

## **Quebec Community Groups Network**

*Brief submitted to*

*La commission de la santé et des services sociaux  
de l'Assemblée nationale du Québec*

*Concerning*

*Bill 10, an Act to modify the organization of the  
health and social services network, in particular by  
abolishing the regional agencies*

## Introduction

1. President Tanguay, Vice-president Hivon, Minister Barrette, honorable members of the Commission, I am Dan Lamoureux, President of the Quebec Community Groups Network (QCGN).
2. We deeply regret the Commission has limited itself to hearing perspectives on Bill 10 from Québec's English-speaking communities on only two occasions. In our opinion, the impact of the Bill on all English-speaking communities merits more extensive consideration by the Commission. That said, I wish to thank the Commission for extending the invitation to our organization.
3. QCGN is a not-for-profit organization linking 41 English-language community organizations across Quebec. It envisions English-speaking Quebec as a diverse, confident, recognized and respected national linguistic minority that actively participates in and contributes to the social, economic, cultural, and political life of Quebec and Canadian society. QCGN is a centre of evidence-based expertise and collective action on the strategic issues affecting the development and vitality of English-speaking Quebec. Bill 10 is without a doubt such an issue.
4. With me are:
  - a. Sara Saber-Freedman, President of the Board of MAB-Mackay Rehabilitation Centre in Montreal who will present the brief.
  - b. Richard Walling, President of the Quebec Health and Social Services Foundation (la Fondation communautaire de la santé et des services sociaux du Québec) in Quebec City; former President of the Provincial Advisory Committee on the dispensing of health and social services in the English language
  - c. Sylvia Martin-Laforge, Director General of the QCGN
  - d. Michael Udy, former Executive Director of Batshaw Youth and Family Centres in Montreal, former Vice-president of the Provincial Advisory Committee on the dispensing of health and social services in the English language
  - e. Didier Culat, President of the Board of the Jeffery Hale-Saint Brigid's Hospital in Quebec.
5. The brief has a main section containing our opinions and recommendations. A detailed appendix contains more extensive consideration of the three main points we will cover. A second appendix contains three dozen letters of endorsement of the brief and statements from regional organizations concerning the impact of Bill 10. These indicate a broad base of support for the views expressed in QCGN's brief, and present perspectives that reflect local considerations.

## **Preamble**

6. The QCGN shares the aim of the government that the health and social service network be both effective and efficient, focused on the wellbeing of its users.
7. QCGN, its members and partners, also share serious concerns expressed by other groups about Bill 10 such as the extreme rapidity of implementation, centralization of control and management of the system, and submerging of social service mandates in vast health oriented structures.
8. Keeping in mind the mandate of QCGN, there are three main issues emerging from our study of the Bill that preoccupy us a great deal. They are:
  - The fate of recognized and designated institutions
  - Institutional governance and the role of community in the health and social service system
  - The wording of articles related to Access programs

## **The fate of recognized and designated institutions**

9. A basic question regarding the provisions of Bill 10 for all institutions is the following: Articles 323 and 325 of the Act respecting Health Services and Social Services (S-4.2), which relate to amalgamation of institutions, call for the board of an institution, and the members of the moral person (the former owning corporation) if one exists in the institution, to approve an amalgamation. Do we understand correctly that the effect of Bill 10 will be to bypass these two requirements?
10. We are deeply concerned about the effect that Bill 10 would have on what in law are called recognized and designated institutions. These comments are based on further analysis of the subject in Appendix 1, which contains more detailed consideration of all the matters we will raise. We urge members to read it as part of their due diligence regarding Bill 10.
11. We are referring to institutions that have been recognized by l'Office québécois de la langue française (OQLF) under article 29.1 of la Charte de la langue française (the Charter), and subsequently designated by the government under article 508 of S-4.2. These institutions acquire privileges under articles 24 and 26 of the Charter regarding the language used in certain communications, and are required to make their services accessible in English to English-speaking persons. They are institutions that grew out of various English-speaking communities and are still identified with those communities, even if they provide some of their services in French, and may have been merged with other institutions over time.

