



Medical Students' Society of McGill University

L'Association Étudiante de Médecine de l'Université McGill

March 6th, 2019

Registration

An Introduction to Robert's Rules

Introduction of the General Assembly Staff

ORDER OF BUSINESS

(1) Call to Order and Standing Rules

The Speaker calls the meeting to order at 6:31 pm. Standing rules are made available to the student body.

(2) Land Acknowledgement

McGill University is situated on the traditional territory of the Kanien'kehá:ka, a place which has long served as a site of meeting and exchange amongst nations

(3) Approval of the Speaker

Returning to the GA officer, the board of directors have nominated himself as speaker, James Mattina as deputy.

Motion to approve these individuals as GA officers

Motion by Speaker

Seconded by 38

Individuals are approved

(4) Adoption of the Agenda

Proceed to approval of the Agenda. Call for changes or amendments.

Motion to change the agenda: Allow Social Work students Mariana Soulsa and Vincent Mousseau to speak as guest speakers.

Speaker: There is no allotted speaking time

32: Request for 5 minutes.

Motion stands as: Change of the agenda to allow Social Work students Mariana Soulsa and Vincent Mousseau 5 minutes.

Mover: 32

Seconded: 69

Motion passed - Agenda modified to include guest speakers.

No other changes or additions to the agenda. Is there any opposition? Seeing none, that is incorporated.



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Motion to approve agenda: 10

Seconded: 83

Agenda stands approved as amended

(6) Social Work Students Mariana Sosa and Vincent Mousseau [Guest Speakers]

Vincent: In addition to the land acknowledgement, we acknowledge the input of social work has had in legacy of trauma in Indigenous communities.

Last year, social work was one of the only English student associations that took part of the Ultimatum Strike. The strike was because they have 14 hours of unpaid stage during the last 2 years of their curriculum. We understand that strike motions are very stressful and we know that there may be impacts on grades etc.

Mariana: Last year, we had a week long strike where we met quorum and had full support from the faculty.

109: A lot of the feelings I have while talking to people is that we are fully in support of this whole movement of striking in order to get compensation for these internships. We feel that medicine stands alone since we are very privileged as to what the government gives us. Striking therefore might represent the wrong image since we, medical students, want nothing from them. How do you feel like we can best stand in solidarity with you without coming off as entitled.

Vincent: A lot of people use medicine as a example of the ways in which labour is valued vs whose is not. Example: nurses are not doing paid internships but medical residency is paid.

Contextually look at other times medicine has gone on strike in solidarity and how that has influenced policy. If McGill Medicine goes on strike, it's serious, we have mobilization to enact social change. In terms of what is useful for us, having Law and Medicine support is useful especially in mobilizing and supporting the cause.

Mariana: Our faculty has a reputation of getting [things] done, the fact that we are talking about going on strike is amazing regardless of the outcome.

MSS member: You guys went on strike for a week - what did it bring?

Vincent: Our strike was part of an ultimatum with the government - "Remunerer tous les internes à tous les niveaux ou c'est la grève". Without social change that we're asking for we will go on strike if this gets interns paid. Playing chicken with the government interestingly



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did force the conversation quite a bit and Jean Francois Laberge made comments about this even though it wasn't part of his original platform. There are arguments about remuneration and compensation starting solely due to this strike and we are happy to have been a part of that. Striking due to internships is quite unique in the Quebec student movement as we are hitting the government where it hurts, it hits them hard. This system is necessary with us in it.

Mariana: They need our labour to be recognized and replacing people who are burnt out, on sick leave, mat leave etc. There are people at every level of youth protection. The government would rather use cheap labour than improving the conditions of their workers.

Motion to extend question period by #2.

Seconded by #15.

Motion passes - 1 minute extension has been granted

#86: It's my understanding that you went on strike earlier, how many students followed through with this? How many people didn't show up for the things they had to do?

Mariana: All classes were cancelled, the faculty supported us, and we were on scene to make sure everyone didn't show up.

Vincent: As for internships, anecdotally we don't really know how many people removed themselves - we don't have the direct numbers. What is important to understand about social work is that we are very decentralized.

Motion to extend by 5 mins by #5

Seconded by #10

Motion passes - 5 minute extension has been granted

#66: If remuneration were instituted, how do you see this affecting the AFE bursaries?

