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THE JOURNAL
OF THE FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ
DU QUÉBEC

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Substitute living environment in a CHSLD: a new approach

Some people, because of their loss of functional autonomy and despite the support of the people around them, cannot remain in their natural living environment. They then have occasion to turn to a new “home”, where they can easily obtain the help and assistance and the health care their condition requires. Naturally, these individuals and the people close to them want this new life to be an extension of their previous experience, with a humane environment and personalized quality care and services.

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VOL. 18, N° 1, NOVEMBER 2007 FIQ ACTUALITÉS, the journal of the Fédération interprofessionnelle de la santé du Québec, is published three times a year and has a circulation of 56,500 copies. **COORDINATION** Danielle Couture. **DESIGN AND WRITING** consultants with the Communication-Information Service: Marie-Eve LePage and Micheline Poulin. **EXECUTIVE OFFICER IN CHARGE** Lina Bonamie, President. **CONTRIBUTORS** consultants: Brigitte Doyon and Marc Thibault-Bellerose, Youth Committee: David Lambert. **TRANSLATION** consultant, Martine Eloy. **SECRETARIAT** Francine Parent. **CREATIVE DESIGN** Nolin. **GRAPHIC LAYOUT** Josée Roy. **ILLUSTRATION** Yves Lessard. **PHOTOGRAPHY** Jacques Lavallée and Josée Roy. **PRINTING** Caractéra inc.
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The FIQ moves its headquarters

In 2005, borne by a wind of change and with the aim of better meeting the needs of its members and employees, the Federation made the decision to establish its headquarters in its own building, better suited to its new reality and at a location that would guarantee it more visibility. Next spring, the FIQ's headquarters will move to 1234 Avenue Papineau, Montreal (Quebec) H2K 0A4. The exact timing of the move is not yet determined, but the local teams will be notified as soon as possible. ■





The fight against privatization of public services

FIQ Actualités interviewed the President of the *Fédération interprofessionnelle de la santé du Québec* – FIQ, Lina Bonamie, to discuss the challenges awaiting the Federation in the months ahead.

Micheline Poulin, consultant
Communication-Information Service



IN YOUR OPINION, WHAT CHALLENGES WILL THE FEDERATION HAVE TO FACE IN THE COMING YEAR?

First of all, we'll have to live through the period "post local negotiations", with the local collective agreements, which vary from one institution to the next, and which have to be coordinated with the decree in lieu of a collective agreement.

Then, the reform of the process of negotiation, which must be discussed almost immediately with the *Conseil du trésor*, also represents a major challenge. The Federation has been calling for this reform for a long time. It hopes that the various laws governing the negotiation process will be modified in order that union organizations may win back their right to collective bargaining, and that they be able to exercise their bargaining power without having special laws forced on them.

However, the main challenge undoubtedly is the fight against privatization of health services.

WHY IS PRIVATIZATION SUCH A CAUSE FOR CONCERN?

Privatization has a much bigger impact than the government claims. For example, the Quebec government decided to close 5000 CHSLD beds over the next three years, and to transfer them to non-institutionalized resources. However, what the politicians don't say is that this is a question of private services. After the government issued calls for tenders for long-term care, six multinational corporations bid to offer these services. Thus, we are no longer talking about family-type intermediate resources with five or six beds capable of accommodating seniors who are losing their autonomy – these are private residential and long-term care centres.

The government nonetheless is trying to reassure the public by saying that it will deploy the necessary personnel? But where will it find this personnel? In the public network? Currently, only 80% of the needs of seniors sheltered in CHSLDs are met, due to the staff shortage and because the cases are heavier. Moreover, the CHSLD admission criteria will be changed soon; from now on, for a patient to be admitted, three hours of care per day will be necessary instead of 2.5 hours. It must be recognized that, once again, care professionals will pay the price of the government's decisions, because their workload will be heavier as a result of this measure.

HOW DOES PRIVATIZATION AFFECT THE GENERAL PUBLIC?