12. We believe Bill 10 would be a catastrophe for the 22 recognized and designated public institutions it dismantles. Only the McGill University Health Centre would retain this status.
13. It is theoretically possible that one or two of the newly created Centres intégré de santé et de services sociaux (CISSS) in Montreal might request recognition by the OQLF under article 29.1, pass the test the OQLF applies under such circumstances, and then become designated by the government. But there is no certainty at all about this.
14. Bill 10 would remove the right of recognized and designated institution boards to preserve the status accorded under the Charter of the French language, as these boards will no longer exist.
15. The remnants of recognized and designated institutions would become 'designated facilities', buildings that were part of those institutions. In no way would such facilities continue the reality of recognized and designated institutions. Control and management of these facilities would become a function of the French-speaking administration of a CISSS. There is no guarantee that a board of new regional institutions would preserve the bilingual status of a facility. There is no provision in the Charter for a facility to enjoy the communication privileges conveyed by articles 24 and 26 of the Charter. They are only conveyed to institutions. On the first day of operation of the new CISSSs, the institutions with employees in designated facilities would not have the right to communicate with them the same way a recognized and designated institution can in English.
16. Adoption of Bill 10 as tabled would rupture a fundamental part of the legacy of legislative guarantees made to the English-speaking communities over time. In our view Bill 10 must not extinguish the existence of recognized and designated institutions, and the guarantees they embody.
17. The third paragraph in the preamble of La Charte de la langue française says :  
  
*« Whereas the National Assembly intends to pursue this objective (establishing the predominance of the French language) in a spirit of fairness and open-mindedness, respectful of the institutions of the English-speaking community of Québec, and respectful of the ethnic minorities, whose valuable contribution to the development of Québec it readily acknowledges »*
18. How does the Minister and his government respect the public health and social service institutions of the English-speaking communities when it contemplates a bill that would end their existence, save for one? Bill 10 must not extinguish recognized and designated institutions.
19. Recognized and designated institutions represent the legacy of the Liberal Party to English-speaking communities resulting from the reform of the Health and Social

Service Act (S-4.2) carried out in 1991. That reform continued the institutions' participation in the public health and social service system, mindful of the preamble of the Charter, adding specific provisions to S-4.2 that recognized the special character of the institutions' connection to and duties towards English-speaking communities. Adoption of Bill 10 in its current form would, we repeat, rupture this legacy.

20. In the spring of 2012 members of the QCGN concluded on the Priorities for the period 2012-2017, after extensive consultation and surveys. Six priority areas were identified, one of which is "Strong Institutions". The plan calls for strengthening the relationships between English-speaking Quebecers and its institutions. Bill 10 drastically transforms the entire health and social service sector of these institutions. We are convinced the measures proposed would alienate English-speaking communities from the institutions that would take their place.
21. Designated facilities with no corresponding governance structure would be hollow guarantees of continuity in the relationship between the English-speaking community and the institutions it considers so important.
22. A designated facility could not play the role of a recognized and designated institution in creating a culture, infrastructure and strategic orientations that sustain and adapt services delivered to the English-speaking population. It could not manage hiring requirements, signage, the language of work, the language in which patient charts are maintained, and the language of institutional communication. Nor could a designated facility act on sustaining relationships with foundations, volunteers, the public, and other important institutions in the English-speaking communities.
23. If the services would continue to exist in English in the 'designated facilities', one might ask why is this matter so important to our communities? Because recognized and designated institutions are more than just services in English. They play leadership roles in their communities. They are organizations that attract community members, citizens who want to be invited onto their boards of directors, to their foundation and fundraising activities, into their auxiliaries and volunteer services, their banks of foster families, and onto their owning corporations. They have the possibility of getting their community to rally round them and support them in a variety of ways, benefitting from human capital and the substantial financial support of their foundations. If the recognized and designated institution disappears these relationships and activities would inevitably be affected and put in question, and would ultimately impact negatively on the vitality of the community. The new institution inheriting the designated facilities, and the community would both be losers in this scenario. Existence of advisory committees as proposed in article 131, which are not guaranteed to exist, would by no stretch of the imagination replace the capacities of recognized and designated institutions.

