

# Report from the Federal Bureau

## **A short, but really intense mandate!**

The report from the Federal Bureau covers the work done during the 28 months since the last convention, held February 19-23, 2007 in Québec City. It was a short term, compared to the previous one that lasted 42 months – one of the longest in the Federation’s history.

These past two years can be seen as the immediate aftermath of the political turmoil that Québec went through from 2003 to 2007 under Jean Charest’s Liberal government – a period of relative calm that gave the Federation and its unions some time to catch their breath and roll up their shirtsleeves to continue the struggle and improve their members’ lot, while fighting to win back the rights that were so harshly attacked.

This report begins with a brief review of the general context that has prevailed in the past 28 months. It continues with a review of the main decisions and actions of the Federation and its unions in the private and public sectors, without overlooking the issue of the FSSS-FP’s dual jurisdiction, which required a great deal of time and energy.

## **Prevailing conditions**

### **Elections**

There were two provincial elections during the last term of office. On March 26, 2007, Jean Charest’s Liberals were returned as a minority government, with only 48 MNAs. This reality certainly put a damper on the government’s actions, but did not prevent it from continuing to withdraw government from public services and privatizing health care and social services.

On December 8, 2008, barely two months after a federal election that resulted in a minority government in Ottawa, Québec voted again in another provincial election that gave the Charest government a slim majority of seats.

### **An unprecedented breach for private services in health care**

The Charest government can never be accused of a lack of perseverance in pursuing its original plan. In this regard, the February 15, 2008 issue of *Le Devoir* put the headline “The health-care system targeted by speculators” over a report on the intense lobbying under way by Québec, Canadian and foreign investors, reaching right up to cabinet levels, and aimed at developing this new, extremely lucrative market.

The Castonguay report on the funding of the health-care system, released in February 2008 with some 37 recommendations, was yet another addition to the myth that the private sector can play a role that is complementary to the public system.

As well, ever since passing Bill 61 (which created the Agence des partenariats public-privé du Québec), the government has not missed a single opportunity to promote public-private partnerships (P3s) in the health and social services system – notably at the MUHC, the CHUM and the CSSS Champlain (CHSLD Saint-Lambert).

On June 18, 2008, Health and Social Services Minister Philippe Couillard rushed through a decree expanding the number of medical acts delegated to the private sector, as well as reserving some forms of surgery to specialized medical clinics that involve doctors who are non-participants in the public health insurance system. He quit politics the same day and just a few weeks later joined Persistence Capital Partners, a private health-care investment fund, thus revealing his true interests.

His replacement, Health Minister Yves Bolduc, did temporarily suspend the implementation of the decree until the fall, on the pretext that legislative clarifications were needed. The CSN, followed by other organizations, certainly contributed to this decision when it instigated court proceedings last winter to contest the validity of the regulations on specialized medical clinics.

### **The effects of Bill 25**

In the wake of the mergers of institutions in 2004 and the establishment of the local integrated services networks imposed by Bill 25, CSSSs have gotten more involved in the development and implementation of clinical projects that transform the delivery of services and the organization of work.

### **Other services for the elderly are also in the government's sights**

The Charest government's approach to the elderly with diminishing autonomy is perfectly consistent with its original orientations. In its document entitled "A Challenge of Solidarity," it claims that it aims to encourage their deinstitutionalization by encouraging private resources rather than public ones. For instance, the MSSS froze the number of beds in public CHSLDs at 35,000 (the 2005 level) and then began closing long-term care beds and transferring them to private residences and intermediate resources.

### **General living conditions of seniors**

Over the years, many of the recommendations made by the FSSS to improve residential care and living conditions for seniors were reiterated by the Conseil des aînés as well as during the roving consultations on seniors' living conditions in 2007 and 2008.

Yet none of them were accepted and implemented. Given this, the FSSS and the CSN reacted by developing an analysis of the state of resources and services offered, along with a CSN platform on aging and public services for the aged.

### **Certification of private residences**

Mandatory certification of private residences is supposed to be a kind of seal of approval from a health agency certifying that a facility complies with minimum health and safety regulations for resident patients. Adopted in 2007, the new system covers fire safety, cleanliness, residents' files and charts, the alarm system, food medications, staff training and liability insurance. The regulation was criticized by the FSSS because it didn't provide any guarantees on safety or the quality of the services and care provided. Furthermore, although the 2,500 residences were all supposed to have received their certificates by February 14, 2009, only 13% had obtained it by November 2008. The government has given these private facilities extra time to comply with the regulation.

### **Systematic opposition to privatization**

The CSN, the FSSS and its unions along with various other organizations have spoken out repeatedly to protest and oppose the growing commodification of health care – at the Québec Social Forum, for example, in the CSN campaign on health care, through demonstrations, mobilization, participation on boards of directors and lawsuits.

### **Rulings on Bills 7, 8, 30 and 43**

On November 30, 2007, Québec Superior Court Justice Claudine Roy overturned Bill 30 and reinstated freedom of association and the right to freely negotiate working conditions. The government was given 18 months to re-do its homework. Despite insistent demands from the labour movement, the government decided to go ahead and appeal the decision. The case was heard in the Court of Appeal on April 22-23, 2009, and the decision – which we hope will be in our favour – should be rendered in July.

On October 31, 2008, another Superior Court Judge, Justice Danielle Grenier, ruled that Bills 7 and 8 were unconstitutional. The Court considered that the two bills violated the Canadian Charter of Rights and Freedoms and Québec's Charter of Human Rights and Freedoms because they infringe freedom of association and encourage discrimination against 25,000 women working in what are recognized as typically female jobs.

The fact that the government decided in the midst of the election campaign not to appeal this ruling meant that it became possible to resume organizing of the women working in intermediate and family-type resources as well as home childcare providers.

But this is not the end of their battle, because the government intends to legislate to exclude them from the jurisdiction of the Labour Code and the *Pay Equity Act*.

## **The aftermath of Bill 43 (decree covering public-sector workers)**

### **Implementation of the National Provisions**

During the 2007-2009 mandate, the FSSS's role in the national part of negotiations on working conditions was to provide support and follow-up for unions in applying the conditions.