Privatization affects everyone because privatization is based on profits, numbers and mathematics, and political elites seem to have very little interest in people. Thus, in Montreal, 2200 CHSLD beds and 700 long-term care beds in hospital centres will be closed within three years. The announced closing of CHSLD Jacques-Viger, which has 200 beds, is directly in line with the neoliberal current. In addition to uprooting hundreds of people for whom this was home, the closing of this centre will ensure that no new seniors will be admitted to CHSLDs for 18 months, until the Jacques-Viger residents are relocated elsewhere.

The decision-makers are keeping the health-care network short of resources and trying to make the population believe that private health care is necessary.

HOW WILL THE FEDERATION DEFEND PUBLIC SERVICES? THIS IS A VERY BIG MANDATE.

In addition to being very vigilant, the Federation must firmly counter this line and use every podium to denounce the attacks on public health services. However, the Federation cannot win this major struggle on its own. Thus, in June 2006, the FIQ decided to join the SISF, the *Secrétariat intersyndical des services publics*, which includes the APTS¹, CSQ², SFPQ³ and SPGQ⁴. This coalition has taken on the mission of defending and promoting the public services offered to the Quebec population.

The SISF, 300,000 members strong, intends to intervene in the public debate to demand the adoption of public policies and initiatives designed to maintain and develop accessible, free, quality public services, offered to the population in every region of Quebec. The SISF also intends to fight for adequate funding of public services, in order to obtain sufficient resources and personnel.

Given the circumstances, this coalition of labour organizations operating in the public sector is essential to curb the appetites of private enterprise and show the government that nobody is fooled by its sales pitch.

1 Alliance du personnel professionnel et technique de la santé et des services sociaux
2 Centrale des syndicats du Québec
3 Syndicat de la fonction publique du Québec
4 Syndicat de professionnelles et professionnels du gouvernement du Québec



DOES INCREASED PRIVATIZATION ALSO INFLUENCE THE SITUATION OF CARE PROFESSIONALS?

Whenever new health services are created by private enterprise, they are offered by physicians, nurses or other care professionals wrenched from public services. These new private services are increasingly spreading their tentacles, since they include general medicine, surgery, diagnostic services, long-term care, home care, etc.

One of the first effects of privatization on the Federation's members is the worsening of the staff shortage. This shortage is wearing care professionals out by increasing recourse to overtime. It also accentuates reliance on private agencies. These two measures are very costly and do not improve the efficiency of services in any way. Last October 9, I met Claude Castonguay, appointed at the head of the Taskforce on the funding of the health-care system, who has the mandate to submit recommendations on health-care funding. I thus had the opportunity to share with him the Federation's concerns regarding the privatization of health care and our will to preserve Quebec public services. However, on account of the Mr. Castonguay's bias in favour of the private sector, the FIQ is highly skeptical that this meeting will produce positive results.

WHAT CAN THE CARE PROFESSIONALS REPRESENTED BY THE FIQ DO TO IMPROVE THE SITUATION?

It is clear that privatization must be denounced and curbed. Care professionals must speak out locally and insist on their rightful place. With the adoption of Bill 90 expanding the field of practice, members must appropriate the changes individually and collectively. Without totally solving the shortage, better organization of work undoubtedly is one of the solutions to favour. Local unions must become actively involved in this approach and demand the necessary solutions, with members' support. The Federation will continue to offer unfaltering support to the unions and their members. ■

A consensus-building table for major priorities

Last September 27, the Minister of Health and Social Services, Philippe Couillard, invited different organizations to participate in a Quebec consensus-building table on the workforce project for the health and social services network, *Table nationale du projet de main-d'œuvre pour le réseau de la santé et des services sociaux*.

Although exercises of this kind have been carried out repeatedly in the past, the Federation chose to remain at this Quebec Table. The main reason for this decision was the creation of a subcommittee mandated, as a priority, to find solutions to the problems of compulsory overtime and reliance on private agencies. In addition to this work, the committee wants to identify the causes of the nursing shortage prevailing in the health-care network and find solutions to counter it. Even though this committee reports to the Quebec Table, it remains independent because it reports directly to the Minister.

A Quebec workforce project must be deposited with the authorities of the *Ministère de la Santé et des Services sociaux* by March 31. This project must be based on a consensus of the network's partners, including the MSSS, agencies, health-care institutions, unions, medical federations, professional corporations and educational institutions. Its objective is to present short, medium and long-term actions and permanent workforce collaboration and coordination measures, which must come into force over the next three years. A workforce management planning process, optimum use of the competencies of the network's personnel, reorganization of work, interprofessional collaboration and

continuing education will certainly be at the core of the solutions.

