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The Crucial Fight to Curb the Pandemic

Workers Continue to Speak Out



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The Crucial Fight to Curb the Pandemic

Workers Continue to Speak Out

In this issue, *Workers' Forum* continues to report on the stands and actions taken by workers in the crucial fight to contain the COVID-19 pandemic, with examples from Quebec. Governments in Canada continue to implement plans to deal with the pandemic that negate workers' voices and refuse to implement the solutions put forward by frontline workers. Legislation in Alberta and Ontario and Ministerial Orders in Quebec show that one of the main features of government actions is the legalization of the denial of workers' rights so as to benefit the rich. The Kenney government in Alberta keeps piling one anti-labour law on top of another, going so far as to dismantle post-war

labour programs such as occupational health and safety right in the midst of the crisis. In the main, the Ontario and Quebec governments are resorting to ministerial orders through which they give themselves the power to cancel negotiated agreements with workers and change their working conditions at will, in particular targeting health care and social services workers. Other governments are passing similar legislation and emergency regulations.



September 15, 2020. Nurses' rally at Quebec National Assembly: "We are the ones keeping the system afloat." (FIQ)

In the face of the drastic increase of COVID-19 cases, hospitalizations and deaths, governments go back and forth, begging the people to be "responsible," then threatening them with fines and other police interventions if they claim people are not. Blaming the people for problems and issuing threats show that a public authority that takes any responsibility for the people no longer exists as can be seen in the damages governments have done to health care and social services, rendering the system unable to face crises such as the COVID-19 pandemic. Governments refuse to mobilize workers and all the people for collective action to protect themselves and society and overcome the pandemic. Their outlook and practice of muzzling the human productive force, which keeps the country producing and delivering the services during the crisis and is protecting the people, aggravates the crisis.

This huge pressure on the workers and society is being met with firm resistance. Workers are taking initiatives, putting forward proposals and demands and striving through organized actions and media, including *Workers' Forum*, to create public opinion so that full safety protection is provided to all and solutions to the pandemic crisis are worked out that benefit the people.

At this time, families across the country are discussing how to avoid mass gatherings during the holiday season while keeping close links with all and looking after those who are alone.

The situation is difficult but not impossible. Workers' efforts and initiatives in defending their rights and the rights of all, holding governments and the narrow private interests that are directly controlling governance to account are developing the fight to contain COVID-19 and opening a path for a human-centred economic and political alternative.

The pages of Workers' Forum are at the disposal of those involved in this critical fight.

Sit-in at Saint-Hyacinthe Long-Term Care Centre Decries Staff Shortage and Inadequate Personal Protective Equipment

During the night of December 1, health care workers scheduled to work in one of the units at Quebec's largest residential and long-term care centre (CHSLD), Hôtel-Dieu-de-Saint-Hyacinthe's Residential Centre, refused to work because their working conditions were unsafe. Workers on the night shift in a COVID-19 zone organized a sit-in when they found out that there were only three nurses (including two auxiliaries) for 64 patients.

Through their sit-in, the workers also protested against infection control measures which they consider insufficient, including shabby and undersized personal protective equipment, such as gloves that do not cover wrists, old gowns full of holes and visors that break into pieces, rendering the workers even more vulnerable to contracting the virus.

Brigitte Pétrie, on behalf of the Montérégie-East Care Professionals Union, denounced the situation at the CHSLD:

"A sit-in is always a sign that workers are fed up. It's always a cry from the heart. When it comes to this, it means that for a long time now employees have been pointing out that there's a shortage of staff during the night. That night, workers on the evening shift [the shift before the night shift] had been running around without any time for supper. Even the residents had not finished supper until 8:00 pm because the shift was so understaffed. Health care professionals are worried about their health, about transmitting COVID-19 to patients,



about taking it home to their families. On top of that, we have outdated equipment."

Management at the University Health and Social Services Centre (CIUSSS) was dismissive in its response to the workers' sit-in and concerns. It wrote in an email:

"The nursing staff shortage is a provincial issue and the situation is no different in our institution. However, due to recent developments on site, we are currently reviewing the staffing required for the Hôtel-Dieu-de-Saint-Hyacinthe Residential Centre's Parc unit."

Management also stated that it was unaware that protective equipment is of poor quality and outdated, a response which workers reject since they had complained about the equipment several times in the weeks before the sit-in.