## Recommendation

24. Bill 10 is deeply flawed in its approach to recognized and designated institutions. We insist that a way must be found to let the recognized and designated institutions continue to exist, while being subject to the integration the minister seeks

## Institutional Governance and the role of community in the health and social service system

25. Over the last decade English-speaking communities have been playing a greater role in the health and social services system through partnerships with majority institutions and representation on their boards. Investments in communities and the public system leading to projects and partnerships to improve services in English have promoted the recognition of English-speaking communities as full partners in the system. With the creation of mega-structures and the devaluing of the community role in governance, the progress of English-speaking communities to participate as actors in the system would be compromised: a loss for these communities and the institutions working to better serve them in their language.

26. In regions where there are no, or very few, designated institutions, members of the English-speaking community must compete for a place in governance structures with members of the majority community. With the number of such seats drastically reduced under Bill 10, the opportunities for members of these small English-speaking communities to access a board seat would fall from few to none.

Current	After Bill 10
In regions with 8-12 institutions: The range of board seats accessible by community members via different articles S-4.2 (Board sizes vary by mission and mandate)	The number of “independent” directors to be named by the minister
88 to 144	7 - 8

27. Under Bill 10 the selection of board members of the newly constituted institutions would be highly centralized in the hands of the Minister, with no direct avenue for community designation to boards. This approach to the governance of health and social services institutions would have a dramatic and disproportionately negative effect on the English-speaking minority communities of the province, for whom a visible participation in the control and management, particularly of the institutions

they founded and nurtured over many decades, is an important and irreplaceable part of the infrastructure of community life.

28. Why is participation in the governance of institutions, particularly of the ones it created, so important to English-speaking communities? It is summed up in these words of Richard Bourhis, Professor in psychology at UQAM, published researcher, author and authority author on the subject of community vitality:

*“Institutional control is the dimension of vitality par excellence needed by language groups to maintain and assert their presence within state and private institutions such as education, the mass media, local government, health care, the judicial system, commerce and business. It is proposed that language groups need to achieve and maintain a favorable position on the control front if they wish to survive as distinctive collective entities within multilingual states.”<sup>1</sup>*

29. In other words, participation in the governance of institutions is important not only regarding participation in control and management, but also for the benefits such participation brings to the wellbeing of communities. They would experience what Bill 10 proposes as a loss.

## **Recommendation**

30. Recognized and designated institutions and community participation in governance are the two subjects that cut to the heart of the relationship between the English-speaking communities and the institutions they use and contribute to the public system. Let Quebecers, including English-speaking Quebecers, participate directly in the governance of this important network of institutions. Their participation breathes life into institutions.

## **The wording of articles related to Access programs**

31. Access to health and social services in English
32. depends on an architecture constructed with articles in the law. Bill 10 would continue many of them, but there some key elements missing.
33. The words and articles that articulate the guarantee of access are extremely important because they frame the production of Access programs in every institutional jurisdiction. The content of each Access program defines precisely what services English speakers have a right to access in English.

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<sup>1</sup> Bourhis, R.Y. (1979) « Language and ethnic interaction: a Social-psychological approach. » In H. Giles and B. Saint-Jacques (Eds.). *Language and Ethnic Relations*, (pp.117-141). Oxford: Pergamon Press.  
And in: Bourhis, R. Y. (2000) « Acculturation, language maintenance and language loss. » In J. Klatter-Falmer & P. Van Avermaet (Eds.). *Theories on maintenance and loss of minority languages: Towards a more integrated explanatory framework*, (pp.5-37). Munster, Germany : Waxmann Verlag.

