Since the creation of the SISP in February 2005, we have worked to create new dynamics in our respective organizations, based on inter-union collaboration and solidarity. We staked our strategy on our ability to work together, despite our differences and our own identities. Over the months, we have shown that there was nothing utopian about this vision of union action and that, quite the contrary, it allowed us to be stronger and more effective in defending our members and the public services they offer the population.

The spirit that motivates the SISP leaders and work teams must now spread to every level of our organizations, so that all of our 300,000 members are instilled with it. Our commitment to stand shoulder to shoulder must be contagious and inspire all public service workers in their work environments. We must feel solidarity with each other, regardless of whether we work in health, education or the public service.

An action plan
This is why the SISP’s new three-year action plan pays great attention to strengthening the ties between members of our organizations, thus encouraging them to participate more in our concerted actions. In the weeks ahead, we hope to establish a regional action/mobilization network, with the mandate to fuel and support the SISP’s actions. As we did on the health-care issue or on Bill 142, we intend to solicit our members’ participation regularly in the months ahead. Of course, defending public services and valuing the people who work for them are at the heart of this action plan, which will take us up to the end of 2009.

The next bargaining round
Parallel to the implementation of this action plan, a team is currently exploring the possibility that the SISP’s member organizations will join forces for the next national negotiating cycle, particularly concerning the negotiation of our common clauses – salaries, premiums, parental rights, retirement and regional disparities. The team is also studying the principles that should guide such an alliance. This, of course, is a major challenge, with a lot at stake. It is imperative that these discussions and exchanges provide satisfactory answers to the concerns of each of our organizations if we want to present a united front, acting in solidarity in dealing with the government employer, when the time comes to negotiate our collective agreements.

Consolidating our action
We therefore invite all the members grouped within the SISP to participate concretely in the implementation of our action plan. Small actions are not useless; rather they all contribute to developing our strength. The participation of each of us is therefore essential to the success of our actions and to building our bargaining power.

The SISP invites its 300,000 members to come, along with family and friends, to the large march which will be held in Montreal on May 3 for International Workers Day. This will be another opportunity to remind the Charest government of the importance of public services in our eyes and in the eyes of those who work there. The theme this year, “Together for Health”, is in line with the actions organized by the SISP in the past months to preserve our public health system.

For more information, please contact your local union representatives.
On February 19, when the recommendations of the Castonguay Report had just been published, Philippe Couillard, Minister of Health and Social Services, implied that this report would quickly be shelved. However, a few hours later, Mr. Couillard nuanced his comments, corrected himself and even made a 180-degree turn on some of his positions. The Minister’s about-face isn’t a good sign and we will have to be extremely vigilant in the weeks and months ahead to protect Quebec’s public health-care system.

The ink on the Castonguay Report was barely dry and the press conference held by Minister Couillard didn’t give the Task Force’s recommendations much of a useful life. The Minister of Health seemed to reject funding by the Quebec sales tax (QST), contributions paid by the patient, mixed medical practice and many other recommendations. His only positive comments concerned the recommendations on productivity and performance. Was this smoke and mirrors to put the detractors of health-care privatization to sleep? To all indications, the answer is yes.

Five new projects
On March 11, Minister Couillard was already announcing that several recommendations contained in the report would be applied, starting this year. He established five implementation projects concerning access to family doctors, decentralization, human resources, performance and creation of the Institut national d’excellence en santé. The usefulness of some of these projects can readily be questioned. For example, the project for better access to family doctors. Why set up more projects to test new access formulas when the Family Medicine Groups (FMGs) are just starting to get off the ground? Can’t we focus our energy and money on consolidating the FMGs?

It also seems that Philippe Couillard and Claude Castonguay have some affinities, because the government chose Mr. Castonguay to chair the project that will supervise the creation of the Institut national d’excellence en santé. It’s an open secret that Mr. Castonguay advocates a greater role for the private sector in health and a financial contribution by the users. The report’s recommendations went in this direction.

The right to change his mind
A little over two months have passed since Minister Couillard’s first statements and it can be affirmed today that he has only formally rejected one of the 37 recommendations, the increase in the QST. Mr. Couillard, in the past, has called for “the right to change [his] mind.” Generally he has never been embarrassed to do so and, in the case of the Castonguay Report, he has never said it so clearly!

One thing is certain. The Castonguay Report’s recommendations create a dangerous historic precedent for the Quebec population. For the first time since our public health-care system was established, it is proposed to make citizens pay according to their use of health-care services. Is this really the social contract that Quebecers want for themselves?
THE SISP COMES TO THE DEFENCE OF THE PUBLIC HEALTH SYSTEM

At the beginning of November 2007, public and private sector health-care executives from the industrialized countries met behind closed doors in Saint-Sauveur to discuss funding strategies for health-care systems. Indignant at the lack of transparency surrounding this meeting, which was being held on a subject that concerns the entire population, the SISP member organizations participated actively in a demonstration bringing together several thousand people on November 5. Operation Health was launched!

Raising awareness in all quarters

Within the context of the awareness actions conducted by the SISP to counter the various measures tending to increase reliance on the private sector in the health-care system, the five union organizations agreed to rely on three communication tools aimed at their members and the general public.