(Photo: FIQ)

The Issue of Private Placement Agencies Must Be Addressed

- Interview, Denis Cloutier -

Denis Cloutier is President of the Union of Health Care Professionals for Montreal East (FIQ SPS ESTIM).



September 2020. "Health Care is Dying. We Are the Solution" campaign of the Interprofessional Health Care Federation of Quebec (FIQ).

Workers' Forum: What are your main concerns at present in terms of the situation within the health care system?

Denis Cloutier: We are very worried about what will happen in January. I expect a new increase in COVID-19 cases because of the holiday season. The more physical interaction there is between people, the more the virus is transmitted. The more outbreaks there are, the more pressure there is on the hospital sector. Some staff end up contracting the virus, they have to take time off work and then even greater pressure is placed on those who remain, with all the consequences that entails.



We're also in the midst of negotiations with the Quebec government for the renewal of our collective agreement. One of the major problems we have is with private placement agencies. Historically, these agencies hired nurses at a better wage than in the public network, with the nurses playing a filler role. They could work far away from home or replace nurses on a short-staffed night shift in exchange for better pay. They were not employed by the government, but by an agency. Nurses within the public network had better working conditions overall, however they

were paid less. As a result, personnel employed by agencies represented a small percentage of total staff. There was a certain balance within the overall network.

When the pandemic struck, the Legault government adopted ministerial orders, including Order 007 (March 21), which seriously affect us. It alters collective agreements and allows the employer to

move staff around at will, to assign them day, evening, night shifts, or full-time work. This ministerial order only applies to public network employees. Agency work suddenly became very attractive because the public network employer, for example, is now able to force a nurse who, over the years, had gotten a good position in a local community service centre (CLSC) on the day shift, to work the night shift in a residential and long-term care centre (CHSLD), then hire a nurse from an agency, paid more, to work that day shift in the CLSC, without having to work weekends, nights, etc. There's no longer a balance.

We are losing a large number of the staff to private placement agencies who now offer not only better wages, but better conditions. The workers who leave the public network are coming back to work as agency workers and choosing their conditions. They can decide, for example, not to work in the summer, or not to work for two weeks during the holidays. As for the pension plan, although nurses who leave have to withdraw from the Pension Plan for Government and Public Employees (RREGOP), the agencies have increasingly grown and are offering pension plans. I'm not saying they're comparable to the RREGOP, but nurses consider that with the difference in wages they can put money aside for their retirement.

This is going to become a very serious problem for Quebec because as far as our University Health and Social Services Centre (CIUSSS) is concerned, during the first wave of COVID-19 we lost around 300 nurses to the agencies and have lost around 500 in total so far. There's a fear this phenomenon will become even more pronounced during and after the holiday season. There's a strong sense of injustice among our members because nurses hired by the agencies are working alongside them without being required to do overtime, etc.

This inequity must be ended so that nurses can be drawn back into the public network. I'm not by any means blaming individual nurses who choose to go to work for an agency. However, this creates unfairness and the system would be much easier to manage if all personnel worked for the public network. There will always be disadvantages in the network as the system operates 24 hours a day, seven days a week. However, the best way is to spread the disadvantages over as many people as possible.

My other big concern is with everything having to do with our negotiations with the government. If the Legault government were to sign a collective agreement acceptable to us, this would send a positive signal. It would send a signal that the staff

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is being listened to and valued. And it would also help curb the COVID-19 pandemic. Jobs would be more valued, more people would decide to stay.

WF: Do you want to add something in conclusion?

DC: The risk with Premier Legault's attitude is that we don't look reality in the face. Although our demands are important, investments in the health care system must also be increased. For 25 years now, governments have all been following this zero-deficit line that a hospital should not spend more than a certain amount of money, and so on. The buildings have gotten older and are in worse shape, the number of patients under each nurse's care has been constantly increased, to the point that it's becoming unsustainable. We need to broaden the discussion and increase investments in the

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"We Want Reinforcements and Recognition for Our Frontline Work for the Past Nine Months"

- Interview, Julie Bouchard -

Julie Bouchard is President of the Saguenay--Lac-Saint-Jean Care Professionals Union, a member of the Interprofessional Health Care Federation of Quebec (FIQ). She represents 3,200 health care professionals including nurses, licensed practical nurses, respiratory therapists, nursing assistants, respiratory therapists and clinical perfusionists.