## **Recommendations**

34. Our recommendations in this regard are in no way an endorsement of Bill 10's approach to institutions or their governance. They are elements of the Access structure that we believe must appear in any revision of S-4.2
35. Article 65 (Access Programs)
- a. Include in article 65 all of the elements referred to in article 348 of S-4.2, such as:
    - i. The requirement that the access program include services of a designated institution, if such exists
    - ii. The requirement that the access program include all services provided within designated facilities of an institution, if such exist;
    - iii. The requirement to indicate the other services in the CISSS to be accessible in English;
  - b. Specify that institutions can enter into inter-institutional agreements in order to fulfill the obligations under article 65.
36. Article 92 (Regional advisory committees)
- a. Clarify that S-4.2, article 510 applies to all regional and supra-regional institutions, including all those in the region of Montreal.
37. Article 25 (Allocation of funds by program)
- a. Clarify what happens to program funds allocated for users in one region when they receive services in another. This issue arises when an institution in a territory serves Quebecers, in this case English-speakers, from another territory.

## **Closing remarks**

38. We firmly believe the Minister and his government have a legislative responsibility to preserve the institutions issuing from the English-speaking community in keeping with the preamble of the Charter, and the spirit of reforms made to S-4.2 to date that affect those institutions.
39. We also believe that clear mechanisms whereby members of the community can access seats on governance boards without being dependent exclusively on the approval of this minister are essential to the vitality of both the institutions and the community.



40. The articles that constitute the framework around production of regional access programs require adjustment to achieve the same clarity found in the current version of S-4.1.
41. We reiterate our readiness and keen interest to contribute to all of these processes.
42. If members of the Commission have questions regarding this presentation, we are here to discuss and answer them. We thank you for your attention and anticipate your consideration of our views.

# ***Appendix 1***

**Bill 10 dramatically disrupts the role of the English-speaking communities, and of all communities, in institutional governance. English speakers are a linguistic minority. Diminished participation in governance has a direct and negative impact on the vitality of the community.**

1. There are two dimensions of Bill 10 to examine in this regard:
  - What happens to recognized and designated institutions?
  - What happens to the participation of a linguistic minority in the governance of the new institutions?

A third subject we have reviewed is the wording of the articles concerning production of the regional Access program.

## **Recognized and designated institutions**

2. Recognized and designated institutions are particular to English-speaking communities in Quebec. No other community has them. It is worthwhile reminding ourselves why they exist.
3. Since 1971 the evolution of Québec's public health and social service network has been based on taking the institutions created by sectarian and cultural communities in previous decades and fashioning them into a system financed and regulated by the government. The mechanisms of governance of these institutions have also evolved over time. While the details have changed, governance has always been a matter of partnership between government and community, and has featured direct input and representation from the community concerned about a given institution. This has been true as much for the francophone community concerned about local, regional or client-specific institutions as it has been for institutions that came out of the English-speaking, Jewish and other minority communities.
4. In 1991 the introduction of recognized and designated institutions into the legislation was the latest way of securing the role of the institutions created by the English-speaking communities in the Quebec public system. It reflected that part of the preamble of the Charter of the French Language that acknowledges respect for the institutions of the English-speaking community. Several of these institutions serve users in both languages, others mainly in English. The status of recognized and designated captured and sustained the particularity that they operate in another language in addition to French, a reality that reflects their historical and contemporary connections to English-speaking communities.

