

September 19, 2024

**Quebec Nurses Persist in Upholding the Dignity
of Their Profession and the Rights of All**
**All Out to Support Quebec's 80,000 Nurses
Whose *No!* Means *No!***



On September 10 and 11, nurses rally and camp out on the grounds of the National Assembly.

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On August 30, after more than 500 days without a collective agreement and the tabling of proposals by the government that are a retreat from previous proposals

already deemed unacceptable, the Interprofessional Health Care Federation of Quebec (FIQ) called on its 80,000 nurses to refuse overtime as of September 19, so that "the pressure remains on the employer's back" and to show that their *No!* means *No!*



On September 10 nurses rally at National Assembly.

On September 10, six days after demonstrating in front of the Coalition Avenir Québec (CAQ) pre-session caucus in Rimouski, the FIQ held another public action, this time on the occasion of the opening of the Quebec National Assembly. It set up a camp in front of the parliament building, and remained there day and night until September 12. The nurses invited parliamentarians and the general public to come and visit them to discuss their demands that the Legault government abandon its demands for "flexibility," by which it wants the power to move nurses around wherever it sees fit, regardless of their specialty. Nurses rightly maintain that their working conditions are the guarantee of quality health care for the population. They refuse to accept the chaotic, anarchic working conditions created by thirty years of successive governments' anti-social offensive and the handover of health care to the private sector.

In the meantime, the conciliator, who has been involved in the negotiation process for months, summoned the FIQ and the government to an intensive bargaining session to reach an agreement. When that failed because the Legault government is still demanding that nurses submit to mobility between health care facilities, the conciliator used his "power of recommendation" and tabled "a solution that he considers to be a reasonable balance between the parties for the renewal of the agreements on working conditions," the FIQ informed.

For its part, on September 16, as if it is the nurses who are causing harm to the health care system, the Labour Tribunal of Quebec informed the FIQ that the instruction given to its members "to refuse overtime as of September 19 is an action that risks prejudicing or is likely to prejudice a service to which the public is entitled." Point 27 of the Tribunal's decision states, "No work slowdown is authorized outside the legal exercise of the right to strike." In conclusion, the Tribunal ordered the FIQ to inform its members "that they must not stop working

overtime in a concerted manner, and that they must perform their work as usual, respecting their obligations."

The FIQ called on its 80,000 members to obey the Tribunal's order. On September 16 and 17, it held a special meeting on the conciliator's recommendation concerning the renewal of working conditions. The council agreed to present the conciliator's recommendation to members to vote on it in a referendum which will be held from 8:00 pm on October 15 to 8:00 pm on October 17.

The Legault government's refusal to negotiate a contract acceptable to the nurses has everything to do with its anti-social agenda to hand over the entire health system to narrow private interests. The agency called Santé Québec was created with the forced adoption of Bill 15, *An Act to make the health and social services system more efficient*, through invoking closure on December 9, 2023. As part of the Legault government agenda, the bill established a new chain of command, a new centralization of decision-making and administrative powers in the hands of the ministry and a hand-picked board of directors made up of private industry "top guns" at the head of its new agency.

The determination of FIQ nurses to win the working conditions they need to fulfill their social responsibilities deserves respect and support. A win for the FIQ will be a great achievement for Quebecers who aspire to health care that meets their needs at the highest standards that Quebec society can provide.

Privatization of Quebec's Public Health Care System

- A Health Care Worker -

Have you needed blood tests since the pandemic? Did you get an appointment, or have you resigned yourself to paying \$75 or more at a private blood collection centre? These are the scenarios facing many Quebecers.

Blood collection centres associated with hospitals and local community service centres (CLSCs) have long been the benchmark for blood collection. Free of charge, they have qualified staff and direct access to a laboratory, meaning rapid results and minimal sample loss. Until the pandemic, you could walk in without an appointment straight from the doctor's office, and get your blood tests done right away.

This all changed during the pandemic. During the period of lockdown, it's understandable that walk-ins were undesirable: you don't ask people to keep their distance just to cram them together in a waiting room. This was meant to be a temporary situation and, in fact, a blood collection centre cannot operate efficiently in this way.

The reason is purely practical. Drawing blood is normally quick, taking less than five minutes per patient, but this can vary greatly. A patient may have difficulty communicating, may be apprehensive, may even feel ill, his or her veins may be

small and "elusive," as the saying goes. What's more, the centre also serves the priority needs of the hospital to which it's attached. A patient in hospital being sent for a diagnostic test requiring injection of a contrast medium needs to know if he can tolerate the contrast product more quickly than another person who needs their test results for a doctor's appointment next month. Waiting times are therefore difficult to predict.

Unfortunately, the only way to plan appointments is to allocate a long time slot to each one, greatly reducing the centre's capacity. And that's where the Legault government's political decision comes in: after the end of the lockdown, we could have reopened the walk-in and recovered the original capacity to serve the public. Instead, Legault chose to entrench the system through the Clic Santé portal. You can no longer walk into the centre and wait your turn; you can't even call to register; the centre no longer has the autonomy to allow it.