Vincent: This is a tricky dynamic where many solutions have been proposed. The most important thing to realize is we are doing the work anyways, so if we are getting remunerated for our field work, we are comfortable with the AFE going down. Students who were from outside of QC originally have different situations too - they may need to get part time jobs. Also, some people don't qualify because of their parental income and things like that. Remuneration would allow folks who need to do field placement to be on the same level of remuneration so it is more fair.

#29: Why would voting for this strike be a matter of gender equality?



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Mariana: I don't know the demographic of Medicine, but I do know more about social work and it is majoritarly women, women of colour, transgender etc. that are doing unpaid labour. It is work that is necessary work, but because it is considered to be women's work, it goes unpaid and that's [not right]. Replacing social workers that are on burnout that don't want to work anymore. It is cheaper for the government right now to bring in 5 social work students than to hire a new person.

2: I was wondering, money doesn't come out of nowhere so if we're all getting paid for our internships and hours, where is this money going to come from? Our patients are going to suffer if we're taking money out of the healthcare system because that money would have gone to them.

Vincent: This is a valid concern. Understand that the level of care we can provide is very limited to begin with, encouraging people to not be paid for their work is encouraging people to treat people worse. This is part of a larger movement that government cuts are so pervasive that this situation is what we're protesting. The fact that we have to rely on these unpaid workers is a huge problem to begin with and how austerity measures have affected health and social services is doing a disservice to people.

32: Are there any examples of interns being paid in Quebec and what fields are they in?

Mariana: Engineering students are paid for their internship because their union requires paid internships. This faculty is mostly men. Social Work is mostly women and so our union does not say anything.

Vincent: There is an interesting dynamic - Ordre des ingenieurs requires paid internships, social work doesn't. On our end, we are pushing our order to force the government's hand.

Motion to extend by 3 minutes by #93.

Seconded by #27

Motion passes - 3 minute extension has been granted

93: Talking about unpaid internships that are a part of your curriculum, do you think that without them you would be able to acquire the same level of competency? In Med3 and Med4 we exchange work for education - this is the principle of unpaid internships.

Vincent: Social Work has mandatory requirements for x number of field placement hours. It is an essential part of our program but we also need to distinguish that from replacing paid workers.

Mariana: No one puts in 14 hours, we have people in our faculty doing 20 hours on top of classes.



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Vincent: What kind of quality of service are we supposed to give - students are overworked and tired. We know medical students have banks throwing cash at them, Social Work doesn't have high value loans so many have to do part time jobs just to get by.

86: Is there any evidence to suggest that social workers cannot pay back their student loans?

Vincent: That is a challenging dynamic. Social workers right off the bat have a low support financially. Example: there are less folks of colour that are represented in clinical practice which is higher paying - aggravating a gender and racial dynamic that exists and coupled with no pay.

(6) Motion for a day of strike in support of remuneration of all internships

32: Motion to change the movers. Change the seconder to Andre Lametti.

Speaker: Seeing no opposition - I invite the mover and seconder up.

Elise: I am presenting the motion in support of the day of strike for remuneration of all unpaid internships. It is great that we are having this conversation although it's touchy I thank you for being here. To present this motion I will explain why the CUTE campaign is relevant to us and why we should be supporting this movement and the strike modalities. CUTE stands for Comités Unitaires sur le Travail Étudiant. It is a student movement that was created in 2016 that advocates for remuneration of all internships at all levels. During the past 2018-2019 year, 32 student associations which represent more than 50,000 students went on strike to support this movement. We strongly believe that it also concerns us and our support could be a huge push.

Why is it relevant to medical students? Debate around remuneration and especially work conditions should be put on the table since we are not protected with the Loi sur les normes du travail and so this can leave us with various tenuous situations of insecurity. We want to stress that no one here really has the knowledge on how we should be paid and where it is coming from. We want to establish that there is a problem with our clerkship conditions and push the government to sit with certain student associations and to start a dialogue.

Motion to extend for 5 minutes by #32.

Seconded by #81.

Motion passes - 5 minute extension has been granted

5: As the MSS we have big media weight, we think that our support could have enormous impact on campaign and every student in Quebec that is advocating for remuneration of internships. We propose that MSS members strike on Friday, March 8, International Women's Day, under specific class-by-class provisions as outlined in Appendix A. March 8th was chosen because it is International Women's Day and majority of unpaid internships are



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professions where women are overrepresented. We can move on to the Annex A: We propose that we strike for all clinical activities. This means that the classes of 2022 and 2019 almost wouldn't be affected but I invite you to read the class-by-class proposition that we have which will affect clinical activities. By clinical activities we mean TCP and Clerkship.