5. The number of these institutions, both public and private, has dwindled over the years. In 1991 there were approximately 78. Today there are approximately 41, both public and private. The number declines usually as the result of mergers. It does not mean there are fewer services than there was in 1991. But it does mean there are fewer institutions communities can consider as their own, and the number of boards of directors on which to participate steadily declines.
6. This manner of proceeding was introduced under a Liberal government, and is considered by us to be part of the legacy of that party to the English-speaking communities. **Bill 10 would sweep it away. It would be a rupture of the legacy, and pose a serious compromise to the wellbeing of the community.**
7. Article 4 of Bill 10 would put all existing public institutions into one or another RIHSSS, with the exception of four supra-regional institutions. It would end the life of 22 recognized and designated public (as distinct from private) institutions in eight administrative regions. Some of these institutions have histories that go back over a hundred years or more. They have names very familiar to both local and other English-speaking communities: Jeffery Hale-Saint Brigids, the Douglas Hospital, Saint Mary's Hospital, Maimonides Hospital, Lachute Residence, CRD Foster to name a few.
8. The provision of article 29.1 of the Charter, that recognition be withdrawn only at the request of the institution would be over-ridden by Bill 10.
9. According to our reading, on April 1<sup>st</sup> 2015 there will be only one recognized designated public institution: the McGill University Health Centre.
10. What would happen to the other recognized and designated institutions? They would disappear. Their facilities would become 'designated facilities' as described in articles 156 and 157 of Bill 10. They would exist inside RIHSSSs that, on April 1<sup>st</sup> 2015 would not be recognized or designated.
11. Would these facilities have the recognition and communication privileges possible under sections 24 and 26 of la Charte de la langue française? How could they? The charter confers recognition and these privileges only to institutions. The word 'facility' does not appear in article 29.1 of the Charter.
12. What could go on in the 'designated facilities'? The host CISSS would be required by article 156 to continue services in English in those facilities.
13. Could they ever stop giving those services? Bill 10 doesn't answer this question.

14. If the service in a 'designated facility' were moved elsewhere, into a facility that is not designated, could the service continue to be given in English? Bill 10 doesn't answer.
15. If a service given in French were to be moved into a 'designated facility', would it have to be converted to a service in English? Bill 10 does not answer this question either.
16. Could the employees who work in a 'designated facility' managed by a non-designated institution communicate with that institution in English? Doubtless they would try. But a non-recognized institution doesn't have the right to communicate with its employees in a language other than French.
17. Could a CISSS become recognized and designated under articles 29.1 of the Charter, and 508 of S-4.2? Possibly. Its board would have to decide to apply for recognition to the OLFQ. Would they decide to do this? We don't know.
18. If a CISSS were to apply it would have to pass the test the OLFQ applies to determine if recognition should be given. Of all the CISSSs to be created across Québec, only two appear to be potential candidates for this process, CISSS de l'ouest-de-l'île-de Montréal and CISSS du centre-de-l'île-de-Montréal. Would they pass the test? It depends on the nature of the test applied by the OLFQ. If the test were on the basis of language spoken by persons residing in the territory served, only CISSS du centre-de-l'île-de-Montréal would succeed. If the test were on the basis of the languages spoken by clients of the amalgamated institutions, counted for a given time period, it is not clear what the result would be. We don't know if all the existing institutions have this data, nor do we know what it would reveal. Many of these institutions serve users in both languages, and from other territories.
19. At the most, in the future a maximum of three recognized and designated institutions (including the MUHC) could be foreseen under Bill 10. A far cry from the approximately 78 that existed in 1991 when the status was introduced.
20. Why is this disappearance of institutions important if the services would continue to exist in English in the 'designated facilities'? Because recognized and designated institutions are more than just services in English. They exert leadership in the community. They attract members of their communities, members who want to be invited, to the boards of directors, to the foundations and fundraising activities, to their auxiliaries and volunteer services, to the banks of foster families, and onto their owning corporations. They have the possibility of getting their community to rally round them and support them in a variety of ways, including the substantial financial support of their foundations. If the recognized and designated institutions were to disappear, this capacity and these relationships and activities would be inevitably

affected and put in question. There would be a potential loss both for the new institutions, and for the English-speaking communities.