While unions were negotiating their collective agreements at the local level, the four vice-presidents for public sectors participated in various meetings with the employer party in the framework of the permanent bargaining mechanism provided for in the National Provisions. This is how the improvements to the National Provisions were negotiated, in particular the addition of certain institutions to the list of specific units, the change to the 16-hour rule, better working conditions for nurses working in dispensaries, etc.

### **Local collective bargaining**

The decentralization of negotiations on 26 matters in the collective agreement consumed much of the time and energy of local executive committees, union staff reps and regional vice-presidents. Despite the very restrictive framework imposed by Bill 43, the FSSS's assessment of the overall operation indicated that in the majority of cases, negotiations resulted in the status quo on most of the matters negotiated. Though some unions did suffer losses, others nonetheless managed to make gains. As for costs, we estimate that local bargaining cost more than \$40 million – so no savings there, contrary to government claims. And there are still unions at odds with their employers over how the texts that were agreed upon should be interpreted.

For many months, the bulk of the union work of local executive committees, local bargaining committees and most of the union staff reps was devoted to preparing and presenting contract proposals and then assimilating them and getting them accepted by members and at meetings with the employer committee. On top of this, many of these unions experienced significant increases in membership and the number of points of service they have to cover as a result of Bill 25. Many unions are overwhelmed today, because the numerous challenges they have faced since the implementation of Bills 25 and 30 haven't left them the time they need for consolidation. Unions now represent more members, at more sites, in more than one job class, coming from many different union organizations, who are sometimes dispersed over vast geographic areas.

Executive committees have not had much time to spend on union life, meaning that many unions have needed and continue to need consolidation. The training session on site stewards is one of the Federation's responses to all these changes and upheavals.

### **Debate on a single federation in health care and social services at the CSN**

Some of the mandates that members gave the leadership of the FSSS were fraught with serious consequences, and carrying them out successfully required much time and energy and constant vigilance. The mandate from the last convention concerning the jurisdiction of the FSSS and the FP was one of these. It kept Federal Bureau members and activists in local unions busy for a full year and more, up until the CSN convention last year.

An ad hoc committee was struck to consider, discuss and debate the matter, accompanied by an action plan aimed at organizing what was to become a historic debate, the high point of the CSN convention.

Various actions leading up to the convention – notably the decision to send the resolution to the CSN's General Secretary and the vote rejecting the CSN's compromise proposal at a special Federal Council meeting - showed the CSN that FSSS unions were determined to have the debate on a single federation in health care and social services. The vote at the special Federal Council meeting sounded the death knell for any compromise solution before the convention. From then on, an intensive phase of preparations got under way, with all components of the Federation pitching in: massive union participation in the convention, preparation of our arguments, canvassing for support outside our ranks and pre-convention meetings, to name just a few aspects.

This unusually intense debate lasted for eighteen months. Although the FSSS position was not accepted by the CSN convention, members were tremendously proud of having carried it through to the end. They all genuinely rallied to the convention's decision. The most positive gain related to carrying out this mandate was certainly the way in which the debate was conducted. The FSSS, including all its private and public sectors, emerged stronger than ever, with greater solidarity than ever. This is ample justification for the theme of this year's convention: "For the best, now and in the future!"

## **The public sectors**

In the past two years, while testing the Federation's new structure for representation, including the implementation of sectoral autonomy, the vice-presidents of the four new public sectors pooled their efforts to make progress on a certain number of issues.

### **Pay equity**

After a hard-fought battle for recognition of the value of women's work, we had to go all-out to ensure that the amounts owed were actually paid.

Discussions continued with the Conseil du trésor and the CPNSSS (Comité patronal de négociation du secteur de la santé et des services sociaux – health and social services management bargaining committee) to reach agreement on the implementation of the pay equity plan and resolve various problems with its implementation in certain institutions or certain job classes. As a result, a number of issues were resolved to members' satisfaction.

Following posting of the results of the pay equity plan, a few people filed individual complaints with the Pay Equity Commission. On June 19, 2007, the Commission rendered a preliminary opinion in favour of some of these complaints, including those concerning baccalaureate nurses. As this report is written, the Commission has still not rendered its final decision on the pay equity plan.

### **Maintaining pay equity**

Once a pay equity plan has been completed, the *Pay Equity Act* stipulates that pay equity in the enterprise must be maintained. The FSSS has reminded the government on numerous occasions that despite the June 2006 pay equity settlement, there are a number of predominantly female job classes that are still not paid at their true worth.

Since 2001 – the reference year for job evaluations in the pay equity plan – the tasks and roles of many workers have been modified to an extent that creates new inequities. Considering their growing responsibilities, the knowledge acquired and increasingly stringent job requirements, many women do not receive pay that is commensurate with the work they actually do.

Note that the FSSS was the first union organization to file complaints aimed at forcing the government to maintain pay equity and comply with its own laws. The Federation is claiming adjustments retroactive to December 16, 2005 for the vast majority of predominantly female jobs.

*Maintaining pay equity is a right, not a privilege!* The FSSS will continue to invest the time and energy needed for workers to keep the gains made as a result of the implementation of this law.

### **Distortions in pay and salary relativity**

Since the pay equity settlement reached in June 2006, many efforts have been made to identify and remedy problems of distortions in pay that emerged subsequently and to settle the issue of salary relativity. Arguments have been put to government officials repeatedly. A certain number of issues have been solved, but others are still in dispute.

As well, at the end of the pay equity process, the FSSS argued for the need to complete a salary relativity exercise covering all gender-neutral and predominantly male job classes. Although the government decree eliminated all the agreements and appendices on salary relativity, it did continue to say that once the pay equity plan was completed, the parties should enter into discussions to agree on solutions to the issue of internal salary relativity.

Unfortunately, the government is using the fact that the Pay Equity Commission hasn't endorsed the pay equity plan as an excuse to refuse to resolve this issue before the next round of bargaining. It's not hard to guess what its strategy will be on the upcoming pay policy...

### **Seniority**

The restructuring of bargaining units into four job classes in the public sector had consequences for the recognition of seniority. Whereas previously workers could invoke their seniority in different job titles, the new separation into distinct job classes limits these possibilities. It was a problem that required some serious thinking.