Andre: Before the questions I want to thank the two members from the Faculty of Social Work for speaking and having the chance to answer a lot of important questions and I'm also glad that I am able to give my personal opinion on those same questions. I wanted to say one thing which is a lot of us may consider that we are not doing actually work in clerkship but it might be true that if we were all removed by the system tomorrow it would keep working for maybe a year or two but ultimately we will be the ones taking over in 5 to 10, 15 years and it is the same in other professions. A system built on continuously having people entering the professional wheel and filling in the gaps. I think we have to think about that since learning is a form of work and we are ensuring that the systems are working in the future for all of society. That is probably the biggest part of supporting this strike. We welcome any questions.

Speaker: The standing rules allow for a maximum of 3 minutes that can be extended which we all know.

27: I want to mention the word perspective and present you with some numbers. In 2017, we paid in first year at McGill \$3,500 for tuition. 2nd year \$3,700. 3rd year \$5,400. In the last year \$3,100. The University of Toronto spends \$25,000 per year on tuition. Our government spends 20 million a year for us. We get AFE, loans thrown at us left and right so I find it extremely difficult for us hard for us to be asking to be paid. I can support the motion for other faculties like Social Work but I cannot support faculties that have paid internships in the private industry. I would remove medical students from this motion. We cannot get paid for this. Where would we get this money from?

Andre: Thank you for your question. I agree that this strike is mostly in solidarity with the other faculties and that we're very lucky in Medicine to have access to all this money that is thrown at us by banks because that's the way the system is built. However it's not the same for everyone and that's why the students from the Faculty of Social Work appreciate this as an act of solidarity and that's the most important thing and you touched on that and I'm really happy you did. The second thing is that maybe there is an issue that we don't pay enough in Quebec. I don't think that's true. I think in other places they pay too much and the reason is most students in this room are Quebec residents, we are working for the Quebec system. Most of us end up staying in Quebec - its a choice we have made as a society of Quebec to have a French competency, arranging the University and healthcare systems in this way. So I think that comparing us with other provinces and jurisdictions maybe it's not so much what we want to focus on today. So again, the idea is that if we are performing work we're helping the system move forward with that work surely recognized should be paid and not especially



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not for Medicine, but for all internships at all levels whether it being other healthcare or other social services and other domains. That would be my answer to your question. As for where the money would come from? There is a lot of money in healthcare and we have also advocated in the past, the MSS, for the reorganization in the system. I think there is a lot of be said about that maybe we can say more later.

Motion to extend the question period by 15 minutes by 86
Seconded by 6

Motion passes - 15 minute extension has been granted

86: In response to motion that is demanding better conditions in clerkship, isn't that quite literally the role of the MSS to advocate for us and to make sure that this doesn't occur? Does this suggest incompetence within student society? I'm not suggesting that, I'm just questioning whether this is the MSS' role. I think they're doing a fine job.

Andre: First of all, as a member of the MSS council I will respond to that. We do actively advocate for improvements in working conditions of clerks and that is something that has been going on over the years and we will continually work on this with our relationship with the Faculty. Now the difference in this would be if we were to be remunerated is that these conditions would be protected under law and would not be through negotiations between the MSS and the Faculty where there is a very significant power imbalance. This is therefore one of many differences that would be if this movement were to be successful. It is much better to use the power of the law compared to us saying that we think you should change the workload policy and so forth. This is the concrete difference. I appreciate the sentiments and that it answers the question for everyone.

6: I fear that a lot of comments here are more of comments framed as questions. Can we wait until debate time. My question is don't you agree with me?

Andre: I thank the member for their question disguised as a comment or rather the verse, a comment disguised as a question and again I would be happy to answer any questions. Many of the points being brought up can be addressed in the debate period but if you want start your question with a long preamble so I can better address it then it's fine. I have no problem with that.

31: Could you explain how having remunerated clerkship could make our medical student cohorts more diverse in terms of socioeconomic status?