21. Designated facilities with no corresponding governance structure would be hollow guarantees of continuance of the relationship between the English-speaking communities and the institutions they consider so important.
22. A symbol of this risk is found in article 163. This article would make the determination of the name of any 'facility' on a permit, including the name of 'designated facilities', an exclusive power of the minister. One could speculate that in the case of 'designated facilities' this might protect the names of such facilities from the attempt of the new CISSS board to name the facilities differently. Conversely, it could be used by a minister to effect just such a change. Either way it would symbolize the fact that the recognized and designated establishments are gone, and the community would no longer have leverage even over the names of the facilities they created. Author Richard Bourhis, Psychologist at UQAM, published researcher and authority on the subject of community vitality wrote: "We have found that the more there are minority group language place names and private/public minority language named institutions, the more vitality linguistic minorities feel they have..."<sup>2</sup>

### **Participation of a linguistic minority in the governance of the new institutions**

**23. We do not raise the role of a community in governance at this commission solely because it interests us. We raise it because it is essential to the vitality of the community in the long term.**

24. There is an established link between the vitality of minority communities and their links to institutions in society. Dr. Bourhis, writes:

"Institutional control is the dimension of vitality *par excellence* needed by language groups to maintain and assert their presence within state and private institutions such as education, the mass media, local government, health care, the judicial system, commerce and business. It is proposed that language groups need to achieve and maintain a favorable position on the control front if they wish to survive as distinctive collective entities within multilingual states."<sup>3</sup>

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<sup>2</sup> Personal communication.

<sup>3</sup> Bourhis, R. Y. (1979) « Language and ethnic interaction: a Social-psychological approach. » In H. Giles and B. Saint-Jacques (Eds.). *Language and Ethnic Relations*, (pp.117-141). Oxford: Pergamon Press. And in: Bourhis, R. Y. (2000) « Acculturation, language maintenance and language loss. » In J. Klatter-Falmer & P. Van Avermaet (Eds.). *Theories on maintenance and loss of minority languages: Towards a more integrated explanatory framework*, (pp.5-37). Munster, Germany : Waxmann Verlag.

25. In other words, participation in the governance of institutions is important not only to enable participation in the control and management of institutions, but also for the benefits such participation brings to the wellbeing of the community.
26. Up to now communities, however defined, have had the possibility of representing themselves in a number of institutional board seats.
27. The number of these seats would drop considerably. Currently, depending on which region is considered, there are anywhere from 8 to 12 boards. There are somewhere between 88 and 144 seats accessible from the community (excluding seats assigned to staff and users). This would drop to seven or eight, depending on characteristics of the institution. Outside the region of Montreal, the possibilities for members of the small English-speaking communities to access board seats would become slim or none.
28. On the island of Montreal there are 14 recognized and designated institutions with about 100 seats accessible from the community (excluding the MUHC). The facilities of these institutions would be managed by two new CISSSs. The number of seats accessible from the community would fall from 100 to between 14 and 16, again depending on specific characteristics of the institutions.
29. Access to a board seat would be more difficult than before. Candidates would have to succeed through two steps:
- The vetting process called for in article 12 affecting the seven or eight independent persons to be appointed under article 8(8), or 9(7).
  - The minister's appointment process affecting all board seats identified in articles 8 and 9.
30. Reduced access to board seats would be a reduction in participation and community vitality. This reduction might not have immediate effects. They may manifest themselves over time as the communities gradually become more disconnected from the new institutions.
31. En passant, articles 8(6) and 9(5) provide for the representation of users on boards. Governance boards that, in the case of the CISSSs, would manage several different missions and serve thousands of users would hear the voice of these users through a single voice. Provisions that aim to put the user at the center of the network's pre-occupations would not reflect this aim when it comes to governance. Minority communities would see it as next to impossible that this voice could be one of theirs.
32. Many have commented on the hyper-centralization of power in the hands of the minister to determine the entire composition of a board (articles 8 and 9); to select the board chairperson (article 19) and select the two senior

managers (articles 8 and 29). The concerns about the effects of this approach are well presented in the Cahier d'argumentation of the Association québécoise d'établissements de santé et de services sociaux. The centralization has the appearance of a coup d'état in reverse. The minister would seize control. The term 'independent person' in article 8 would lose its sense when these persons are dependent on the minister for their appointment. We have seen in the past the politicization of board seats when named by the minister. Article 15 would foresee the possibility, for the first time, of 'remuneration' for board members, further putting into question their 'independence', if they were to be remunerated.

