

AVEC nous

pour défendre nos services publics

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DEFEND OUR SYSTEM, **PROTECT SERVICES**

«The battle we face is the battle of our union life.»

– Jeff Begley, president of the FSSS–CSN

In his opening remarks at the last Federal Council of the FSSS in late September 2014, FSSS president Jeff Begley called on all unions to mobilize for a sustained, unrelenting battle against the dismantling of the health and social services system. The coming year will certainly be one of the most turbulent and decisive we have ever faced. We will have to mobilize simultaneously on two intertwined fronts: collective bargaining; and the battle against the Liberal government's austerity policies, be they in the form of budget cuts or the vast reform that the government is undertaking with Bill 10.

COLLECTIVE BARGAINING

Our collective bargaining process will begin soon. We will file all our demands on October 30, the date for all the Common Front organizations to file. This will signal the start of crucial negotiations. Our objectives are in sync with the needs of our health and social services system. To ensure its sustainability, we have to find solutions that will ensure our ability to attract

new personnel and keep the most experienced people now on staff. This notably means restoring proper pay levels, since for several decades now raises in pay in the public sector have lagged well behind what other sectors of society have obtained. On average, pay for a Québec government employee lags slightly more than 8% behind market pay rates for comparable jobs. And that's on average. The specific gap for many individual job titles in health care and social services is much greater than that.



At a Federal Council for Bargaining on October 1-2, 2014, some 600 delegates from FSSS-CSN unions in the public system put the finishing touches on their sectoral bargaining proposals. The four main areas of sectoral work will be opposing all forms of privatization, improving the quality of life at work, finalizing work on the List of job titles and strengthening union rights. For more information, visit: <http://www.fsss.qc.ca/grands-dossiers/negotiations-du-secteur-public/>

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WHY RESIST THE BARRETTE REFORM?

Our first battle begins this fall. The FSSS considers that we have to actively resist the reform that Health and Social Services Minister Dr. Barrette wants to impose, because it would have major negative effects on services for the population. This reform is aimed at abolishing the agencies, merging all the institutions that report to the ministry into one per region and centralizing all powers in the hands of the minister. We

see this reform as central to the Liberal government's austerity policies. It cannot be separated from the slew of budget cuts now eroding our system. Nor can it be divorced from collective bargaining. This reform won't improve either access or the quality of services. On the contrary! These will be just a few of its consequences:

PRIVATIZATION

With the Barrette reform, the minister would have the right to intervene directly in the management of one or more institutions - to force them to sign service agreements with the private sector, for example. No service, no mission would be spared. This part of the bill, couched in very general terms with very little detail, suggests that it would provide a speedy, convenient shortcut for privatizing services. This would be all the more true because grouping services together in gigantic structures would create very profitable opportunities for private enterprise.

SOCIAL MISSIONS

The new structures would revolve around hospitals. The hospitals, especially in big urban areas - and doctors - would decide everything and grab more and more of the budgets, at the expense of social missions. Social services and primary care would be the big losers. Although the emphasis should be on more prevention, home care, primary care, front-line services and care for chronic diseases, the reform would do exactly the opposite by giving hospitals veto rights over activities - not just in CLSCs and CHSLDs, but even in youth centres and rehabilitation centres.

CREATED BEHIND CLOSED DOORS

In preparing this reform, the minister didn't consult anyone - not the unions, not the users and not the administrators. The government has even threatened reprisals against anyone who dares to question it. This no doubt explains why the reform doesn't meet the real needs of the general public.

AUTHORITARIAN

The minister would give himself the right to manage everything from the top down, including the power to appoint members of boards of directors. Up until now, these have been volunteers and the only representatives of the general public in institutions. Why silence the voice of the people primarily concerned?

CUTS

The minister is promising annual savings of \$220 million. The total cost of the agencies he wants to abolish is \$96 million, and even if the agencies were abolished, it would be hard to abolish the role they play in coordinating regional services, prevention, industrial hygiene, etc. So where would the \$220 million in savings come from? The minister is mute on this.

MORE MANAGERS

The Couillard reform a decade ago was supposed to reduce the number of managers by merging many institutions. Instead, the number of managers jumped by 25% - twice the increase in the number of employees in health care and social services. What gives us any reason to think that it would be any different this time?

PARALYSIS

Overhauling structures won't improve access to services and won't improve their quality. On the contrary, it will divert substantial time and energy into working on new management structures instead of concentrating them on improving services. The previous round of mergers is very instructive in this regard.

CENTRALIZATION

At a time when the trend in health-care systems around the world is to decentralize management, Québec would move in the opposite direction by abolishing regional levels and centralizing co-ordination.

NOTHING FOR SERVICES

The reform doesn't plan to tackle how physicians are paid or price controls for drug - two of the main sources of rising costs. The minister refuses to invest in home care, even though it would allow for a better use of resources. Far from focusing on preventive health care and access to primary services, the reform goes in the opposite direction and could sound the death knell for CLSCs, which should be THE point of entry into the system. But governments have never had the political courage to make this a reality.