Andre: One of the aspects that the students from the Faculty of Social Work brought up is the high cost of studying. Not just tuition but the cost of living while undertaking long studies in terms of hours, instead of getting into the job market. As you can see most students in Medicine come from privileged backgrounds especially in terms of socioeconomic status so perhaps if we had guaranteed



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remuneration at all levels this would allow students from lower background to maybe consider these careers and not fear student debt as much. Again, this may not be so much an issue in Medicine but more in other faculties like Social Work, PT, OT, Nursing. At least for these students they have a guarantee upon entering that even though they have many long years of studying they will not come out of it as losers.

23: Could you give an example of why not being protected by loi sur les normes du travail could lead to vulnerable situations?

Andre: One thing that I would like to highlight is protection in case of workplace injury. Currently, we are not really protected with disability insurance but it is not available to everyone who have previous medical conditions that exclude them from this insurance and we know that this healthcare environment has many dangers throughout like aggressiveness from a patient, toxic substances, sharp object that can all cause lifelong injury that can prevent people from working so in that respect having interns covered by these laws will also have a collective protection under the CNESST as defined by law. This is the strongest thing that would arise from such a change.

60: Is there anything that prevents us from asking for those privileges without getting money for internships?

Andre: Those protections are currently being defined as given to people who work and by definition are paid. In terms of how we can get this protection for students, I think this is one of most effective methods of getting us this protection.

2: Don't you think that us being paid wouldn't just end up increasing our tuition? Since the government would need to get money from elsewhere. A lot of us rely on AFE and if not we get loans. Also previously you had mentioned that AFE and loans were not available to those in other faculties because as a former physio student I had access to the AFE.

Andre: Regarding the first question about whether this would have an immediate effect on our tuition, the government is not a black box so they can make decisions and as students we can advocate for changes in our bursaries and tuition and the Quebec student union has been doing that for years. I do not think that getting a salary would have a change in the amount of bursary we would receive. This is going to be discussed by a provincial student union. In terms of the second question - they are not accessible to everyone, they are not. They are only allotted to people in physio who are at the master's level I believe. There are also other requirements such as doing 3 years in the same field of study, having 90 credits requirements in a field of study, having a minimum age and being from Quebec. Clearly there are students who do not fit into this category. Also students who have done many years of studying and then enter medicine may no longer have the full ability to eligible anymore. This measure ensures that everyone across the board gets a measure of remuneration.



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102: In the assembly no one is opposed to supporting social workers for getting remuneration. Many seem opposed to med students getting remunerated. Is there a way to support without getting paid?

Andre: In terms of excluding med students, the arguments we are making is that all interns share certain common vulnerabilities and we should protect them by giving them a salary. In my opinion, it is better to say med students should be paid for same reasons all interns should be paid.

93: Mixed question - if the whole problem is about redistribution of money, why don't we advocate for AFE regulations instead of interns being paid. If we ask to be paid for unpaid internships allowing us to acquire competencies to be paid, maybe they will remove the internships completely and make us wait until residency for internships, if this happens it is not to benefit of anyone.

Andre: I discern about three separate questions from that statement. I'll start with the first that I see about where the money coming from and what is the MSS doing about that. The answer is for example at the last GA we passed a motion about remuneration for physicians and let me remind you that the Quebec government increased the salary of specialized physicians by 1 billion dollars. That's a lot of money. There is a lot of money in the system it is just a question of where it goes. It doesn't necessarily come from tuition. The second question you make is the opposition between being a learner and being a worker. In such, if you are learning and your clinical rotations are for learning but you shouldn't be paid because you are learning. I disagree with this dichotomy. I believe you are doing both. Medical residents have to be dedicated learners since they still have board exams, teachings etc. and are still also workers. For sure the scale is different in clerkship since you're doing less productive work as clinically defined however, that's not the only way to see work and not the only things that clerks are doing. There is something to be said for that. The third question I won't have enough time to address this in 15 seconds so I'll wait for someone else to ask this question.

70: I'm wondering if you have looked into a precedent about unpaid things for internships Where has it worked? If not, how do you perceive making it sustainable for the future?

Andre: In terms of my personal knowledge which is limited I'm not aware of that in Quebec in the recent past but in the distant past medical students were paid but I don't have the details so I won't dwell on this. There are many other fields where this is the case. Students in education complained that their final field placements weren't paid. Engineering students have this where they sometimes even have purely observational rotations. There are many faculties in which the tasks are similar to clerks and there is a precedent in being paid right now in Quebec, I think it's possible and out of the realm of ordinary in today's system.



