Global Charter for Humanity*. Taking as its starting point the 17 demands deposited in New York, this Charter will be constructed on five main values (see following page).

This Charter will be used by women who want to challenge their national government and international institutions and will be transmitted to other progressive groups which also aspire for a just and egalitarian world, living at peace in freedom and solidarity.

Different actions will then be taken to publicize this Women's Global Charter for Humanity. In this context, different activities will be proposed to the Federation's members. These activities will also be announced in other

FIIQ publications. The FIIQ Actualités team therefore invites woman readers to continue paying close attention. Together, let us ensure that each step takes us towards freedom, equality and non-violence.

*Noella Savard,  
Nurse*

Rouleau Paquin Design Promotion 1998 ©



1. The themes of the 2000 March were: *Against poverty and for sharing of wealth; Against violence against women and for the control and respect of our bodies.*

## SUMMARY OF THE CONSTRUCTIVE VALUES OF THE WOMEN'S GLOBAL CHARTER FOR HUMANITY



### Equality

An egalitarian society implies that all human beings and peoples are equal. No discrimination and no custom, tradition, ideology or economic system justifies the inferiorization of any person. In this egalitarian society, women are full-fledged citizens and all the unpaid tasks which assure the life and continuity of society are considered to be wealth-creating economic activities. Finally, trade between countries is fair and does not harm the development of peoples.

### Freedom

A free society implies that all human beings live free of all forms of violence and enjoy collective and individual freedoms that guarantee their dignity. In a democratic society, freedoms are exercised in partnership, cooperation, tolerance and mutual respect. Finally, women freely make the decisions regarding their own bodies, sexuality and fertility.

### Solidarity

In a society based on solidarity, all human beings are interdependent. Together, they want to live and build a generous society. In this society, every person has fair and equal access to the natural resources, goods and services necessary for life, which are administered by the peoples living where these resources are located, in respect for sustainable development.

In addition, genetic manipulation is controlled. In such a society, the economy serves society's members and each individual's contribution is recognized and entails social rights. Finally, each person has access to fairly paid work, performed under safe and healthy conditions and allowing this person to live in dignity.

### Justice

In a just society, all human beings are full-fledged citizens enjoying all human rights. In such a society, social justice is based on an equitable redistribution of wealth. The physical and moral integrity of every person is guaranteed, which implies that the death penalty is abolished and torture and humiliating treatment are prohibited. The legal system of this just society is accessible, egalitarian, efficient and independent.

Finally, every person benefits from social protection guaranteeing access to the resources, goods and services he or she needs and sufficient income to live in dignity.

### Peace

In a peaceful world, all human beings live in equality and respect for their rights; poverty is eradicated and all people live a life in dignity, free of violence and have work and sufficient resources. Tolerance, dialogue and respect for diversity guarantee respect for peace. In a peaceful world, there is no room for any form of domination, exploitation or exclusion, and no one has the power of life or death over individuals and peoples.

Finally, absolutely nothing can justify violence.



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Status of women

# Maslow at Desjardins?

According to Abraham Maslow's humanist theory, human needs are organized in a hierarchy. At the bottom of the pyramid are basic physiological needs and at the top are higher psychological and emotional needs, such as self-actualization. These are the needs that create human motivation. In this perspective, the needs for maintaining life are followed, on the second level of the pyramid, by the needs for safety and material security, including financial security.

Beyond the openness shown by the *Caisses d'économie de la santé* when the Rand formula was suspended for the unions whose members participated in the summer 1999 strike, it can be considered that the cooperation agreement between the *Caisses d'économie Desjardins de la santé* and the FIIQ, which was signed this May 18, is very consistent with Maslow's approach.

## THE AGREEMENT HAS FOUR COMPONENTS:

- Improve the status of women by developing the financial autonomy of women working in health care.
- Assure the financial security of health-care workers.
- Promote financial education of health-care workers.
- Promote integration of young people into their work environment and develop their sense of belonging to the health-care network.

## Taking action at Maisonneuve-Rosemont

To materialize this agreement at the local level, the union team of the *Hôpital Maisonneuve-Rosemont* nurses fulfilled part of the action plan described in the provincial agreement. The financial autonomy and financial education components translated into information sessions on finance and the publication of articles with information on different topics related to personal finances.