The Federation is delighted that the target date for depositing this project is March 31, 2008, a suitable deadline, in its opinion, given the urgency of the situation and the time necessary to target the best possible solutions. The intention of all parties is clear: to solve the urgent problems experienced by care professionals in the health-care network. The FIQ intends to participate actively in this Quebec Table, with all its goodwill and energy. ■

Marie Eve Lepage, consultant
Communication-Information Service



1. Activity held on October 17 at Hôpital Laval. / 2. 2007 OHS Week: October 19 at the Royal Victoria Hospital

Protection in the case of avian flu pandemic

"We simply want to be fully informed and adequately protected. It's no coughing matter!"

Care professionals

fiq FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC OCCUPATIONAL HEALTH AND SAFETY 2007

2007 Annual Health and Safety Week

From October 14 to 20, and throughout October, activities were held in the various health-care institutions attached to the Federation.

Under the theme "Protection in case of an avian flu pandemic", the message conveyed this year targets the employer and declares the right of care professionals to information and optimal protection in anticipation of a pandemic. Thus, care professionals are demanding: "We simply want to be fully informed and adequately protected. It's no coughing matter!"

Different tools have been distributed to the members and the local teams, particularly posters, brochures and card protectors. ■

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A festive citizenship school

The *Institut du Nouveau Monde* (INM) summer school is a positive experience, which has been repeated since 2004. Young people from all over Quebec meet each year to “change the world”. This summer’s 4th edition was a clear success, because nearly 800 participants, ages 15 to 35, from about 20 countries, met in Montreal to celebrate their involvement as citizens. Since the event was first held, the members of the FIQ Youth Committee have participated with great interest, because they thus have the opportunity to meet people from fields other than the field of health care, to participate in social and political debates and, finally, to get involved in public causes.

LEARNING

The young participants were able to attend a wide variety of lectures, particularly by Laure Waridel, co-founder of *Équiterre*, Mario Dumont, Leader of the ADQ and of the official opposition in the National Assembly, and Thomas Mulcair, NDP MP recently elected in the Outremont Riding, in addition to participating in the first session of the Bouchard-Taylor Commission.

GETTING INVOLVED

The young participants were able to apply their talents, energy and knowledge by choosing one of the activity routes proposed by the organizers. Thus, they could participate in drafting a declaration, *La Grande Déclaration*, propose projects to change the world with *At go, we change the world!*; discover new ideas under the theme of “Youth, Science and Democracy”; explore forms of communication and

new media; create and participate in artistic performances; and engage in action with Oxfam-Québec.

PROMOTING DEMOCRACY

We must note the symbolic and real scope of *La Grande Déclaration*, a democratic exercise through which young people have the opportunity to affirm the principles and values they wanted to promote worldwide. This declaration will be circulated more widely than within the confines of the summer school.

The text was drafted in several stages of reflection and deliberation. A first draft was submitted to the INM participants by a committee composed of 28 young participants from Quebec, ages 15 to 30. Then, during their stay at the school, the participants discussed and contributed to the writing of this founding document, ratified at

the citizen assembly that closed the INM. The final version will be proclaimed officially in Quebec City on August 12, 2008, United Nations Day, during the celebrations marking the 400th anniversary of the founding of Quebec City. This declaration will be circulated on all continents. ■

David Lambert
FIQ Youth Committee

For more details on *La Grande Déclaration* or the *Institut du Nouveau Monde*, visit the website at www.inm.qc.ca.



FIQ Express

From now on, on the Federation’s website, you will have access to FIQ Express, a bimonthly newsletter which presents various FIQ-related news.

Ordre des technologues professionnels du Québec

For the past year, orthesis, prosthesis and foot orthosis technologists have been eligible for admission to the *Ordre des technologues professionnels du Québec* (OTPQ). By its mission of promoting and ensuring the competence of professional technologists in the public interest, the OTPQ requires its members to observe a Code of Ethics and imposes a professional framework through its different mechanisms under the Professional Code.