Workers' Forum: What are the main problems you are currently facing?

Julie Bouchard: The major problem at the moment as far as we are concerned is the lack of personnel. There is a shortage of nurses, auxiliary nurses and respiratory therapists. This is due, among other things, to problems that predate the pandemic and that have obviously increased since the beginning of the COVID-19 crisis.

Before the pandemic, there was already a fairly significant shortage of health care professionals. In the region, attracting staff has always been quite difficult. You have to understand that if I go from Chicoutimi to work in Dolbeau, which is part of our Integrated Health and Social Services Centre (CISSS), I have about a two-hour drive. If I go from Chicoutimi to Quebec City, which is outside our region, it is also about a two-hour drive. Between the two, many people will favour going to work in Quebec City because there is a larger volume of care.

Within the region, we have our large centres such as Chicoutimi, Jonquière and Alma, as well as smaller centres. If workers do not come from the



"Nice words are not enough any more. Your 'angels' are fighting and they deserve better."

villages and towns that are far from the large regional centres, they generally prefer to work in the large centres outside the region or obtain positions in the larger centres in the region at the expense of smaller centres where retention is even more difficult. Services have had to be reduced, or even shut down, in these smaller centres due to a lack of health care personnel, not a lack of doctors.

Secondly, since we live in a region, the problem of progressing (for example, moving from part-time to full-time) makes retention more difficult. It is more difficult to keep our professionals who are already in the network because it is more difficult to us to advance in our jobs and we are not being heard. It seems that in the eyes of the Ministry of Health and Social Services or certain CISSS leaders, we should be self-sufficient with the amount of staff we have while in fact the management mode here is to operate on the basis of mandatory overtime. Mandatory overtime is imposed on us on an almost daily basis.

Faced with this serious problem of recruitment and retention, we say that we need to make the jobs in the region more attractive so that young people decide to come into the health network and so that the people currently in place stay here, don't take early retirement and don't change careers.

WF: Can you explain how, under the conditions of the pandemic, the problems have worsened?

JB: The problems escalated fairly quickly because, in order to protect vulnerable workers, pregnant women and immunosuppressed workers had to be removed, resulting in the loss of about 100 health care professionals. Even before the pandemic, the rate of absenteeism here, for physical or psychological reasons, was very high -- we are talking about a rate of about 12 to 14 per cent before the pandemic.



Since the second wave, the entire territory here has been affected with outbreaks in hospitals, residential and long-term care centres (CHSLDs) and seniors' residences. We have a very serious shortage of health care personnel because so many have contracted the virus.

We are also facing the problem of ministerial orders. There are three aspects of these that affect us very much.

The first is the forced increase in full-time availability. Virtually all of the health care professionals in Jonquière, Chicoutimi and Alma have been forced to be available for full-time work, even if before they were part-time.

The second is the requirement that staff move from one institution to another to cover the needs that are the most critical.

The third is the imposition of 12-hour shifts. This imposition is accompanied by the modification of work schedules. For example, within a seven day

period the employer has the right, under the Ministerial Order, to force someone who is on a day time schedule to work evenings, to change his or her work schedule. The imposition of 12-hour shifts has caused great anger among members who are already subject to mandatory overtime more often than not. Now they are being told that they have to work 12-hour shifts. All of this makes it very difficult for staff to balance work and family, with daycare and with school. For some of them it's a major issue.

WF: What are your demands under the current conditions where outbreaks are increasing significantly, including in your region?

JB: We are asking for reinforcements. We need help. We are asking for additional staff, for government support to send staff to give us a hand. We feel we are being forgotten. We have the impression that we are being told to "get ourselves organized "and then things will be fine.

There is an explosion of hospitalizations related to COVID-19. The pressure is very high, the overload of work is enormous, the distress too. It's hard, every day, to face the consequences of how

badly the health care system has been battered over the last many years.

We have received some reinforcements, nurses from the Montreal Heart Institute and Sainte-Justine Hospital. That has provided some relief but we need a bus full of care professionals. What we have asked for are third-year graduates, nurses, nursing assistants or respiratory therapists. We want them to come in as reinforcements. There are discussions with the Ministry of Health and the Ministry of Education about that but it's very slow and they make it so complicated.