### In the local newspaper

Thus, in the local union newspaper, "L'EXPRESS-IIU HMR", which is published once a month, the following topics were discussed: the differences between the *Caisses Desjardins* and the banks, the advantages of contributing to



From left to right:  
Yves Tremblay, Martine Doucet and Lucie Lachapelle



Photo Pierre Kirouac

an RRSP when you already contribute to a pension fund, or preparing a personal budget. These articles are also available on the Internet at the following address: [www.info-iiu.org](http://www.info-iiu.org), under the "parutions" (publications) tab.

### Information sessions

Last October 13, at the hospital amphitheatre, more than a hundred nurses attended one of the two lectures given on the theme «How to manage your budget to achieve financial security». Ms. Martine Doucet, financial planner at the *Caisse d'économie Desjardins de l'Est de Montréal*, moderated this activity, which was greatly appreciated by the institution's members. On November 1, the activities regarding financial information continued on the theme "How to assure financial

security upon retirement".

This last activity turned out to be a good complement to the "Pension Attention" information sessions given by the Education-Animation Service of the Federation.

### And that's not all

Based on the needs that will be expressed by the *Hôpital Maisonneuve-Rosemont* nurses, this type of activity can be repeated in the months and years ahead. More specific or more specialized topics can also be developed, depending on members' demand. Other articles are expected to be published in the monthly union newsletter.

## Servicing health professionals

In our opinion, this local application of the provincial agreement between the *Caisses d'économie de la santé* and FIIQ is a fine example of cooperation between two organizations which, all in all, and in different fields (financial or union) have developed on democratic bases while respecting their members' specific conditions. It is also, in my opinion, an example to follow in other FIIQ institutions.

Yves Tremblay,  
Nurse

# The vigilance continues

The *Réseau de Vigilance* once again proved last October 6 and 7, at the *Palais des congrès de Montréal*, that its actions were highly pertinent and that it had great unifying power. Parallel to the Charest Government's Forum of the Generations, it had organized the Alternative Popular Forum.

## Good participation

Over 500 people from over sixty organizations from the labour, community, environmental, feminist and student movements gathered to propose more constructive visions than the neoliberal orientations of the Jean Charest Government.

Three main themes were on the agenda: 1. The health of the Quebec economy and how to think of the economy in different ways. 2. Public services and public goods conveying social solidarity and, finally, 3. Land use planning and development in solidarity. Several resource people presented the main themes and the discussions and exchanges were then held in the form of workshops and plenaries.

The participants worked with fact sheets specially developed for the event. These fact sheets presented, in one column, what the Government was claiming on different specific themes and, in the other column, the arguments put forward to open the debate.

A total of ten fact sheets were developed to fuel the discussions. To obtain all the fact sheets, you can visit the Federation's website ([www.fiiq.qc.ca](http://www.fiiq.qc.ca)). Here is an example:



On this photograph, we see three members of the steering committee of the *Réseau de Vigilance*, from left to right: Julie Langlois, representing the *Mouvement d'éducation populaire et d'action communautaire du Québec (MEPACQ)*, Eric Bondo, from the *Front Commun des personnes assistées sociales du Québec* and Lorraine Guay, from the *group D'Abord Solidaires*.

Consensus was reached rapidly: the participants rejected the Government's neoliberal vision, refusing to sanction a Government that

calls for disengagement of the State and favours the free market, privatization and individualism. They then conveyed their message through a demonstration held at the opening of the Forum of the Generations on October 12 at Saint-Augustin-de-Desmaures in the Quebec City suburbs.

## Keep an eye out

The Alternative Forum revealed that the *Réseau de Vigilance* is an increasingly dynamic rallying force. In the months ahead, other actions will be organized and the FIIQ will invite you to participate.

**RÉSEAU DE VIGILANCE** FACT SHEET 9

### The population crunch

**POPULATION TRENDS:** three components have to be considered in population trends: the birth rate, the mortality rate and net migration.

**DEMOGRAPHIC PROJECTIONS:** the projections are calculated on the basis of hypothetical trends (low, medium and high) in the birth rate, the mortality rate and migration. These hypotheses assume that the economic, social and cultural conditions will remain the same throughout the projection period.

**POPULATION POLICY:** this policy seeks to act on the trends of a population structure and age group distribution, by increasing or reducing the birth rate and resorting or not resorting to immigration. Action on the mortality rate is more complex. It depends on socioeconomic, genetic and other conditions. It is now common to consider health more comprehensively, so there is discussion of *health determinants*, factors that influence health (environment, wealth, education, etc.). The increase in life expectancy at birth (number of years a newborn can expect to live) is a sign of improvement of a population's conditions of survival (non-mortality).