Care professionals are invited to ensure, when dealing with these technologists, that they are part of the Quebec professional system in order to protect the public better. ■



Sounding the alarm on commoditisation of health care

Last December, since it was presented as the response to a Supreme Court order, the adoption of Bill 33 under closure did not create much of a stir and still generates too little response. In a March 2007 special publication, however, the Federation had expressed its many concerns regarding the possible consequences of this bill, adopted without any consideration for the elementary rules of democracy.

THE SUSTAINABILITY OF THE PUBLIC HEALTH SYSTEM IS IN PERIL

By allowing individuals to obtain private insurance for services covered by health insurance, the Federation considers that the Charest government is opening a Pandora's box and jeopardizing the sustainability of the public health system. In this context, access to health care is no longer determined by need, but by ability to pay. In addition, the FIQ finds it unacceptable that through this bill, the Liberal government authorizes non-urgent surgical operations to be steered to private clinics, funded by the taxes of the entire Quebec population. The FIQ is especially worried about the effects of this measure on the labour shortage in the public network, apart from the fact that the government has never succeeded in proving the relevance of this approach.

Finally, it didn't take much time for the Federation's fears concerning the adoption of Bills 33 and 25 to materialize. Thus, last summer, *Hôpital du Sacré-Cœur de Montréal* disclosed its intention to steer part of its surgical services to the Rockland Medical Centre, a private medical centre. The hospital administration pushed the envelope of absurdity in justifying this transfer of surgeries, illegal under the current law, by the nursing shortage prevailing in that institution.

The Director the Rockland Medical Centre attempted to reassure the public, specifying that the agreement would have no impact on the shortage. He made a commitment not to recruit health professionals from the institution concerned, which means that instead he will worsen the situation of another hospital. However, despite these fine words, the FIQ has obtained confirmation that care professionals from *Hôpital du Sacré-Cœur* have been *raided* for the benefit of the private medical centre. Even worse, this agreement stipulates that *Hôpital du Sacré-Cœur* can never hire professionals from the Rockland Medical Centre.

For the Federation, this is the very essence of this iniquitous legislation: public funds are being diverted to the benefit of owners of private clinics, which will operate by *raiding* professionals from the public network, accentuating the shortage in this sector. In the final analysis, the taxpayers will have to pay more for poorer quality services.

Thus, it appears that the Charest government is not seeking to improve access to health services for the majority of the population, who often are not insurable and/or cannot afford to pay the premiums. Instead it is seeking to enrich a few individuals who own private clinics and to facilitate access to state-of-the-art services for the elite.

THE HEALTH-CARE BUSINESS

Speaking of gratified businessmen, Dr. Jacques Chaoulli must be one of them. After engaging in a judicial saga, funded by sources that are dubious, to say the least, this health-care merchant announced the opening of a "boutique" pompously bearing his name, the "Chaoulli Group". Thanks to his invaluable contacts in the exclusive circles of Westmount medicine, Dr. Chaoulli can now broker general and specialized consultations, as well as diagnostic and surgical procedures. For a few hundred dollars, rapid access to health care is guaranteed.

The health-care business is promised a great future because the zealots of private health care hold a new card: the election of Brian Day as head of the Canadian Medical Association. As the fortunate owner of the biggest private clinic in Canada, it's not surprising that Dr. Day preaches from every podium that reliance on the private sector in health care is the solution to humanity's problems.

CONT'D →



Lise Martel, FIQ Treasurer, in the company of health union representatives from four different countries. From left to right: Pierette Tolus - Guinea, Mintou Garba - Niger, Gladiatou Sidibé - Mali, and Mamé Ceumba Samba - Senegal.



AN INGENUOUS PLOY

After squandering the \$950 million from the partial settlement of the fiscal imbalance on a tax cut benefiting the most affluent, the Charest government, for some strange reason, is in search of funding for health care. It has therefore mandated Claude Castonguay, former CEO of one of the biggest insurance companies in Canada and notorious for his positions in favour of the private sector, to think about new solutions to funding of the health-care system.