Recognition of seniority has therefore been a very delicate issue. After months of consideration and at times very vigorous discussions, the four Sectoral Federal Councils reached a consensus on a single position to be defended in collective bargaining, namely the recognition of seniority on the basis of the last date of entry into the bargaining unit and the possibility of agreeing on inter-sectoral recognition by consensus among the bargaining units concerned.

The FSSS is thus the first union organization to take such an assertive stand on the direct link that should exist between seniority and the bargaining unit. What's left now is to agree on such provisions with the management bargaining committee.



## **Kilometrage**

In light of the jump in gas prices and government inertia, the FSSS took steps in the fall of 2008 to force the government to index the allowance paid to workers in health care and social services who have to use their personal vehicles to deliver services to the public. Employer representatives were asked several times to remedy the situation. In just a few weeks, we collected signatures on a petition from more than 10,000 union members.

Given, however, the rapid drop in gas prices (by almost half in a few months at the end of the past winter), we postponed submitting the petition to the Conseil du trésor. We decided it was preferable to wait for a more suitable time to bring it up again.

## **Duty to accommodate**

Unions have raised a number of technical and legal questions about the duty to accommodate, notably when an employee has or develops a disability that prevents him or her from performing some or all of his or her work.

As a principle, the duty to accommodate is not set out explicitly in the Charter of Human Rights and Freedoms; instead, it has been developed over the years by the courts. The duty stems from the prohibition on discrimination on the basis of grounds identified by the Charter, such as a handicap. This duty therefore requires employers to find acceptable solutions that protect the employee with a handicap.

In recent years, the office and administrative sector has been used extensively to provide positions for employees with handicaps. In this context, the FSSS-CSN has worked to put out a guide and is preparing training on the issue, with a view to providing unions with better tools for dealing with the issue. The tools will be useful for all unions, in both the public and private sectors.

## **Period of changes in union allegiance**

Last fall, the Federation began preparing its strategy for the period of changes in union allegiance scheduled for July 4 to August 3, 2009. An ad hoc committee was set up to brainstorm and plan the work aimed at maintaining the FSSS's membership levels and recruiting new unions. But these plans have been overtaken by events and are now moot.

## **No-raiding agreement**

A CSN-FITQ common front was created on October 26, 2008, accompanied by a no-raiding agreement. The objectives include recovering the right to free collective bargaining, which was lost in December 2005 as a result of Bill 43, and the need to address the impact of Bill 30 on unions, in particular the mergers of bargaining units and local bargaining on 26 matters.

In April of this year, the CSN and the FTQ agreed on the creation of a broad common front with the Secrétariat intersyndical des services publics (SISP – Inter-union secretariat in public services) in preparation for the next round of negotiations. With a total of more than 400,000 members in the public and parapublic sectors, this broader Common Front also has a no-raiding agreement. The Common Front's main goal is to put an end to the decrees as soon as possible, by targeting bargaining issues and reaching an agreement before the decrees expire on March 31, 2010. The participating organizations have therefore agreed on a detailed timetable covering consultations in unions on common central table matters, harmonization of the demands, filing of sectoral demands, establishment of a joint communications plan and development of common actions.

### **Next round of bargaining**

Since the decree governing working conditions in the public sector will expire in the coming months, each of the occupational sectors has begun preparatory work for the next round of bargaining. The bargaining structure is now in place, the members of the four bargaining committees have been elected and they are working actively on the basis of the bargaining priorities adopted by the Federal Councils for Sectoral Bargaining.

### **Class 1: Nursing and cardio-respiratory care**

At the 40<sup>th</sup> Convention in 2007, Daniel Dubé was elected vice-president responsible for nursing and cardio-respiratory personnel. After three months in office, he resigned for personal reasons. Until the vacancy could be filled at the November 2007 Federal Council, the Executive Committee ensured continuation of the work needed to further the concerns of unions in this class of personnel. Committees were established.

The 2007-2009 work plan adopted by members in November 2007 identified five priorities:

- giving all employees positions;
- the labour shortage in nursing care;
- working conditions resulting from the labour shortage;
- the deployment and implementation of Bill 90 in workplaces;
- maintaining public health-care services in all fields, and more especially in operating rooms.

The various ad hoc committees that were set up helped the FSSS to intervene with the government and demonstrate the urgency of taking action – not just in the interests of employees in the system, but also for the good of the general public and the survival of the public health-care system.

In nursing and cardio-respiratory care, the Federation was able to develop solid arguments and raise and defend the demands of staff in this job class with various counterparts at different levels and even in the media. The Federation also participated in the issues table (Table de concertation) aimed at dealing with the labour shortages in health care, the steering groups in nursing care and respiratory therapy, and the pilot projects on the organization of work (field projects).

As months went by, the government, regional agencies, institutions and professional orders observed the FSSS's determination and its ability to make changes to deal with the unacceptable deterioration of working conditions for nursing and cardio-respiratory care personnel. We showed government representatives that the government was taking both staff and the population hostage, and playing Russian roulette with society as a whole.

In its interventions with the Ministry of Health and Social Services and in the public arena, the FSSS took advantage of each opportunity to defend the importance of preserving the public nature of all health care and health services.

### **Pilot projects on the organization of work (field projects)**

At numerous meetings of the National Table on the workforce in nursing, the FSSS insisted on the need to review the organization of work in all sectors of nursing. The Federation argued that the success of the field projects depended necessarily on a management-labour partnership and that the projects required the injection of fresh money.

As these lines are written, there are 18 projects under way in a number of institutions and 5 more waiting for approval. This success can certainly be attributed to the efforts and tenacity of the unions concerned.

The objectives pursued with the field projects are a reduction in compulsory overtime, a reduction in the use of independent labour (employment agencies) in nursing and cardio-respiratory care and better access to nursing care. The projects accepted are mainly concerned with the organization of work in critical care, in home support care and in residential care for the elderly.

The means that need to be taken to achieve these results have an impact that goes beyond nursing staff, affecting all employees in health care who work directly or indirectly with beneficiaries. The Federation's aim is therefore for all its unions that are concerned to be involved in the projects.

## **Class 2: Paratechnical personnel and auxiliary services and trades personnel**

The paratechnical, auxiliary services and trades class of personnel has an important place in health care and social services, especially at the FSSS. Present in nearly all the institutions in the system, workers in this class of personnel do a number of different kinds of work, which means that there are many job titles. One of the consequences of this situation is that they are exposed to all the turmoil and upheavals in the system.