We also ask for respect for the workers as health care professionals, but that's not what's happening. We are being mistreated by ministerial orders and the overload is even heavier than it was before.

What we want is to be able to provide safe, quality care to the population. That's the commitment we made when we graduated from school. It is our number one priority. Secondly, what we're asking for is recognition. Government should stop calling us their "guardian angels" when they can't even take care of us properly, even though we've been on the front lines for nine months. We need help.

(Translated from original French by Workers' Forum. Photos: FIQ, CIUSSS NIM)

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Interprofessional Health Care Federation of Quebec Delegates Endorse Tentative Agreement



At a virtual meeting of the National Council on December 8, delegates from the Interprofessional Health Care Federation of Quebec (FIQ) and of FIQ-Private Sector voted 82 per cent in favour of the tentative agreement reached the same day with the government on sectoral matters. Sectoral matters pertain to working conditions. FIQ, together with the Alliance of the Professional and Technical Health and Social Services Staff (APTS), is continuing its negotiations at the intersectoral bargaining table on wages, the pension plan, parental rights and regional disparities. When an intersectoral agreement is reached and then adopted by the FIQ and APTS delegates, a comprehensive tentative agreement setting out the entire content of the new collective agreement will be submitted to a vote by all FIQ members. The referendum will be held online.

A December 8 press release states that at the heart of the demands of care professionals were work overload, professional care/patient ratios, particularly in residential and long-term care centres (CHSLDs) and making full-time positions more attractive.

"These three major issues are intimately linked with each other and should be considered as inseparable by the government. In the end, the gains we obtained will guarantee health care professionals that they will work with a complete work team and in a stable position, on both their centre of activities and shift. They will be able to know their schedule in advance and have time off. They won't be taken hostage by mandatory overtime. In short, be able to practice their profession in a health network where work-family-personal life balance will truly be possible," said Roberto Bomba and Jérôme Rousseau, two of the leaders of the negotiating committee.

FIQ's President, Nancy Bédard, assessed the tentative agreement as follows:

"This is an agreement that will significantly improve the Quebec nurses, licensed practical nurses, respiratory therapists and clinical perfusionists' working conditions. The gains obtained are significant for the health care professionals, as they will profoundly change the destructive management culture of recent years that has greatly contributed to the deterioration of the working conditions. Moreover, management by mobility and flexibility will be a thing of the past and now the focus will be on stability. Not only will our members' quality of professional and personal life improve, but Quebec patients will also have greatly improved quality of their care."



Among the gains included in the tentative agreement, FIQ notes:

- Targets for reducing professional ratios in public and private long-term care facilities (CHSLDs) and the addition of 1,000 full-time equivalent positions;
- A letter of agreement with the objective of reducing the use of overtime and the independent workforce (i.e., personnel hired through private hiring agencies);
- A commitment by the government to review the directive on the management framework governing the use of the independent workforce;
- Voluntary upgrading of care professionals from part-time to full-time positions on their shifts and in their activity centres;
- The addition of 500 full-time equivalent positions with priority in the medical-surgical activity centres;
- A new attraction-retention bonus for employees holding a full-time position on the evening, night and rotation shifts that can increase by up to four per cent;
- The weekend bonus for full-time care professionals will increase from four per cent to eight per cent;

- The reduction of job insecurity for care professionals, as they will have access to part-time positions seven days a week for every 15-day period;
- A 37.5-hour work week for clinical perfusionists, respiratory therapists who work in an activity centre 24/7 or on two different continuous shifts, as well as for nurses, nursing assistants and respiratory therapists who work in CLSCs and dispensaries.

"The necessary boost that the health network and health care professionals so badly needed is here at last. Obviously, this tentative agreement on the sectoral matters will not resolve all the health care professionals' problems, but we are convinced that the effects will be beneficial and sustainable over time for our members, as well as for the patients in Quebec," concluded Ms. Bédard.

FIQ members have, along with other health workers, stepped up their actions in the last few months to reach out to the public in order to increase the pressure on the government to negotiate an agreement that is acceptable to them, therefore improving the services to the population. This pressure must not let up. So long as governments give themselves special powers to suspend collective agreements arbitrarily, the workers' security will continue to lie in their fight for the rights of all.

(Photos: FIQ)		
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