What the Government claims	Our opening arguments
The population crunch, that is, the falling birth rate and the aging population, will lead Quebec to bankruptcy if nothing is done.	This is a message to create panic in households where citizens are not specialists in economics and demographics. In reality, when we look closer, the number taken on another meaning and we understand that the demographic alibi is simply a tool to justify unpopular political and economic decisions.

# Dentists and the ESI card: good news

In fall 2003, a dispute arose between the *Association des chirurgiens dentistes du Québec (ACDQ)* and the insurers regarding the replacement of the *Dentaide* card with the *ESI Canada* card. Consequently, the dentists refused for some time to allow the *ESI Canada* card to be used to settle dental claims. Transitional measures were taken at that time so that members would not be penalized by this situation.

Fortunately, the parties settled their dispute during the summer, and dentists have been accepting the *ESI Canada* card since the beginning of August 2004.



# RREGOP: a solid plan

There are two sources to fund a pension plan and constitute the pension fund: the first obviously comes from the contributions paid by the members to their plan, while the second results from the returns generated by these contributions invested in the financial market. These two funding sources are closely related. Thus, the higher the returns obtained with the pension fund assets, the less it will be necessary to fund it with contributions and, conversely, less profitable returns will inevitably result in higher contributions.



## A triennial actuarial valuation

Every three years, the pension plan administrator, the CARRA, has the obligation, under the law, to produce an actuarial valuation of the RREGOP to determine the contribution that the members will have to pay to their pension plan, in order to guarantee the promised pensions. This valuation has two components.

The first component is retroactive. It consists of accounting for the variances between the data projected by the actuaries, during the last actuarial valuation, and the results actually obtained. Thus, the CARRA's actuaries will consider the variances between the projections and the results relating, among other factors, to the return on the pension fund, the

Table 1. RREGOP contribution rate trend

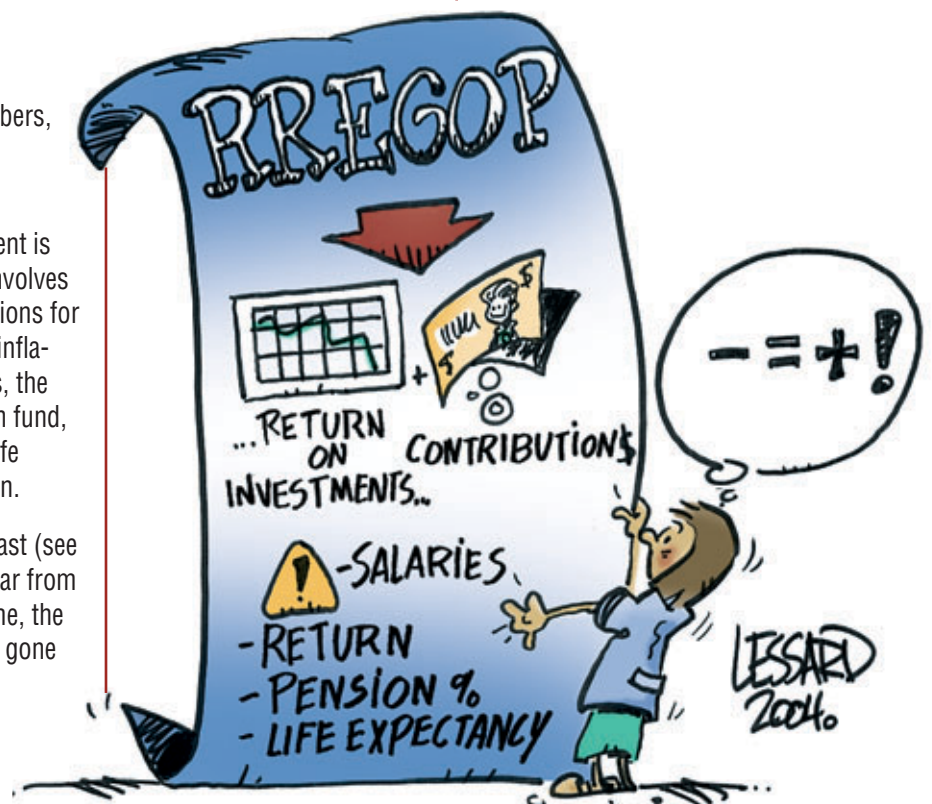
1973 to 1982	7.50%
1982 to 1983	7.10%
1984 to 1992	7.00%
1993 to 1995	7.68%
1996 to 1999	7.95%
2000 to 2004	5.35%

number of new members, salary increases and the rate of inflation.