These workers are the ones most likely to bear the brunt of privatization. Back when Bill 30 was imposed and amendments made to Section 45 of the *Labour Code*, the FSSS had already expressed its fears about the danger of seeing entire sections of services disappear to the benefit of the private sector, affecting union members in this class of personnel more particularly.

Unfortunately, these fears are well-founded and are starting to be borne out in some institutions. This is the case in a number of regions of Québec, where unions are faced with bed closings in CHSLDs, plans to privatize laundry services and even the threatened elimination of certain job titles.

A significant part of the 2007-2009 work plan was the follow-up and implementation of Letter of Agreement no. 32 on training for beneficiary attendants. A non-recurring amount of \$14 million was allocated for this. The goal of the training is to improve beneficiary attendants' skills, given changes in practices and the clientele's growing needs.

The FSSS intervened repeatedly to push this file forward so that beneficiary attendants can have access to the training in the best possible conditions.

Despite the delay in implementing the programme, training for instructors finally began in February 2009 in a number of regions. Given their specific realities, other regions began last April. Consequently, everything is ready for the instructors to begin their work of training co-workers in their institutions.

In response to the work of the National Table on the workforce in nursing, the MSSS agreed to set up a steering group for an analysis of labour shortages in the beneficiary attendant job title.

There are a number of other job titles in which there are not enough staff. Should we be talking about shortages there too? Studies will be needed to demonstrate it. Similarly, access to positions is a problem for many workers, who are refused new positions because they don't meet the employer's training criteria. Situations like these, caused by the employers' mismanagement, often lead to overwork for existing personnel, thereby leaving them more exposed to accidents on the job.

### **Class 3: Office personnel and administrative technicians and professionals**

#### **A review of the List of job titles and job descriptions is a necessity**

The sector's work plan, presented at the November 2007 Sectoral Federal Council, included a mandate aimed at obtaining changes to the List of job titles and job descriptions and salary rates and scales, in the wake of the substantial reduction in the number of job titles. This raises the issue of normal job requirements when positions are posted. The new List compounded major problems in access to positions, as well as expanding the scope of arbitrary employer decisions in this sector.

Furthermore, the FSSS has observed that most employers are still hesitating between the old and new lists, and that they seek to get around the National Provisions. To back up our demands to employers, an ad hoc committee was set up and did some extensive studies.

The FSSS-CSN will continue to use every available forum to express its disagreement with the illogical groupings of jobs decreed, particularly in the office and administrative personnel sector.

#### **Legal secretaries are entitled to the same recognition as lawyers**

One of the negative effects of the imposition of the new List of job titles was the loss of the legal secretary job title in the health and social services system. Despite the fact that they do the same work and have the same duties, they still don't have parity with their colleagues in legal aid, who earned \$2.08 more as of April 1, 2008.

Following various approaches to the Conseil du trésor, in March 2006 the FSSS obtained pay parity between lawyers in health care and social services and those in legal aid. So demanding the same recognition for legal secretaries is entirely warranted.

In this context, it's clear that attraction and retention rates for legal secretaries in youth centre legal services departments are declining. Right now, salaries for legal secretaries are not competitive with either the private sector or other parts of the public sector.

The FSSS-CSN created an ad hoc committee and adopted an action plan. Work will continue to achieve this goal. It is urgent that we preserve and recognize the value of this occupation. A catch-up raise is a necessity!

### **Administrative officers: integration in the salary scale**

The agreement covering the various classes of administrative officers that was reached after the settlement on pay equity was a significant union gain for office and administrative personnel. You may remember that the government refused to apply the results of the pay equity process after November 20, 2006, on the pretext that the case of administrative officers was a matter of maintaining pay equity. With the side agreement, we succeeded in ensuring that salary adjustments would continue to be paid and to raise rates of pay for a number of job titles in the office and administrative sector.

The agreement required the Québec government to spend an additional \$20 million, with most of it going to administrative officers. Thus on November 22, 2007, the day after the last pay equity instalment was paid, new salary scales that were more advantageous in the majority of cases were implemented. Finally, an agreement was reached with the CPNSSS on the method for applying procedures for echelon advancement when employees were integrated into the new salary scales.

### **Telework**

For several years now, labour shortage problems have led a number of employers to ask unions for agreements on telework. Although it is not suitable for all job titles, it is a way of organizing the work that can be of interest for personnel in the sector.

At the October 2008 Sectoral Federal Council, several possibilities to be explored were presented with a view to identifying guidelines that can help unions draft local agreements on telework. One of the bargaining committee's mandates should be to assess the relevance of including telework in our demands for the next round of collective bargaining.

### **Elimination of discriminatory pay at Urgences-santé**

The FSSS is very enthusiastic about the agreement it reached recently with the Urgences-santé corporation to settle the issue of pay equity for the office and administrative workers there.

The agreement is the culmination of two years of intense work and bargaining with this employer and the Conseil du trésor after the government chose to exclude these women from the pay equity plan for health and social services and education. Adjustments average 9.77%, retroactive to November 21, 2001, with interest. The adjustments are spread over the period from November 21, 2001 to November 21, 2005.

Talks on the composition of the pay equity committee and the pay equity plan began in the fall of 2006, while work on the process of carrying out pay equity began in March 2007. Seven years after the deadline stipulated in the Pay Equity Act, these women can be rightly proud of winning this battle.

#### **Class 4: Technicians and professionals**

In the sector of health and social services technicians and professionals, the 2007-2009 mandate was marked by four major issues in particular, in addition to the FSSS's active participation in the work of two national tables on labour shortages.

#### **Votes in unions belonging to CSN regroupings**

Immediately after the FSSS convention in February 2007, unions in FSSS-FP regroupings held a series of affiliation votes to choose between the FSSS and the FP. The regroupings had been created in response to the application of Bill 30. Once they decided to stay with the CSN, the next step was to decide which federation – the FSSS or the FP – the new unions would affiliate with.

Of the 14 existing regroupings, only 7 had the privilege of making a choice on affiliation. The other 7 were automatically affiliated with the FP as a result of the CSN Confederation Bureau's decision in the fall of 2006.