Thus, to mobilize union members, a postcard addressed to Premier Jean Charest was distributed for signing in all the work environments covered by the SISP (health, education, public service).

To reach the general public, a leaflet summarizing the issues arising from the work of the Task Force on Health Funding was then produced. The operation to distribute 200,000 leaflets spread over several days at the beginning of February in Quebec City, Montreal and at least ten other cities, to cover most regions of Quebec. Bringing together the representatives of the five labour organizations, the regional teams distributed leaflets in front of Metro stations, on car windshields and at the exits of shopping malls and sport centres, inviting people to think about the consequences of going back to the days when health services were not covered universally by health insurance. Parallel to this operation, a clip entitled “Monsieur Charest, êtes-vous malade?” (Mr. Charest, are you sick?), presenting the arguments in favour of maintaining a public health-care system and denouncing the myth that the private sector can solve all the problems of access to health care, was posted on YouTube for viral distribution.

Castonguay contested

The same day that the Task Force on Health Funding, chaired by Claude Castonguay, released its report, the SISP representatives, anticipating the announcement of different forms of privatization, travelled to Quebec to hold two activities. First, early in the morning of February 19, a welcoming committee was waiting for the media, who had come to hear about the report. About 15,000 signed postcards addressed to the Premier served as the backdrop for the interviews conducted with the presidents of the SISP member organizations. Then, when the Task Force’s press conference was beginning, the postcards were transported in wheelchairs to the National Assembly, where they were turned over to a representative of the Premier. In a second stage, at the beginning of the afternoon, the SISP spokespersons held a press conference to deliver their preliminary reactions to the proposals contained in the Castonguay Report and demand that Philippe Couillard give a firm “no” to more privatization of health care.

A few days earlier, the SISP leaders had denounced the promise to give the Board of Trade of Metropolitan Montreal the scoop on the Castonguay Task Force’s conclusions. This forced the government to make the report public before the conference, advertised under the title “Getting your money’s worth”. In front of the Montreal hotel where this conference was held on February 20, a large SISP delegation joined hundreds of other demonstrators to give a reminder of the attachment of the community and labour movements to a public health-care system and show their disapproval of the Castonguay Report’s main recommendations.

MYTH # 1

The costs of our public health-care system are exploding

In several places, the authors of the Castonguay Report write that “public spending on health-care is growing faster than collective wealth and government revenues”. They predict that this situation is bound to get worse unless there is a serious change of course.

The reality is quite different. There is no escalation of health-care costs as the opponents of the public system claim. According to the data of the Canadian Institute for Health Information (CIHI), if all the funds invested in government programs are taken into account, the share allocated to health rose from 30% to 38% between 1976 and 2006. However, the essential part of this increase in health-care costs is attributable to a subject that concerns the entire population, the provincial budget allocated to health is much more attributable to tax cuts.

The costs are controlled more by private industry, have declined constantly, falling from 63% in 1980 to 45% in 2005. On the other hand, other public health expenditures, declined partly counterbalanced by the decrease in the number of physicians, which the government fully controls, has constantly increased. In fact, in the past 25 years, the proportion of costs associated with hospital services and physicians, which the government fully controls, has declined constantly, falling from 63% in 1980 to 45% in 2005. On the other hand, other public health expenditures, including those associated with medications, for which the costs are controlled more by private industry, have grown substantially, rising from 37% to 55% in 2005.

MYTH # 2

Private intervention would allow better control of the cost of health care

The defenders of reliance on the private sector to save our health-care system continually invoke the same argument. They claim that the public monopoly must be broken to allow competition from the private sector, which would ensure that people pay less to receive the same services.

The reality is quite different. It must be recognized that the private sector is already very present in our health-care system and that the costs related to this sector are constantly increasing. In fact, in the past 25 years, the proportion of costs associated with hospital services and physicians, which the government fully controls, has declined constantly, falling from 63% in 1980 to 45% in 2005. On the other hand, other public health expenditures, including those associated with medications, for which the costs are controlled more by private industry, have grown substantially, rising from 37% to 55% in 2005.

MYTH # 3

The aging population will result in dramatic consequences for the health-care system.

In July 2005, the Ménard Report was already predicting that by 2030, there will only be two workers for each retiree. The conclusion: there will no longer be enough workers to support an aging population necessitating more state action to improve the care system. The reality is quite different. If we do a more complete calculation, accounting for the entire dependent population (seniors and other inactive people, particularly children and youth), instead of considering only the increase in the number of persons age 65 and over, thus, we find that the increase in the number of seniors will be partly counterbalanced by the decrease in the number of young dependents. The reduction of the worker/dependent ratio (which will only decrease from 1.8 to 1.3) is much less catastrophic than we are being led to believe solely based on the evidence of the worker/retiree ratio.