33. This hyper-centralization could engender a culture of unquestioning compliance and stifled creativity, weakening governance rather than strengthening it, opening new opportunities for abuse in the name of attempting to end others. Combined with the enormous size of the new institutions, we believe the effects would distance the boards from the communities that the institutions serve. They could become more focused on the details of managing service delivery, and less on the social impact and context of those services.
34. Minorities experience processes such as those proposed in Bill 10 as a series of obstacles to their ability to take a seat at the board table. Article 14 refers to the future obligation of the minister to take into account, when appointing directors, sociocultural, ethno cultural, linguistic and demographic factors. Without mechanisms to enact it, this laudable principle could remain unapplied and excessively dependent on the will of the minister. There is no guarantee in Bill 10 that boards really would reflect the diversity of the population served.

### **The effects of the disappearance of designated institutions and reduced opportunities to participate in governance**

35. English-speaking Quebecers, depending on the region where they live, would experience the combined effect of these changes in different ways.
36. Those who live in regions with no designated institutions, eight of the 16 regions, would not be touched directly by the disappearance of designated institutions. They would feel the effects on those occasions when they would expect to be referred out of region for a specialized service at a currently existing designated institution. They would be touched directly by the reorganization of regional institutions and the reduction of board seats. In many of these regions the English-speaking community is very small. Their community organizations have built links with and developed collaboration with the majority institutions to improve services to their community members. These investments of both time and money (supported by Health Canada with the agreement of the MSSS) would have to be reorganized to

adapt to the new institutional landscape with the potential delays and uncertainties that accompany such changes. The larger regional institution would likely lack the adaptability to local circumstances that the previous structure had.

37. In these regions the hope of a member of an English-speaking community member managing to get onto a board of directors would go from slim to very faint as the number of accessible board seats drops to seven or eight for the entire region.
38. A second type of experience would be in those regions where there are one or two designated institutions. There are seven regions in this situation. The interaction between the English-speaking communities and the network is quite similar to that in the regions where there are no designated institutions. It's a matter of building relationships and developing collaboration, and of redoing some of this work if a new larger regional institution emerges. In this context, the existence of one or two designated institutions in the region takes on a heightened importance because it is all the local English-speaking community has left in the way of institutions they feel are 'theirs'. The apprehended disappearance of these small institutions into much larger entities, with boards on which it is very difficult to get a member of the English-speaking community, would be experienced as a collective loss and rejection, accompanied by mourning.
39. In Montreal the services of the 14 former designated institutions would continue to exist, but in a new organizational environment. In practical terms there would be 14 to 16 board seats in two RHSSSCs, plus seven or eight on the MUHC board to which English-speaking community members could aspire; far fewer than the approximately 100 such seats that exist today. Aspirants would have to pass the vetting process of the ministry and the selection process of the minister. The prospects of success could be better than in the regions outside of Montreal. However it is as if the community would be pushed away from the governance role it has played for so long, and then invited to try to resume it, with far fewer seats available. We ask what is the added value of this?