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59: As a follow up to what you said comparing medical students to other people in other faculties, how are you gonna sell this to the general public when we have to be paid out of the public sector compared to engineering students from the private sector.

Andre: Simple solution. We are not selling the remuneration of medical students to the general public, we are doing so about all sectors. Maybe Medicine is a field where there is less of a public outcry but for students from other faculties maybe there is more of a necessity. This is the social thing that has to happen and with this strike we would be lending our voice to this broader debate.

33: Do you think that striking will shift the focus on us compared to the other domains?

Andre: What I can answer is that many of us have met with other student coalitions and their faculties and they have said that it will be a positive outlook and as the mover of this motion has already motioned there are already 50,000 people who have acted on this so I don't think that 600-700 people adding on would have a significant problem to shifting the focus.

Motion to extend for 30 seconds by 2

Seconded by 70

Denied

70: The perception of medical students is already pretty negative, how do you think this will change after asking for money?

Andre: The image of the doctrine to the public is not negative

Speaker: The question period now formally being exhausted is there a desire to further extend the question period? Seeing none, the question period is exhausted and we will move on to the debate on the motion. Individuals wanting to speak to the motion is 1.5 minutes.

29: I speak in favour of the motion. I want to talk about risk. As medical students usually we hate it but that is understandable and that is what has gotten us here so far. In this case, really, the benefits are quite huge and by supporting the Faculty of Social Work we are fulfilling our roles as medical students and using our privilege. In perspective this is at most a 1 day strike for which the faculty has already given ok. Only risk right now is to look bad in the media which is small compared to what we can do for the other faculties.

75: I am also in support of the motion. People need to remember that we have voted to support the campaign already. This is not a debate on whether we should support remuneration or not this is whether we want to strike. This is a one day strike in solidarity with other domains that do need thi. Striking would be a good way to support and bring forward a conversation to the table.



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32: I speak in favour of the motion, like one of the members said previously, we are always hearing about doctor bashing as medical faculties and we need to be progressive. We shouldn't be entrenched by the fact that we get a lot of money but we should fight for what we want and fight for a world we will practice in. Last year, we voted twice against the remuneration of physicians. Another step forward, we want other workers and women to get remunerated for labour. I've also never heard anyone say they were getting up at 6am to go to MGH to learn, you are going to work.

86: I would like to speak in favour the motion. If there is remuneration then students coming from different social classes and under resourced areas will have not have hope that the AFE is going to give me money it's something that they know they will be remunerated for in 3rd and 4th year. As med students we have to push for more actions to promote that low income settings can actually believe that this is something they can possibly do. I also want to remind people that the AFE is distributed based on needs so that those that need it, will get it. Remuneration is another step that will allow people from low income settings to be able to go for it and try to put in an application for Medicine.

2: I would like to speak against his motion and I think we all should recognize the privileges and we should realize that as medical students we will potentially be paid thousands of dollars and we should not being paid in comparison to other people like social workers. For students from low SES, they need help before even applying to McGill since you need to pay \$500 to accept your offer and if not it's [rejected]. Also bursaries are available to students within the whole faculty and that is made very clear.

109: I want to speak against the motion. I don't think it's about long it is and how much it affects us, it's about the message we are sending by going on strike. Some want to do it in solidarity, some want to go on strike so we can get paid - how will we send a cohesive message to the public by going on strike if we can't even decide on the same one in this room.

10: I think that the previous two speakers made good points in favor of this motion. The first speaker mentioned that there are different forms of remuneration for different backgrounds. The problem is that these are hard to find and not guaranteed. So the question is why not coalesce this in the form of remuneration. In terms of the second speaker that we risk in having the message be unclear, if we don't strike then it means we support but don't want to go on strike which sends a more confusing message than if we did.

93: I would like to speak against the motion. I still don't think that we are sending a motion against the strike. Yes, it's great to support the other faculties by going on strike but regardless of why we're doing this we are sending the wrong message to the public. In terms of the learner and worker. I get your point but when you think of the input vs output and the



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amount of time the staff has to review each student they supervise, I don't think there is a considerably net outflow from us compared to residents.

7: I think that I have been in your shoes, most of you are pretty young whereas I'm pretty old. I have lived the 2012 greve in Trois Rivieres. I understand that you feel hypocritical - you feel hypocritical because the system is not made the proper way. It's not normal to get huge loans. It's not normal that med students are treated differently than other students. We shouldn't go into our ivory towers, isolate ourselves and think that we are going to get so much money later and not want the money now. We have to step back from the 633 objectives and zooming onto a histology slide and zoom out and realized that this is social problem and change can only happen if you break his inertia.