In fact, the study group chaired by Mr. Castonguay is an ingenious ploy with the unadmitted aim of allowing the Charest government to benefit from the moral cover to take one more step to commoditization of health care. The former Minister, falsely presented as the father of health insurance, thus leads the public to believe that he is engaging in an objective process, in which all solutions will be examined and explored in depth, thanks to the participation of a few experts called to present the results of their research. This exercise is more like a masquerade serving to validate Mr. Castonguay's known public positions on health-care funding. It certainly is no coincidence that, a few weeks before his appointment to head the task force, he published a study responding almost point by point to the research questions submitted by the Charest government.

THE WILLFUL BLINDNESS OF THE CHAREST GOVERNMENT

While waiting for the conclusions of this task force, the Charest government is trying to show its goodwill by launching a vast public consultation on the living conditions of the elderly. Yet it is sealing the fate of part of this population by closing more than 5,000 CHSLD beds and transferring them to intermediate resources. The public institutions will only keep the heavy cases and their doors will be more difficult to enter because the admission criteria will be high.

In Montreal, the *Agence de la santé et des services sociaux* has contributed to the war effort by providing for the eventual transfer of 2200 beds to intermediate resources. Recently, it moved from talk to action with the announcement of the closing of CHSLD Jacques-Viger, located in a Montreal neighbourhood inhabited by a population of poor, elderly people living alone, on the pretext that the centre's facilities are obsolete. Yet this closing is a tragedy for hundreds of people in need.

Public Services International (PSI) World Congress

At the end of September, in Vienna, Austria, four members of the FIQ Executive Committee had the opportunity to participate in the activities of the PSI World Congress. The theme of this 28th Congress was "Quality public services for all". The FIQ, APTS, CSQ, SFPQ and SPGQ, members of the *Secrétariat intersyndical des services publics* (SISP), proposed a workshop at the Congress reporting on the efforts made in Quebec to defend and value public services and to counter the Charest government's attempts at privatization.

Thus, the FIQ had the possibility of addressing over 1500 union activists, representing more than 20 million public sector workers in over 120 countries. This international forum was an ideal opportunity to testify to the threats that privatization poses to Quebec public services and report on similar experiences elsewhere. Thus, all over the world, governments are being put under pressure to stimulate their commitment to public services. The PSI Congress also made it possible to create alliances and solidarity with other organizations sharing the same objectives as the Federation and will result in participation in common actions worldwide. All of the activities proposed at this Congress proved to be very rewarding and inspiring for the future work of the five union organizations forming the SISP.

At the same time, the PSI Congress was an opportunity to denounce the Charest government once again for the adoption of Bill 142, condemned by the International Labour Office (ILO), a United Nations agency. This legislation imposes working conditions on government employees and severely stains Quebec's international reputation as a democratic society. ■

Marie Eve Lepage, consultant
Communication-Information Service

By transferring seniors from public institutions to intermediate resources and close caregivers, the Charest government is sanctioning the initiatives of the regional agencies and again showing its willful blindness to neoliberal dogma. Thus, the State is abandoning its responsibility by subcontracting to the community sector, which barely has enough resources, or to the private sector.

THE BIGGEST HEALTH-CARE MERCHANTS BAND TOGETHER

Finally, if the Charest government lacks inspiration in its quest to sell public services to private interest, it can replenish its ideas in November, in Saint-Sauveur, at the highly secret meeting of the World Health Executive Forum. Dignitaries and businessmen

from about fifteen countries, "the best of the best", according to the invitation, will meet there. On this occasion, the biggest health-care merchants on the planet will be able to discuss the strategies to promote for increased privatization of public health systems. Happy to be able to hold their discussions "far from the lobbies, the media and the pressure groups", the hand-picked participants propose to "write tomorrow's rules." The politicians scheduled to be present, led by Jean Charest and Monique Jérôme-Forget, will certainly pay close attention and take notes for further action. ■

Marc Thibault-Bellerose
consultant, Health-Care Sector

SUBSTITUTE LIVING ENVIRONMENT IN A CHSLD: A NEW APPROACH (CONT'D)

ACTUALITÉS
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These are the concerns that led the *Ministère de la Santé et des Services sociaux* (MSSS), in October 2003, to present orientations on the philosophy that should be promoted in residential and long-term care centres (CHSLDs)¹. These orientations define the principles that should guide the organizational and operational conditions and lead to what is called the *substitute living environment approach*. As the literature on the subject shows, there are many principles involved:^{1 2 3}:

- The interventions must assure the resident's welfare and quality of life while fostering autonomy, optimization of residual capacities and self-determination;
- The interventions must be personalized, adapted to the needs, characteristics, limits and desires of the sheltered person;
- The dynamics of the individual residents' everyday life must be in tune with their lifestyle and values;
- The sheltered individuals must maintain ties with the people close to them, who are closely and actively involved in decision-making, and with the community.