The votes took place between March and December 2007, preceded in most cases by an information campaign and debates. The outcome was a definite win for the FSSS, with 5 of the regroupings choosing the FSSS!

#### **Bill 50 (now Bill 21)**

We also put a lot of energy into work on Bill 50. Following the fall 2006 release of the Trudeau report on the modernization of professional practices in social services and mental health, the Charest government introduced a bill in the fall of 2007 to implement most of the recommendations made in the report.

The Federation had already voiced serious concern about some of the report's conclusions, notably with respect to some fifteen professional acts currently performed by all social services technicians and professionals that would henceforth

be reserved exclusively to members in good standing of professional orders. An ad hoc committee was struck in August 2007 to prepare a response to the government's approach.

The FSSS went into action as soon as the bill was tabled. The Federation worked in close collaboration with various groups sharing the same concerns, including the opposition parties in the National Assembly. In the context of parliamentary committee hearings in March 2008, the FSSS presented a joint brief with the CSN that basically outlined the negative impact that the adoption of the bill would have on services to the public. One thing is certain: the FSSS's lobbying helped postpone the adoption of the bill, which did not survive three consecutive parliamentary sessions.

Now that it has a majority, the Liberal government can proceed without any fear of the opposition. Thus, in March of this year it introduced Bill 21 to replace Bill 50. As these lines are being written, the FSSS does not know how the National Assembly will be proceeding on this bill. The Federation will nonetheless continue to monitor the issue closely, because despite some improvements over the original bill, we have good reason to think that the implementation of this bill will send shock waves through the system and affect services to the general public. The possibility of another parliamentary committee cannot be ruled out at the present time.

Finally, in connection with the bill, the Federation will make the voice of its unions heard in the work of the National Table on technicians, calling for full recognition of their work and their expertise. The work of this National Table is to begin very soon.

### **Youth centres**

In June 2007, the Québec National Assembly passed a bill amending certain parts of the *Youth Protection Act* to adapt services to the needs of young people while respecting their rights.

Although most of the amendments passed were well-received by the social service workers working in the framework of this legislation, a few of them did not have the expected results and triggered a lot of discontent. This was especially true of the changes made to the concept of supervising young people in institutions.

The objective of limiting the use of closed custody for young people with serious behavioural problems is a noble one. However, by transferring a large proportion of the clientele that used to be in intensive supervision units to open units, the legislator significantly increased the danger level in open units while minimizing the means at the disposal of educators and other social service workers to deal with crisis situations.



According to various first-hand accounts, there has been a substantial increase in the number of assaults on personnel since these amendments came into force. To add insult to injury, employers took the intensive supervision premium away from hundreds of educators who had received it in the past for working with the same clients, but in secure units. We have filed grievances challenging this decision.

Last fall, a working committee was created and charged with identifying the problems caused by the amendments to the *Youth Protection Act* so that we can do the necessary lobbying. That work is now in progress.

### **The Far North and staff attraction and retention measures**

Though the health and social services system in general is grappling right now with staff shortages, they are a permanent problem for FSSS unions in the Far North. A cruel lack of specialized resources, lack of replacements and lack of proper supervision, combined with overwork, are the daily lot of workers in the Far North.

Recruiting workers is hard, because of the living conditions: the cost of living is very high, there are serious housing shortages and the isolation is discouraging for many people. Close to 60% of the technicians and professionals working in Kuujuaq, Povungnituk, Chisasibi and the surrounding area have less than one year of seniority!

For years now, the FSSS has been demanding that the government do whatever is needed to ensure the on-going delivery of sufficient quality services for the population in the Far North. Some of the demands we've made that would affect technicians and professionals include higher isolation premiums and the introduction of the attraction and retention premium already paid to nurses since the spring of 2000. So far, the MSSS has made promises but is slow in delivering on them.

There are limits to the patience of these workers, and their exasperation is felt more and more. which is likely to further aggravate a situation that is already dramatic. The FSSS intends to continue its efforts to improve the quality of life of its members and to ensure on-going services for this population.

### **The private sectors**

#### **Childcare**

Since February 2007, the childcare sector (the CPEs, or early childhood centres) has been consolidated. A proposal for consolidated or co-ordinated bargaining was adopted. The sector has gotten down to this work in a very encouraging way. All the regions with regional unions have produced work plans that include the objective of consolidated regional bargaining.

Unions have been pleasantly surprised by the interest that the Association québécoise des centres de la petite enfance (AQCPÉ – Québec association of early childhood centres) has shown for consolidated bargaining in most regions.

A situation of concern in the early months of the past term was the refusal of Desjardins Sécurité financière to pay salary insurance benefits to workers who were withdrawn from work by their doctors. The Ministry for Families and Seniors, which is the policyholder in this case, did not show much determination to find solutions that would resolve the disputes. As the situation continued to deteriorate, the sector was obliged to intervene with the Ministry and Desjardins Sécurité financière, and continues to work on this issue.

The problem of the lack of salary insurance coverage for members on extended leave for union work was also settled with the Ministry and Desjardins. After about two years of involvement in this dispute, the unions have obtained a satisfactory settlement. Since April 1, 2009, these active members have salary insurance coverage and also benefit from the supplements paid for maternity leave.

The work plan adopted by the Sectoral Federal Council called for setting up a committee to analyse the issue of mental health in childcare centres. The executive committees of the unions concerned wanted tools for more appropriately addressing these problems experienced by some of their members.

The defined-benefits pension plan for childcare workers is no exception to the rule, and, like other pension plans, it has suffered losses related to the current financial crisis. Though there have been losses, the fact that the plan is relatively new and participants fairly young means there is good reason to hope that the plan will not be affected too severely.

The FSSS has filed a lawsuit in Superior Court asking the court to overturn the part of the *Pay Equity Act* that sets May 5, 2007 as the implementation date for pay equity for workers in CPEs where there were no male comparators – which is the case for the majority of them. As this report is written, counsel were in preparatory conference for hearings at some later date.

Together with the CSN, two days of analysis and discussion on integrating 4-year-old children into school settings were held on May 20-21, 2009. The FSSS and a number of its unions participated.

After almost 10 years in the position, Ginette Lavoie resigned as representative for the sector in mid-term.