28: I'm also another old person in Medicine, I was also there for the strike. I just want to say that it didn't lead to anything. The strike was something that was not proactive for anything. I was in business and biochemistry.

Speaker: Thank you with that we have exhausted our 10 minutes as per the internal regulations. Is there a motion to extend the debate?

Motion to extend for 10 minutes by 35

Seconded 10

Motion passes - 10 minute extension has been granted

Speaker: Number 27, you still have time remaining. No? Other individuals wishing to speak to the motion?

42: I am in favour of this motion. There is the argument that we don't have to worry about money in the short term because there is money from the loans etc and we will make a lot of money in the future. The loans right now help us get into medical school and there are interest rates and this may allow them to go up. But, let's not create a false sense of security around these loans. One way to get ahead is to pay us. Get into this debt with more or less high interest rates that some people in the past in Quebec have to take out of these loans so we should pay out these doctors. Let's think of this a little outside the box and in our financial situations right now.

6: I am also an old person, I was there in 2012 for the strike and there was a comment said about the usefulness. I was highly skeptical myself and I encourage anyone that says that anyone going on strike would not do anything about remuneration. If you don't think that this would do anything then I suggest you abstain from voting.

73: I'm someone paying for all my med school education, I have 2 loans. Something with regards to borrowing money. The fact of being in Quebec, our tuition is cheap. If we were in



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the US we would be racking up debts of 300-500k and the fact that the government subsidizes our education so much it puts us in an odd position that we are requesting a very small amount at the end of the day.

23: In terms of statistics, 30% of medical students when they graduate will have significant amount of debt when they graduate. Having debt in general, it is not the amount - it's more about the stressors it comes with, the choices you have to make and the choices you have to make. Racking up debt makes a difference.

5: I just wanted to highlight the fact that it's not necessarily that the grass is greener somewhere else that we should not argue for this. It doesn't stand up. Also I wanted to highlight that because of the strike in 2012 it gave students the chance to save up to \$5,500 every year since then. I think a strike is a way to have a voice and show the government that there is a problem.

87: I am against the motion mainly because I think that students in medicine already have the privilege. Remunerations in clerkship in BC comes down to about 2-3\$ per hour that they get as a stipend per month so this will not be distributing for people in need. Ultimately it might be true that the grass is greener elsewhere. As Montreal McGill students we should be content with what we have since there is no such thing as a free lunch.

43: As someone who paid for own undergrad and is paying for her own med school and supporting her elderly parents, I am ashamed and appalled that we are having a conversation about little interests on loans when the median income is about \$50,000 which we can make in about 4 months. I would be ashamed if my friends who are not in professional schools, not doctors or engineers or lawyers, were in this room right now.

60: Some people who don't have paid internships are people who have lives that [are really hard] and they have been working since they're 15 while we are sitting here in a university right now. Nobody's gonna cry for us, no doctor is worrying about food - it is arrogant to do this - I'm against.

31: I just want to answer the comment about the stipend in BC we are asking for remuneration not a stipend. We are asking for remuneration for this which is quite different we would be looking for a minimum salary. Secondly, I hear a lot from my entourage about long working hours but we have a lot of shame because of the prestige we have in the future. For that we need a culture change and this won't start by doctors. This will be by students. We want to have stable remuneration for residents, students and doctors across all levels and should not be ashamed.

Motion to move forward with the vote immediately by 72.
Seconded 96.



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Speaker: Are there any other motions on the floor at this time?

Motion for a secret ballot motion on the actual vote of the motion 81.

Seconded by 82.

Motion is passed since the rules state that if one person requests it, it is to be done.

Motion to move forward with the vote immediately by 72.

Seconded 96.

For: 82

Opposed: 23

Clear $\frac{2}{3}$ majority so we will proceed into voting.

Final result:

For = 50

Against = 59

Abstain = 1

Motion fails

Motion for ballots be destroyed

Ballots are to be destroyed and that brings us to the end of the agenda.

(7) Adjournment

Motion to adjourn the meeting by 11

Seconded by 39

MSS Emergency General Assembly 2019 - **Adjourned at 8:13 pm**