Thus, the implementation of the substitute living environment in CHSLDs reflects the transition from a *medicalizing* approach, in which "the problem receives the attention, not the individual" to a *socializing* approach, centered on and adapted to the individual.² Clearly, this transformation has a direct impact on how the stakeholders, particularly care professionals, will perform their roles, tasks, duties and responsibilities from now on. In fact the substitute living

environment approach demands a flexible organization of work, in which the residential centre is recognized as a living environment, as well as a care and work environment.

Consequently, certain concerns must emerge from the employers' initiative to implement this approach and re-view the organization of care, services and work. It must be remembered that the heterogeneous biopsychosocial profiles of the sheltered individuals and the often high level of care they require make the practitioners' work more complex and necessitate great flexibility. Thus, it is important:

- to rely on interdisciplinary work and establish quality relationships among all the people involved (practitioners, residents, families, managers);
- to ensure the autonomy and leadership role of the care professionals;
- that there be consistency between management principles and the premises of the approach: composition and stability of care teams, support, workforce planning and human resources develop-

ment, occupational health and safety concerns, and the ethical dimension;

- to adapt the physical environment and make the necessary tools available;
- to involve all the players in defining the substitute living environment, conveying the chosen philosophy and ensuring its understanding and follow-up. Various tools and mechanisms are then relevant: code of ethics, charter of living and work, committees, etc.;
- to ensure a firm commitment by the management.

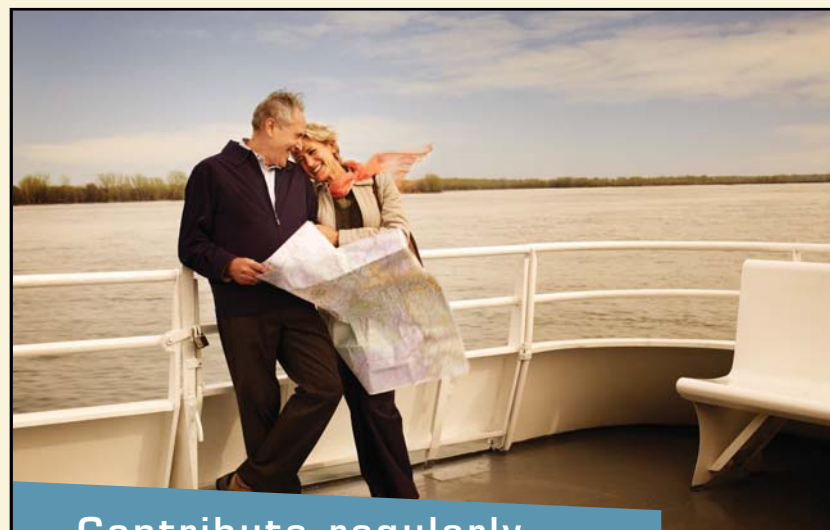
Clearly, care professionals must participate in the implementation process of the living environment, particularly regarding the organizational and clinical decisions that are made. Due to their experience and expertise in care to persons who are losing their autonomy, they must have the opportunity to take a position on the project and present their point of view. ■

Brigitte Doyon
consultant,
Task and Organization of Work Sector

1 Ministère de la Santé et des Services sociaux, October 2003, *Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Orientations ministérielles*, 25 pages.

2 Régie régionale de la santé et des services sociaux Laval, December 1998, *L'approche milieu de vie en CHSLD - Cadre de référence*, p.4.

3 Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales, revue d'information Objectif Prévention, online: www.asstsas.qc.ca/op.asp (accessed on October 12, 2007).