The FSSS would like to take the opportunity provided by this report to recognize and express our heartfelt gratitude for her major contribution and involvement, which enabled the sector to complete its most recent struggles on salary scales, pensions and pay equity. Louise Labrie was elected to replace her as representative for the childcare sector.

### **Pre-hospital sector**

Early in 2008, André Létourneau, the representative for the pre-hospital sector, resigned from the Federal Bureau and Dany Lacasse was elected.

During the past two years, this sector mobilized to improve services to the population. Following a vast information campaign and pressure on the government, pilot projects were started in five regions of Québec: Saguenay–Lac-Saint-Jean, Portneuf, Chibougamau-Chapais, Baie-Comeau and in the Gaspésie. The objective of the pilot projects was the conversion of stand-by duty schedules into regular schedules, with the goal of improving working conditions and providing better-quality services.

Preliminary results are encouraging, because response times for urgent calls have been reduced significantly. These results will serve as examples for other zones across Québec.

One of the important issues in the past two years was without a doubt the integration of a new salary scale for paramedics, which will come into force on July 1, in accordance with agreements signed previously by the parties. At the time this is being written, however, meetings with the Ministry and the Conseil du trésor have not resolved how this integration will be implemented to our satisfaction. This is why the pre-hospital sector decided in March to set in motion an action plan, up to and including strike action, aimed at winning their demand on this.

At the present time, work is under way to evaluate the job title of emergency medical dispatcher (RMU, for répartiteur médical d'urgence).

As for pensions, some technical issues were resolved after a number of discussions with the Conseil du trésor, leading to the establishment of a new hybrid pension plan. Work on the establishment of a phased retirement programme is on-going.

During the past two years as well, the provincial union adopted a new name and a new union structure aimed at improving services for members. With the Federation's support, services will be delivered using each of the regional teams.

As it did for the public sectors, the Federation has made a training session on *Stewards* available to unions in the private sectors. The training has been very well received by participants.

### **Private institutions and community agencies**

The past two years saw various sudden changes in this sector, which includes a number of very different groups, like private nursing homes, religious institutions, community agencies and private health-care facilities.

In private residential care facilities (CHPs), the period was marked by a number of labour disputes. There are several encouraging signs that should be noted. The average rate of pay for employees in the sector finally rose above \$11 an hour, for all job titles combined. Last November, the Sectoral Federal Council for CHPs followed the lead of the childcare sector and adopted a model collective agreement in preparation for co-ordinated bargaining in 2009. And then in February of this year, the Sectoral Federal Council also adopted a new platform on pay for upcoming negotiations.

In the same vein, regional unions were organized in the Montérégie and Bas-Saint-Laurent regions, making for a total of five with those that already existed in Montréal, Québec City and Saguenay–Lac-St-Jean.

Despite the fact that the last organizing drive in CHPs was in the end fairly timid, the CSN-co-ordinated campaign to reassert the value of the work done in CHPs has raised hopes in this sector, where workers deserve to be recognized at their true value.

In religious institutions, the past two years demonstrated the need to renew efforts to consolidate unions in this sector. The most important issue is still that of forcing employers to comply with the collective agreements, something that will require sustained efforts in the future.

The biggest problem for community agencies is the fact that these organizations have very different missions: in mental health, centres for battered women and addictions, to name just a few. An ad hoc committee was set up to try and identify certain shared objectives. The work is still in progress, and more time will be needed before common policies can be implemented. Another problem is the fact that some of these organizations have succeeded in keeping their mission relatively independent of the public health-care sector, while others are more or less service providers subordinated to the public system.

The same problem of diversity exists in private health-care organizations. We will have to identify common objectives for unions at agencies as different as Héma-Québec, Médicar or Québec-Transplant. This will surely be one of our biggest challenges in the next three years.

## **The regions**

The regional vice-presidents were very active in following up on the policies adopted by FSSS decision-making bodies. One concrete example was the issue of FSSS-FP jurisdiction, which keep everyone busy for the first year of their mandate.

Organizing regional assemblies, FSSS training activities and support for local unions in the public and private sectors through such activities as mobilization, consolidation, local bargaining, supporting members on boards of directors of health-care institutions, lobbying health-care agencies and MNAs and intervening in the media are all part of the work that regional vice-presidents do. They also have an important role to play in all the action plans voted by FSSS and CSN decision-making bodies.

As part of the CSN's national "Public is healthy for everyone!" campaign against the privatization of public services, regional vice-presidents participated in various information and mobilization activities.

Various regions were also faced with different threats of privatization, be it bed closings in CHSLDs, the elimination of laundry services or the opening of private medical clinics, while others saw institutions placed under trusteeship. In collaboration with the Federation and the CSN, members of local unions worked very hard to oppose these new realities. An action and mobilization plan was set up in each of the regions affected. And now that the Charest government has been re-elected with the majority it wanted, the struggle to save public services is far from over.

One of the FSSS-CSN's distinguishing characteristics is that it can rely on regional representatives from all parts of Québec. This means that the regions continue to be very proactive in denouncing all attempts at privatization that could endanger our public health and social services system.

## **Overview of the Federation's activities**

### **Ad hoc committees**

The establishment of our new structure, including the four new vice-presidents for classes of personnel, resulted in a more dynamic use of ad hoc committees.

The number of such committees went from 15 during the previous mandate to 33 in this last mandate, even though it was shorter (only 28 months).

The work of these ad hoc committees feeds into the Federation's meetings with government and helps in preparing policies on specific topics. The committees have helped the vice-presidents of public and private sectors come to grips with the issues in their areas and present the results of the work at their sectors' decision-making bodies. (See the appendix listing the ad hoc committees.)

### **Dissemination of information**

In the past two years, special attention was paid to getting information to members. In addition to newsletters for each occupational sector, the FSSS sought to modernize its web site and make it more dynamic, attracting more visitors and encouraging unions and members to use it. Efforts were made to post as much information as possible about various current issues.

Updating the web site was an on-going concern and required additional efforts, particularly from sectoral vice-presidents. The web site helps stimulate interest in the cause of unions and thus fosters and improves local union life and activism. The work on this will continue.