According to the technicians we met at two Montreal hospitals, each handles around 40 patients a day, 10 from hospital departments and 30 through Clic Santé. That's six patients an hour, half the optimal output. Talking to patients, we learned that some had waited three weeks in hospital for an appointment for blood tests, and two months in the CLSC. Such waiting times are unnecessary and would disappear in a matter of weeks if we reverted to the old formula.



Current view of a waiting room for blood sampling in a Montreal hospital, while Clic Santé shows a three-week wait for the same facility.

The need is there, and so is the capacity to meet it, so why put up a barrier between the two?

Because the CAQ government favours the private sector, quite simply. People who can't get an appointment to get tests they need for a follow-up with their doctor have no choice but to go to private clinics. We're talking about a minimum of \$75 if the tests themselves are done in a public laboratory, but that's not always an option; the clinic can do business with a private lab and the bill then runs into the hundreds of dollars.[1] Who would choose to pay that much if access to the public system hadn't been taken away?

It's the choice of a neoliberal government to turn our basic needs into a source of profit. Our health care system belongs to us, and turning it into a channel for transferring our tax money to private companies is a complete perversion of its mission. As a society, we don't have to accept these conditions.

Note

1. Example of private pricing for blood sampling and analysis

Walmart:

"Three price levels to simplify your process (excluding STBBI tests)

Requests for five tests or less: \$75.

Requests between five and 20 tests: \$95.

Requests for more than 20 tests: \$175.

Additional charges apply for the following:

- Urine analysis/culture: \$15.

- Vitamin D25OH or PSA: \$20.

- FIT(FOBT): \$25

- STI check-up: \$175

Additional fees may be required for additional tests."

Biron:

"A routine blood test costs between \$150 and \$200 and may be fully or partially covered by your private insurance."

Letter to the Editor

The Optilab Reform and You

It's impossible to ignore the drastic changes our health care system is currently undergoing. One reform affects laboratories, a vital hospital service. The Optilab reform is a project initiated by Gaétan Barrette, former Quebec Health Minister in the Liberal government of Philippe Couillard, and accelerated under François Legault's government, which claims to increase laboratory management efficiency by centralizing medical analyses into what are called "server centres."^[1]

Centralization, in fact, has been detrimental to both server centres, such as the Centre hospitalier universitaire de Montréal (CHUM) which is overwhelmed by the new workload, and smaller hospitals, which have lost essential staff and are facing new delays due to lab analyses that can no longer be done on site.

As a health care worker, I'm on the front line of observing the effects of the Optilab reform on the population's health. To better understand its repercussions, here's a concrete example:

When an infection spreads, it can sometimes degenerate into septicemia (or sepsis),^[2] whereby bacteria settle in the bloodstream and multiply. You can imagine just how bad this can be: not only is blood itself vital, but the bacteria that invade it are transported throughout the body and can reach all the organs. Even with optimal treatment, the mortality rate is over 30 per cent, and increases by 10 per cent with every hour that treatment is delayed. Sepsis is therefore an urgent situation that must be treated quickly and effectively. No compromise is acceptable!

Although the full test needed to choose the best antibiotic is time-consuming, a simple microscopic examination using a special dye allows for the classification of bacteria into broad categories with predictable antibiotic susceptibility.^[3] This saves time while awaiting the final results and saves many lives.

Before the reform under Minister Barrette, the target time for this test was one hour from the time of bacterial detection. Now, we cannot guarantee a result in less than eight hours. There are also the delays added by the shipping process - making the order with the private courier service, travel by road - and finally, the fact that some server centre laboratories don't even receive samples at night.

And this is the situation in Montreal, where distances are short! Outlying regions are even more poorly served. Outside the major cities, travel is much longer, and in the worst cases, transporting blood samples from one side of the St. Lawrence River to the other is limited by the timetable of the ferries!

We also don't know what new nightmare is about to befall us with the new agency Santé Québec managed by private-sector leaders, the same people whose companies wouldn't exist if Quebecers weren't pushed out of the public system by cuts and restructuring that place essential care out of their reach. Why would they have any interest in fixing the very problems that have made them their fortunes?

François Legault has an easy time pitting Quebec's finances against the unions. What health care workers are demanding is also to be able to continue to save lives: yours, your family's and your neighbours'. We're all in the same boat - let's not have anyone convince us otherwise! If a government does not have as its priority our lives, our well-being and our future, it's no government of ours!

Notes

1. Optilab: l'autre réforme Barrette qui bouleverse le système de santé," *Radio-Canada, ICI Bas-St-Laurent*, September 24, 2015.
2. "Sepsis and Septic Shock," *Merck Manual*.
3. "La fièvre dans le sang," *Lab Expert*, December 2019, page 8.