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2008 TAXATION YEAR (26 pay periods) estimated rate as at November 11, 2007*					
TAXABLE INCOME FROM	CONTRIBUTION PER PAY	TAX SAVINGS (APPROX.) CREDITS +	RRSP	NET PAY REDUCTION (APPROX.)	TOTAL INVESTED PER YEAR
\$15,000 to \$37,500	\$40.00	\$12.00	\$11.56	\$16.44	\$1,040
	\$100.00	\$30.00	\$28.90	\$41.10	\$2,600
	\$192.31	\$57.69	\$55.58	\$79.04	\$5,000
\$37,501 to \$37,883	\$40.00	\$12.00	\$13.16	\$14.84	\$1,040
	\$100.00	\$30.00	\$32.90	\$37.10	\$2,600
	\$192.31	\$57.69	\$63.27	\$71.35	\$5,000
\$37,884 to \$75,000	\$40.00	\$12.00	\$15.36	\$12.64	\$1,040
	\$100.00	\$30.00	\$38.40	\$31.60	\$2,600
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Questionnaire on the place of religion in public space

The FIQ, in collaboration with the *Commission des droits de la personne et des droits de la jeunesse* (CDPDJ), has developed a questionnaire to inventory the number of requests of a religious nature, in health and social services, which originated from patients or staff since 2003.

On May 25, 2007, 2000 questionnaires addressed to all classes of professionals represented by the FIQ were sent to all Quebec regions. The Montreal and Montréalie regions were particularly targeted, given the density of the population and the great cultural diversity that characterizes them.

The questionnaire aroused keen interest among FIQ members since the response rate is higher than 25%. Moreover, the results obtained are representative of the *membership*, whether by class of professional (68% nurses, 19% nursing assistants and 12% respiratory therapists) or by gender (89% women and 11% men). All of the results are currently being analyzed.

In the weeks ahead, the conclusions will be the object of a brief that will be presented within the context of the Bouchard-Taylor consultation.

The preliminary results of the questionnaire allow us to draw an objective picture of requests of a religious nature to which care professionals have to respond. For some, these requests are part of their everyday experience, while for others they are nonexistent. All things considered, they are generally infrequent for all religions, including the Catholic religion. Thus, the factual analysis could eliminate the sensationalism regarding the question and the Federation's analysis may lead to a more nuanced vision of this major debate currently under way in Quebec society. ■

Florence Thomas, consultant
Health-Care Sector

VOTE AT JEFFREY HALE HOSPITAL - SAINT BRIGID'S HOME

In the wake of the *Act respecting bargaining units in the social affairs sector and amending the Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors* (Bill 30), Class 1 employees of Jeffrey Hale Hospital - Saint Brigid's Home voted on the union which has to represent them.

From September 4 to October 5, 2007, 131 of the 145 care professionals exercised their right to vote. The *Syndicat des professionnelles en soins de Québec* (SPSQ), a FIQ affiliate, prevailed with 79 to 47 votes for the *Syndicat du personnel en soins infirmiers de Jeffrey Hale - Saint Brigid's* (CSN), and 5 ballots remained sealed. The Federation is delighted to welcome these new members to its ranks.

1st row, from left to right:
Denyse T. April, Executive officer in charge of the Status of Women, FAC, Marie-Claire Baigner, member of the National Women's Committee, SFPQ, Chantal Roy, consultant, Status of Women, SPGQ, Chantal Locat, Executive officer in charge of the Status of Women, CSQ, Marie-Claude Raynault, Director, APTS, Éline Giroux, consultant, Status of Women, APTS, Monique Voisine, consultant, Status of Women, SFPQ

2nd row, from left to right:
Julie Lejeune, consultant, Status of Women, FIQ, Danielle Nadeau, Vice-President in charge of the Status of Women, SPGQ, Maria Piazza, Vice-President in charge of the Status of Women, APTS



Idola Saint-Jean Award

On September 28, during the opening evening of the "*Québécoises toujours debouttes!*" conference, the *Fédération des femmes du Québec* (FFQ) presented the Idola Saint-Jean Award to the *Intersyndicale des femmes*. This award marks the outstanding contribution of a woman or a group of women to "the improvement of the status of women in Quebec and the advancement of feminism".

Created in 1977, the *Intersyndicale des femmes*, which received this honour, currently includes the representatives of the Status of Women committees of the APTS, CSD, CSQ, FAC, FIQ, SFPQ and SPGQ.