### **Our ties of solidarity**

At the last convention, we voted to budget more money for increasing international exchanges. In the months that followed, we were invited to the convention of Public Services International, held in Vienna, Austria, in September 2007. PSI brings together unions from all over the world whose members work in the public sector: health, education, public services, etc. Although the topics addressed were of the greatest interest for us (privatization, resolutions specific to the health-care sector, access to quality care and services, etc.), in the end it was impossible for us to attend. The special invitation we had received was withdrawn as a result of pressure from a Canadian organization that didn't want any CSN-affiliated organizations present at that convention.

The Federation attended a two-day seminar on P3s in London, England, organized by the British union UNISON. The seminar brought together representatives of UNISON and the CGT, a French central union organization, to take stock of P3s in their respective countries and union action in opposition to them. The Federation greatly appreciated this experience, in particular for what we learned about PFIs (the form privatization takes in Britain) and problems in the struggle against them. Contact with a researcher from the *Public Services International Research Unit* (PSIRU) at Greenwich University was also very instructive.

In October 2008, we attended an international conference on convergence of public-sector unions organized by the *United Electrical Radio and Machine Workers of America* (UE), which represented workers who had occupied a factory in Chicago to protest their employer's decision to shut the plant without paying severance allowances and annual vacations. They received support from various public figures including Jesse Jackson and Barack Obama.

Delegations from the northeastern United States, Mexico, Japan, India and Québec attended the conference. Topics discussed included organizing in the public sector, collective bargaining and bargaining priorities in the current context of economic crisis and building concrete, effective international solidarity. Today, in the country that claims to be the model of democracy for the entire planet, many U.S. unions are still demanding recognition of such fundamental rights as the right to organize and the right to free collective bargaining!

Following the conference, we invited a representative from a UE local to speak to the last Federal Council meeting in Sherbrooke. The majority of this local's members are women working for a school board in Connecticut. The president, Ms. Annie MacDonald, talked about where they were at in their struggle to get their employer to pay for medical insurance coverage, and asked for the Federation's support. The local has since obtained a satisfactory settlement.

Discussions and exchanges with international public-sector delegations are very rewarding. Developing ties with public-sector unions involved in disputes is more urgent and relevant than ever in the context of an international financial crisis and declining union density.

## **CSN decision-making bodies**

At the CSN, the Confederal Council is the decision-making body between conventions. It is composed of delegates from federations and central councils. The FSSS delegates are the members of the Executive Committee, regional vice-presidents and 14 delegates elected by the Federal Council meeting following the convention.

But the Federation has had trouble ensuring that all its delegates attend these meetings. It is hard to balance the demands of being representatives at different bodies meeting at the same time. The Federal Bureau is currently pondering ways of ensuring that all delegates are present at meetings of this important CSN decision-making body.

## **Conclusion**

The 2007-2009 was short but very intense. It was a period of assimilating and coming to grips with the Federation's new working structures and also of consolidating unions. But the two years were also marked by various battles: struggles against anti-union laws, struggles to assert our representative position in health care and social services, struggles against the privatization of care and services and struggles against bed closings in CHSLDs.

The report from the Federal Bureau has shown that the Federation was very active throughout the past 28 months. Above all, it attests to the determination of all the members who did their best to carry out the many mandates they received from the last convention, thus confirming the aptness of its theme, "Taking action to make a difference."

The 2009-2012 mandate gets off to a busy start with the resumption of public-sector bargaining and the upcoming period for changes in union allegiance, which will still require us to be vigilant, despite the no-raiding agreements among the main union organizations in the public sector.

Unions in the private sectors of the Federation will have their share of challenges in the next three years too. And unions in the public sectors will have to buckle down to the work of regaining the right to freely negotiate working conditions and pay. We have to once again find the path that will lead unions and the FSSS to this necessary victory, despite the difficult economic context.

The challenges that lie ahead for the FSSS are major ones that will demand a great deal of time and energy from all our unions and all our decision-making bodies. All of them are characterized by extraordinary vitality. Past experience has shown that solidarity remains the most important means we have for achieving our objectives.

**Belonging to the FSSS and the CSN is a source of pride!**

**FOR THE BEST, NOW AND IN THE FUTURE!**



# Appendix 1

## The Federal Bureau

### The 7 Executive Committee members:

- President
- Secretary-Treasurer
- Vice-president responsible for nursing and cardio-respiratory care personnel
- Vice-president responsible for paratechnical personnel and auxiliary services and trades personnel
- Vice-president responsible for office personnel and administrative technicians and professionals
- Vice-president responsible for health and social services technicians and professionals
- Vice-president responsible for the private sectors

### The 12 regional vice-presidents:

- Gaspésie-Îles-de-la-Madeleine
- Bas-Saint-Laurent
- Saguenay-Lac-Saint-Jean
- Québec-Chaudière-Appalaches
- Cœur-du-Québec
- Estrie
- Montréal-Laval-Grand Nord
- Laurentides-Lanaudière
- Montérégie
- Outaouais
- Abitibi-Témiscamingue-Nord-du-Québec
- Côte-Nord-Basse-Côte-Nord

### The 3 representatives for private sectors:

- Childcare sector (CPEs, or early childhood centres)
- Pre-hospital sector
- Private institutions and community agencies sector

## Appendix 2

### Confederal Council delegation

- 7 Executive Committee members
- 12 regional vice-presidents
- 15 members elected by the Federal Council following the convention

### FSSS meetings of decision-making bodies

- 2 regular Federal Council meetings
- 1 special Federal Council meeting
- 4 Sectoral Federal Council meetings, Class 1
- 3 Sectoral Federal Council meetings, Class 2
- 3 Sectoral Federal Council meetings, Class 3
- 3 Sectoral Federal Council meetings, Class 4
- 4 Federal Council for Sectoral Bargaining meetings (Classes 1-2-3-4)
- 4 Federal Council for Sectoral Bargaining meetings, pre-hospital sector
- 3 Federal Council for Sectoral Bargaining meetings, childcare sector
- 4 Sectoral Federal Council meetings, childcare sector
- 2 Federal Council for Sectoral Bargaining meetings, private residential care centres
- 3 Sectoral Federal Council meetings, private residential care centres
- 1 Federal Council for Sectoral Bargaining meeting, religious institutions
- 2 Sectoral Federal Council meetings, community agencies