Note: This text is largely inspired by a Note socio-économique, published in February 2008 by the Institut de recherche et d’information socio-économiques (IRIES) entitled Le Québec bénéficierait-il d’une présence accrue du privé en Santé?
AWARE THAT THE PRIVATIZATION OF PUBLIC SERVICES AND THE DISMANTLING OF THE STATE ARE HURTING ITS POPULARITY WITH THE ELECTORATE, THE CHARÈTTEGOVERNMENT PREFERS TO WORK IN THE SHADOWS AND IS CURRENTLY PROCEEDING WITH SEVERAL PRIVATIZATIONS BEHIND CLOSED DOORS, WITHOUT ANY REAL PUBLIC DEBATE.

Among the agencies currently undergoing a privatization process, there is the Réseau national intégré de radiocommunication (a telecommunicati ons network of highly strategic importance for national security), the Centre de gestion de l’équipement routier (an agency responsible for managing the government’s fleet of vehicles), the Centre de signalisation (an agency responsible for operating road signs), the Reprographie gouvernementale (the government copy centre) and the Fourniture et aménagement du Québec (responsible for supplies and furniture). Certain information also implies that the information technology component of the Centre de services partagés du Québec (CSPQ, the Quebec shared services centre) could be privatized.

The potential impacts on the quality of public services vary depending on the situation. However, by removing these agencies from the jurisdiction of the Public Service Act, the government sets aside several mechanisms that guarantee the accountability of the agency and its employees, the assurance of an impartial and equitable public service, a democratic hiring process, etc. Also, with the proliferation of agencies outside the public service, we are seeing a disempowerment of the political decision-makers to the benefit of boards of directors working in the shadows, whose members are very often appointed according to their political allegiances.

Concrete impacts

The government’s modus operandi to make the population believe that it is reducing its spending always seems to be the same: impose unbearable restrictions on the departments and agencies in the name of sound management principles and thus forge the targeted agency to give in to the idea that the only solutions to its problems are found in resorting to subcontracting, leaving the public service or privatization.

For example, the Centre de conservation du Québec, which the government plans to convert into a government corporation, chose this year to reduce its supply of free services to museums to favour work billed to clients. This has the consequence of reducing the volume of restoration of State collections. If the CCQ becomes an autonomous agency, it would have to rely more on remuneration to ensure its funding.

In addition, without being privatized, museums do not necessarily have the financial means to pay for restoration of art works from their budget, a reduction in the supply of free services could compromise the conservation activities of the collections held by Quebec museums and thus gradually lead to the deterioration of our national heritage.

The mission of the Laboratoire de sciences judiciaires et de médecine légale contributes directly to government orientations intended to ensure public safety. What will become of this mission once this agency becomes autonomous?

Finally, in the case of information technology, the loss of State expertise and control are directly at stake. Privatization of the information technology services consolidated under the CSPQ thus could favour greater control by the private sector and ensure that the State apparatus gradually loses its cutting-edge expertise in a key field.

REENGINEERING CONTINUES IN THE PUBLIC SERVICE

The Green Paper on Forests has raised some concerns, particularly if implementation of forest management is turned over to regional agencies. Public Force has therefore chosen to begin its series of profiles of public service workers with the personal account of a forest engineer working for the Ministry of the Resources naturelles et de la Forêt in Jonquière. One of 17,000 public service professionals represented by the SPQG, Thomas Morissette entered the government service in 1982, a few years after completing his engineering degree in forest management at Université Laval. He has been with the same department for over 25 years.

What motivates Thomas Morissette is the feeling that he can contribute to the protection and development of Quebec’s forests. Even though he primarily works with local communities, he has the impression that he is applying his expertise to serve the interests of society as a whole, because the forest is public property of inestimable value.

Much of his work is dedicated to informing the public about everything concerning forest management, a more complex field than it would appear at first glance. While people first think about timber cutting when forests are mentioned, other uses of forest resources, such as hunting and fishing, must also be regulated. The forest is an ecosystem containing a multitude of wealth and must be considered as a whole. It is the forest engineer’s job to develop an overall vision of forest protection, conservation and harvesting. From this point of view, the engineer’s perspective is combined with the acquisition of management expertise, so that he also offers advisory opinions on forest harvesting projects.

Seeing the success of local projects that will have economic spinoffs while protecting the forest is our ultimate reward,” he says. This is a source of pride for Thomas Morissette. Since the Department’s mission is to ensure forest harvesting in a sustainable development perspective, the right balance must be found between the interests of communities and industries, and respect for the environment.

Thomas Morissette’s example shows us that the need to maintain the integrity of public services is present in every sector, even those where we would expect it the least. His account also shows us that a large part of the value he associates with his work is due to his passion, essential for the preservation of the public good.

An SPQG initiative:
AN ACTION PLAN FOR THE DEFENCE OF PUBLIC SERVICES

Last February, the SPQG adopted an action plan to defend the integrity of public services. The purpose of this plan is to denounce government policies that restrict hiring for replacement of staff levels, that favour privatization and that rely on subcontracting to provide public services. The plan proposes alternatives that will guarantee the delivery of quality services.

The SPQG is currently focusing on the first component of its plan, with a study of understaffing of positions in public service departments and agencies. The goal of this study is to show the consequences of this measure in terms of the deterioration of public services and the health of professionals.