### **The wording of articles related to the production of regional Access programs**

- 40. Access to health and social services in English depends on an architecture constructed with articles in the law. Bill 10 would continue many of them, but there some key elements missing.**
41. Access to services in English is currently based on five articles in S-4.2.
- 15 articulates the right to service in English and makes it conditional on resources and article 348



- 348 requires a regional Agency to collaborate with institutions to produce an Access program. The program will include the institutions designated under article 508 and some of the services of non-designated institutions that are to be 'indicated' in the plan. The services given in English by these two categories of institutions define concretely what can be accessed using the right in article 15.
- 508 enables the Government to designate institutions which have been recognized by l'Office québécois de la langue française, under article 29.1 of la Charte de la langue française. The government can require these institutions to make their services accessible in English to English-speaking persons.
- 509 establishes a provincial committee to advise the Government, in particular regarding the regional Access programs.
- 510 establishes regional committees which advise the Agencies regarding the regional Access programs.

42. Article 15 of S-4.2 would continue to be in force.

43. Article 65 of Bill 10 would appear to replace article 348 of S-4.2. We say 'appear' because article 348 will apparently continue to exist, creating some ambiguity.

44. Article 65 of Bill 10 would oblige each institution to develop an Access program for services in English. Since there is no qualifier before the word 'institution', we believe this obligation would apply to all of the new CISSSs and to the supra-regional institutions.

45. When we compare it to the existing article 348, article 65 is much less explicit about what would go in to an Access program. It gives no guidance. Article 348 refers to taking into account the 'designated institutions', and to 'indicating' the others institutions required to contribute to the program. Article 65 makes no reference at all to the 'designated facilities' that would be inherited by many of the CISSSs, and which would be required to continue their activities under article 156.

46. Article 65 makes no reference to the other 'centers' of the CISSS nor of a requirement to 'indicate' which of their services are to be accessible in English and included in the Access program. The currently indicated services in English in those centers would be continued, until approval of the next Access program, by article 155.

47. Lastly, article 65 makes no reference to the institution's possibility to negotiate and secure agreements with other institutions for the provision of service in English.

48. In our view the institutions would be left in the dark as to the expectations regarding the content of the Access program, a clear step back from the current regime provided by S-4.2.

### **Advisory committees**

49. Bill 10 does not modify the substance of articles 509 and 510 of S-4.2 concerning the provincial and regional advisory committees. Therefore we believe these committees would be maintained.

50. In all of the regions except Montreal article 92 of Bill 10 makes it clear that the regional Advisory committee would become attached to the CISSS, which would inherit the responsibilities for Access programs from the former Agency.

51. It is not clear how this would work on the island of Montreal. Would each of the five CISSSCs and the four supra-regional institutions have an advisory committee? Or would a single Advisory committee attached to CISSSC sud-est-de-l'île, which would inherit functions of the former Montreal Agency, advise the work of all of the Montreal institutions regarding their Access programs? We believe the latter scenario would not be functional.

## **Appendix 2**

### **Letters of endorsement and statements regarding regional impacts of Bill 10**

KATHLEEN TANSEY  
AVOCATE/ATTORNEY  
1857 boul. de Masionneuve West, # 208  
Montreal, QC H3H 1J9  
Tel : 514-393-9133 Fax : 514-878-3302  
Email : kaytansey@gmail.com

October 31, 2014

Dr. Gaétan Barrette  
Ministre de la Santé et des Services sociaux  
Édifice Catherine-de-Longpré  
1075, chemin Sainte-Foy, 15e étage  
Québec (Québec)  
G1S 2M1

Dr. Barrette,

We are writing to express our deep concerns with Bill 10 and the speed with which your government is moving forward to adopt this wide-ranging legislation that will have profound impacts on our community's vitality and identity.

We appreciate that Bill 10 signifies the beginning of a radical transformation of the Quebec's public health and social services system. However, the dissolution of the current institutional network and the centralizing of control of the system will have profound consequences for English-speaking and other minority communities with respect to their historical attachment to their institutions and their participation in the public system.

The Bill, if passed as currently drafted, will have a number of unwanted side effects:

- Bill 10 removes from the system a key partner in delivering the best care to the most people at the best cost – the community that supports the institution. Communities and citizens thrive when they exercise control