## Appendix 3

### Ad hoc committees, 2007-2009

- Trudeau report and specialized education
- Bill 50
- Intensive supervision premium in youth centres
- Impact of amendments to the Youth Protection Act
- Situation of biomedical engineering technicians
- Maintenance of pay equity for specialized radiology technicians
- Jurisdiction for technicians and professionals in the CSN
- Situation of industrial hygiene technicians
- Period of changes in union allegiance
- Pay parity for legal secretaries
- Review of the List of job titles and job descriptions and job requirements for office personnel and administrative technicians and professionals
- New job titles
- Labour shortages in nursing
- Labour shortages in respiratory therapy
- Review of initial training in respiratory therapy
- Modification of the criteria for obtaining a licence to work as a nurse
- Reserved acts (Bill 90) and non-professionals
- Maintenance of pay equity for the job title of nurse clinician
- Maintenance of pay equity for the job title of nurse clinician assistant head nurse
- Maintenance of pay equity for the job title of nurse first surgical assistant
- Maintenance of pay equity for the job title of nursing assistant
- Maintenance of pay equity for the job title of specialty nurse practitioner
- Maintenance of pay equity for the job title of care counsellor nurse
- Maintenance of pay equity for the job title of Class "B" technician
- Maintenance of pay equity for the job title of beneficiary attendant
- Pay for orthosis-prosthesis mechanic
- Shortages of beneficiary attendants in the Cœur du Québec region
- Information-awareness campaign in residential long-term care
- 2 ad hoc committees on the organization of community agencies
- Ambulance services in national parks
- Intellectual impairment
- Evaluation of the job title of emergency medical dispatcher
- Regionalization of computer services

## Appendix 4

### Important dates

#### **June 9, 2005:**

- Supreme Court of Canada judgment in the Chaoulli case

#### **November 18, 2005:**

- ILO decision on Bill 30

#### **March 30, 2006:**

- ILO decision on Bills 7 and 8

#### **March 29, 2007:**

- ILO decision on Bill 43

#### **June 8, 2007:**

- Supreme Court of Canada judgment on B.C. legislation

#### **November 30, 2007:**

- Québec Superior Court judgment on Bill 30

#### **February 19, 2008:**

- Castonguay report

#### **October 31, 2008:**

- Québec Superior Court judgment on Bills 7 and 8

## Appendix 5

### Key dates

June 2006: Agreement on pay equity

Nov. 2006: The Pay Equity Commission authorized the government to pay the adjustments due since November 21, 2001 in 7 instalments, spread over 6 years

Feb. 2007: Adjustments in pay (6/7 of equity adjustments)

Mars 2007: Retroactive amounts for November 21, 2001 to February 18, 2007 paid

Nov. 2007: Final pay equity adjustments

## Appendix 6

### Important legislation

Bill 7:

- Bill depriving more than 11,000 workers in intermediate and family-type resources of the right to organize

Bill 8:

- Bill depriving more than 14,000 home childcare workers of the right to organize

Bill 30:

- Bill imposing a reorganization of unions in four classes of personnel and decentralizing collective bargaining on 26 matters that were previously negotiated at the national (provincial) level

Bill 32:

- Act imposing a reorganization of childcare centres (CPEs) and imposing a 40% increase in fees

Bill 33:

- Act authorizing the privatization of some fifty medical acts previously delivered through the public system

Bill 43 (formerly Bill 142):

- Act decreeing monetary and non-monetary working conditions for more than 400,000 employees in the public and parapublic sectors

Bill 61:

- Act creating the Agence des partenariats public-privé du Québec (Québec's P3 agency).

Bill 31 :

- Act amending the Labour Code and paving the way for contracting out

## Appendix 7

### **PPPs in construction and renovation projects in the health-care sector**

CHUM project:

- The Innisfree-Axor-OHL-Dalkia and Accès Santé consortia chosen for the CHUM project

CRCHUM project:

- AXOR / Dalkia and Accès Recherche CHUM chosen for the CRCHUM project

MUHC project:

- The call for tenders to build the new MUHC hospital was issued last October

CHSLD project:

- The Groupe Savoie, owner of Résidences Soleil, chosen to build CHSLDs on a P3 basis

CHUQ project:

- Project launched last July

## Appendix 8

### Struggles against bed closings

Québec–Chaudière-Appalaches:

- CSSS de la région de Thetford (Centre d’hébergement Valin)

Cœur-du-Québec:

- CSSS d’Arthabaska-et-de-l’Érable
- CSSS de Bécancour-Nicolet-Yamaska
- CSSS de la Vallée-de-la-Batiscan
  - Mékinac
  - Des Chenaux
- CSSS de Maskinongé

Montréal–Laval–Grand Nord:

- CSSS Jeanne-Mance (CH Jacques-Viger)

Montérégie:

- CSSS Richelieu-Yamaska (Centre André-Perreault et CA Acton Vale)



## Appendix 9

### List of field projects

1. CSSS Québec-Nord, Classes 2 and 3
2. Centre hospitalier affilié (CHA), Classes 2 and 3
3. Estrie regional project (Institut universitaire de Sherbrooke, CSSS du Haut-St-François, CSSS des Sources, CSSS de la MRC-de-Coaticook, CSSS de Memphrémagog), Classes 1, 2, 3 and 4
4. Hôpital du Sacré-Cœur, classes 1, 2 and 3
5. CSSS de la Matapédia, Classes 2 and 3
6. CH Régional de Trois-Rivières, Class 3
7. CSSS de Trois-Rivières, Class 3
8. CHU Sainte-Justine, Classes 1, 2 and 3
9. Hôpital Maisonneuve-Rosemont, Classes 2 and 3
10. CSSS d'Ahuntsic et Montréal-Nord, Classes 2 and 3
11. CSSS du sud-ouest–Verdun, classes 2 and 3
12. CSSS des Collines, Classes 1, 2 and 3
13. CSSS des Aurores-Boréales, Classes 2 and 3
14. CSSS de Sept-Îles, Classes 2 and 3
15. CSSS de Laval, Classes 2 and 3
16. CSSS Lanaudière Sud, Classes 2 and 3
17. CSSS Grand Littoral, Class 3