The second component is forward-looking. It involves formulating assumptions for the future regarding inflation, salary increases, the return on the pension fund, the retirement rate, life expectancy, and so on.

An overview of the past (see Table 1) shows that far from always being the same, the contribution rate has gone up and down.

The latest valuations resulted in a substantial reduction of the RREGOP contribution rate, which fell from 7.95% to 5.35%, despite the appreciable improvements to the plan. In fact, the exceptional returns obtained in 1999 and 2000 created surpluses, allowing the contribution to be reduced well below 9%, the rate which should have been required to maintain a pension plan offering the same features and the same conditions as the RREGOP.



## The last actuarial valuation

The results of the actuarial valuation just deposited by the CARRA are based on the data known as at December 31, 2002, namely the years 2000, 2001 and 2002. Thus, the negative returns of -4.90% in 2001 and -8.90% in 2002, combined with more pessimistic return assumptions for the future, mean that the pension fund must be able to count on a greater inflow of contributions paid by the members.

Nonetheless, in its valuation, the CARRA took into account the good 14.6% return realized in 2003 on the pension fund's assets. This factor mitigated the forecast increase in the contribution rate.

In view of all of these factors, the actuaries arrived at the conclusion that the contribution rate which should be applied as at January 1, 2005 to finance the pension fund adequately, over the next three years, is 7.06%. Despite this appreciable but foreseeable increase in the plan contribution rate, it can be considered that the investment in the RREGOP is still more than reasonable, given the benefits it involves and especially the guarantees it offers for the future.

*Line Lanseigne,  
consultant  
Social Security Sector*

## 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**, FIQ coordinator at the Subscription Development department, for the name of the LR in your workplace.

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## Erratum

In the last issue of *FIQ Actualités*, there was an article concerning the votes for the merger of certifications. It stated that when the union receives its certification, it would convene a general assembly during which members would be invited to elect an executive committee and adopt a budget for their union. It is important to note that in the case of regional and sectional unions, the steps are different. Firstly, there will be a general assembly convened by the regional or sectional union, within the time limits set in the bylaws, where the members of the local executive committee will be elected. As for the other elements, such as the new mode of functioning, the budget and policies, they will be dealt with at the regional level, as prescribed in the new bylaws adopted by these unions.



FÉDÉRATION DES INFIRMIÈRES  
ET INFIRMIERS DU QUÉBEC

POSTE-PUBLICATION  
Convention 40007983

1995 – MARCH FOR BREAD AND ROSES – 2000 – WORLD MARCH OF WOMEN – 2005 – WOMEN’S GLOBAL CHARTER FOR HUMANITY

## WORLD MARCH OF WOMEN IN 2005

Let us relay the Charter around the world...  
Let us pursue the Women’s March  
against poverty and violence

*"I am marching because family violence has stolen a part of my life and institutional violence separated me from my daughter without protecting her... But it did not quell by determination to struggle for its eradication!"*  
A women from Catalonia, Spain



*"We, women, want to live in a sovereign and independent country, with a State that will ensure our right to life, equality and difference .." claimed Columbian women, who have risen up against the Columbia Plan and the economic measures imposed by the World Monetary Fund which accentuate poverty and violence."*

### Calendar of WMW 2005 Activities in Quebec

Rouleau Paquin Design Promotion 1998 ©

DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
5 <sup>th</sup> International meeting of the WMW and the adoption of the Charter	Adoption of the five Quebec demands by the CQMMF	Public education on the Charter and the five demands throughout Quebec	<b>March 8</b> Launching of the Charter, the demands, press conference and symbolic actions	Pursuit of public education activities and mobilisation for WMW actions in Quebec City in May	<b>May 7</b> Large Quebec-wide rally in Quebec City for the adoption of the Charter
<b>JUNE</b> Mobilisation of women throughout Quebec Preparation of local vigils and a Quebec-wide vigil Pursuit of public education activities Political pressure and lobbying for the 5 demands		<b>AUGUST</b> 		<b>SEPTEMBER</b> Organisation of vigils in all regions of Quebec	<b>OCTOBER</b> <b>October 17</b> vigils will be held throughout the world at noon

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